



BlueCross BlueShield  
of Illinois

Blue Cross MedicareRx Choice (PDP)<sup>SM</sup>

# Lista de Medicamentos 2023

## (Lista de Medicamentos Incluidos)

**LEA:**  
**ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

ID del Archivo de la Lista de Medicamentos Aprobada por el HPMS: 00023188, Versión 18

Esta lista de medicamentos se actualizó el 11/13/2023. Para obtener información más reciente o para hacer otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Blue Cross MedicareRx<sup>SM</sup> al 1-888-285-2249 o, para los usuarios de TTY, al 711, de 8:00 a. m. a 8:00 p. m., hora local, los 7 días de la semana. Si llama entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los días feriados, o bien puede visitar [www.getblueil.com/pdp/druglist](http://www.getblueil.com/pdp/druglist).

**Mensaje Importante Sobre lo que Usted Paga por las Vacunas** Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no pagó su deducible. Llame al Servicio al Cliente para obtener más información.

**Mensaje Importante sobre lo que Usted Paga por la Insulina** No pagará más de \$35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, sin importar el nivel de gastos compartidos en el que se encuentre, incluso si no pagó su deducible.

# Lista de Medicamentos2023

## (Lista de Medicamentos Incluidos)

**Nota para los asegurados existentes:** Esta lista de medicamentos cambió desde el año pasado. Revise este documento para asegurarse de que contiene los medicamentos que toma.

Cuando esta lista de medicamentos haga referencia a “nosotros” o “nuestro”, significa HCSC Insurance Services Company (HISC). Cuando se haga referencia a las palabras "el plan" o "nuestro plan", significa Blue Cross MedicareRx.

Este documento incluye una lista de los medicamentos (lista de medicamentos) para nuestro plan, que está vigente a partir de noviembre del 2023. Para obtener una lista de medicamentos actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos, aparece en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de la red para usar su beneficio de medicamento con receta. Los beneficios, la lista de medicamentos, la red de farmacias o los copagos o coseguros pueden cambiar el 1 de enero del 2023, y de vez en cuando durante el año.

## ¿Qué es la Lista de Medicamentos de Blue Cross MedicareRx?

Es una lista de medicamentos incluidos seleccionados por Blue Cross MedicareRx en consulta con un equipo de profesionales médicos, que representa las terapias con receta médica que se cree que son una parte necesaria de un programa de tratamiento de calidad. Blue Cross MedicareRx generalmente cubrirá los medicamentos enumerados en nuestra lista de medicamentos siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Blue Cross MedicareRx y se sigan otras normas del plan. Para obtener más información sobre cómo surtir sus medicamentos con receta, revise su *Evidencia de Cobertura*.

## ¿Puede cambiar la Lista de Medicamentos?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero “nosotros” o Blue Cross MedicareRx podemos añadir o eliminar medicamentos de la Lista de Medicamentos durante el año, trasladarlos a diferentes categorías de gastos compartidos o añadir nuevas restricciones. Debemos seguir las reglas de Medicare en la realización de estos cambios.

**Cambios que pueden afectarlo este año:** En los siguientes casos, usted se verá afectado por cambios en la cobertura que se realicen durante el año:

- **Medicamentos genéricos nuevos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en la misma categoría de costo compartido o una más baja y con las mismas o con menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra lista de medicamentos, pero inmediatamente moverlo a una categoría de costo compartido diferente o agregar nuevas restricciones. Si está tomando ese medicamento de marca, es posible que no se lo informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
  - Si hacemos dicho cambio, usted o la persona que le receta pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción y puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción a la Lista de Medicamentos de Blue Cross MedicareRx?”.
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestra lista de medicamentos es inseguro o si el fabricante del medicamento lo retira del mercado, lo retiraremos inmediatamente de nuestra lista de medicamentos y notificaremos a los asegurados que lo tomen.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los asegurados que actualmente están tomando un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que figura actualmente en la lista de medicamentos o agregar nuevas restricciones al medicamento de marca, moverlo a otro nivel de gastos compartidos, o bien realizar ambas acciones. O podemos hacer cambios según las nuevas directrices clínicas. Si eliminamos los medicamentos de nuestra lista de medicamentos o agregamos autorización previa, cantidad límite o restricciones de terapia escalonada en un medicamento; o trasladamos un medicamento a una categoría más alta de gastos compartidos, debemos notificar a los miembros afectados acerca del cambio, al menos, 30 días antes de que el cambio entre en vigor, o cuando el miembro solicite que se vuelva a surtir el medicamento, momento en el que el miembro recibirá un suministro de 30 días del medicamento.
  - Si hacemos estos otros cambios, usted o la persona que le receta pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción a la Lista de Medicamentos de Blue Cross MedicareRx?”.

**Cambios que no lo afectarán si actualmente está tomando el medicamento.** En general, si está tomando un medicamento de nuestra lista de medicamentos del 2023 que estaba cubierto a principios de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto según se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles por el mismo monto de gastos compartidos y sin restricciones nuevas para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios lo afectarán, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

La lista de medicamentos adjunta es actual a partir del 11/13/2023. Para obtener información actualizada sobre los medicamentos cubiertos por Blue Cross MedicareRx, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. Las publicaciones de listas de medicamentos se actualizan y publican en línea mensualmente con los cambios correspondientes, incluidos los cambios negativos. La dirección web se encuentra en la portada y en la contraportada de esta lista de medicamentos.

## ¿Cómo uso la Lista de Medicamentos?

Existen dos maneras de encontrar su medicamento en la lista de medicamentos:

### Problema Médico

La lista de medicamentos empieza en la página 1. Los medicamentos en esta lista se agrupan en categorías según el tipo de problema médico para el que se utiliza el medicamento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría Agentes Cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. A continuación, busque el nombre de la categoría de su medicamento.

### Listado Alfabético

Si no está seguro de qué categoría debe revisar, debe buscar su medicamento en el Índice que comienza en la página 63. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto con su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Blue Cross MedicareRx cubre tanto medicamentos de marca como medicamentos genéricos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA, en inglés) y contienen los mismos ingredientes activos que sus homólogos de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos incluidos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización Previa:** Blue Cross MedicareRx Requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que tendrá que obtener la aprobación de Blue Cross MedicareRx antes de surtir sus medicamentos con receta. Si no recibe la aprobación, Blue Cross MedicareRx podría no cubrir el medicamento.

- **Cantidades Límites:** Para ciertos medicamentos, Blue Cross MedicareRx limita la cantidad del medicamento que Blue Cross MedicareRx cubrirá. Por ejemplo, Blue Cross MedicareRx proporciona 60 tabletas por receta médica de 30 días para Losartán de 25 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia Escalonada:** En algunos casos, Blue Cross MedicareRx requiere que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su problema médico, Blue Cross MedicareRx podría no cubrir el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no le funciona, entonces Blue Cross MedicareRx cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales en la lista de medicamentos que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos incluidos específicos visitando nuestro sitio web. Hemos publicado documentos en línea en los que se explican nuestras restricciones con respecto a la autorización previa y la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos, aparece en la portada y en la contraportada.

Puede pedirle a Blue Cross MedicareRx que haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que pueden tratar su problema médico. Consulte la sección "¿Cómo solicito una excepción a la lista de medicamentos de Blue Cross MedicareRx?" en la página 9 para obtener información sobre cómo solicitar una excepción.

## ¿Qué pasa si mi medicamento no está en la Lista de Medicamentos?

Si su medicamento no está incluido en esta lista de medicamentos (lista de medicamentos incluidos), primero debe comunicarse con el Departamento de Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que Blue Cross MedicareRx no cubre su medicamento, tiene dos opciones:

- Puede solicitarle al Departamento de Servicios para Miembros una lista de medicamentos similares cubiertos por Blue Cross MedicareRx. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por Blue Cross MedicareRx.
- Puede solicitarle a Blue Cross MedicareRx que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción a la Lista de Medicamentos de Blue Cross MedicareRx?

Puede solicitarle a Blue Cross MedicareRx que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar que hagamos.

- Puede solicitarnos que cubramos un medicamento aunque no se encuentre en nuestra lista de medicamentos. Si se aprueba, este medicamento se cubrirá a una categoría predeterminado de gastos compartidos y no podrá pedirnos que proporcionemos el medicamento a una categoría más baja de gastos compartidos.
- Puede pedirnos que cubramos un medicamento de la lista de medicamentos a una categoría más baja de gastos compartidos, a menos que el medicamento se encuentre en la categoría de especialidad. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.
- Puede solicitarnos renunciar a restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Blue Cross MedicareRx limita la cantidad del medicamento que cubriremos. Si su medicamento tiene una cantidad límite, puede pedirnos que eximamos el límite y que cubramos una cantidad mayor.

Por lo general, Blue Cross MedicareRx solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en la lista de medicamentos del plan, el medicamento de menor gasto compartido o las restricciones de utilización adicionales no serían tan eficaces para tratar su afección o podrían causar efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una lista de medicamentos, una categoría o una excepción de restricción de utilización. **Cuando solicita una excepción a la lista de medicamentos, la categoría o la restricción de utilización, debe enviar una declaración de la persona que le receta o del médico que respalda su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la recepción de la declaración de apoyo de la persona que le receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse gravemente perjudicada si espera hasta 72 horas para que se tome una decisión. Si se otorga su solicitud de aceleración, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de apoyo de su médico u otra persona que receta.

## ¿Qué hago antes de hablar con mi médico sobre el cambio de mis medicamentos o la solicitud de una excepción?

Como miembro nuevo o continuo en nuestro plan, puede estar tomando medicamentos que no están en nuestra lista de medicamentos. O bien, es posible que esté tomando un medicamento que está en nuestra lista de medicamentos, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento adecuado que cubrimos o solicitar una excepción a la lista de medicamentos para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el procedimiento a seguir adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante sus primeros 90 días como miembro de nuestro plan.

Para cada uno de los medicamentos que no se encuentran en nuestra lista de medicamentos o si su capacidad para obtener los medicamentos es limitada, cubriremos un suministro provisional de 30 días. Si su receta médica está escrita por menos días, permitiremos volver a surtir la receta para proporcionar hasta un suministro máximo de 30 días del medicamento. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido asegurado del plan durante menos de 90 días.

Si es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos o si su capacidad para obtener sus medicamentos es limitada, pero ha superado los primeros 90 días de ser asegurado de nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita una excepción de la lista de medicamentos.

Es posible que experimente cambios que lo lleven de un entorno de tratamiento a otro. Durante este cambio de nivel de atención, se pueden recetar medicamentos que no estén cubiertos por su plan. Si esto sucede, usted y su médico deben usar la excepción del plan y los procesos de apelación. Sin embargo, cuando se lo ingresa o se le da el alta de un establecimiento de cuidados a largo plazo, es posible que no tenga acceso a los medicamentos que se le administraron previamente. Es posible que se le vuelva a surtir el medicamento al ingresar o en el momento del alta para evitar una interrupción en la atención.

## Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos con receta de Blue Cross MedicareRx, revise la *Evidencia de Cobertura* y otros materiales del plan.

Si tiene preguntas sobre Blue Cross MedicareRx, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos, aparece en la portada y en la contraportada.

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

## Lista de Medicamentos de Blue Cross MedicareRx

La lista de medicamentos a continuación proporciona información de cobertura sobre los medicamentos cubiertos por Blue Cross MedicareRx. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 63.

La primera columna del cuadro indica el nombre del medicamento. Los medicamentos de marca están escritos en mayúscula (p. ej., LANTUS) y los medicamentos genéricos están escritos en cursiva y en minúscula (p. ej., *metformina*).

La información de la columna Requisitos y Límites indica si Blue Cross MedicareRx tiene algún requisito especial para la cobertura de su medicamento.

La mayoría de los medicamentos incluidos en esta lista de medicamentos están disponibles a través del beneficio de pedido por correo. Comuníquese con nosotros para obtener más información. Nuestra información de contacto aparece en la portada y en la contraportada.

## REFERENCIAS

Categoría 1: Genéricos Preferidos

Categoría 2: Genéricos

Categoría 3: De Marca Preferidos

Categoría 4: Medicamentos No Preferidos

Categoría 5: Categoría de Medicamentos Especializados

BD: Medicamentos que podrían estar cubiertos por Medicare Parte B o Parte D, según las circunstancias. Estos medicamentos requieren una autorización previa para determinar la cobertura en la Parte B o la Parte D. Es posible que se deba proporcionar información en la que se describa el uso o el lugar donde se recibe el medicamento para determinar la cobertura.

PA: Autorización Previa

QL: Cantidad Límite

ST: Terapia Escalonada

\*: Medicamento de Distribución Limitada. Es posible que este medicamento con receta solo esté disponible en ciertas farmacias. Para obtener más información, consulte el Directorio de Farmacias o llame al Departamento de Servicios para Miembros al 1-888-285-2249, de 8:00 a. m. a 8:00 p. m., hora local, los 7 días de la semana. Si llama entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los días feriados. Los usuarios de TTY deben llamar al 711.

#: Medicamento de Alto Riesgo (HRM, en inglés). Medicamento que puede ser inseguro en pacientes mayores de 65 años de edad. Nuestra lista de medicamentos sí incluye cobertura para algunos de estos medicamentos, pero se pueden encontrar alternativas en niveles más bajos de copago. Analice con su médico si estos medicamentos cuentan con alternativas que podrían ser adecuadas para usted.

† = Medicamento de alto costo, evalúe el Surtido Dividido (suministro para 2 semanas) para la gestión del copago si es intolerante o si se produce un cambio en el tratamiento.

## Montos de Copago y Coseguro:

Para obtener más información sobre el Copago y el Coseguro, revise su *Evidencia de Cobertura*.

Medicamentos Genéricos Preferidos: Copago/coseguro de Nivel 1, medicamentos genéricos cubiertos por su plan de Medicare con el copago/coseguro más bajo.



Medicamentos Genéricos: Copago/coseguro de Nivel 2, medicamentos genéricos y algunos medicamentos de marca distintos de los considerados medicamentos Genéricos Preferidos cubiertos por su plan de medicamentos con receta de Medicare con el copago/coseguro de medicamentos genéricos más alto.

Medicamentos de Marca Preferidos: Copago/coseguro de Nivel 3, medicamentos de marca cubiertos por su plan de medicamentos con receta de Medicare con el copago/coseguro de medicamentos de marca más bajo.

Medicamentos No Preferidos: Copago/coseguro de Nivel 4, medicamentos de marca y ciertos medicamentos genéricos distintos de los considerados medicamentos de Marca preferidos que están cubiertos por su plan de medicamentos con receta de Medicare con el copago/coseguro de medicamentos de marca más alto.

Nivel de Medicamentos Especializados: Los medicamentos de copago/coseguro de Nivel 5 suelen ser terapias de alto costo que se pueden utilizar para tratar afecciones crónicas como la artritis reumatoide, el cáncer, la esclerosis múltiple o enfermedades raras y complejas. Con frecuencia requieren un manejo, una administración y un almacenamiento especiales, así como monitorización y gestión cercana en la clínica.

#### GUÍA DE ABREVIATURAS DEL 2023 DE LOS FORMATOS DE DOSIS

|                                                            |                                             |                                         |                                                                             |
|------------------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|
| <b>act.</b>                                                | activación                                  | <b>ad.</b>                              | adsorción                                                                   |
| <b>adyuv.</b>                                              | adyuvante (adjuvant)                        | <b>b. a. p. s.,<br/>BAPS</b>            | blíster de aerosol de polvo seco                                            |
| <b>aer., aers.,<br/>aero.</b>                              | aerosol                                     | <b>afib./afl.</b>                       | fibrilación auricular/aleteo auricular (atrial fibrillation/atrial flutter) |
| <b>apl.</b>                                                | aplicador                                   | <b>act. p. resp.,<br/>AP</b>            | activado por la respiración                                                 |
| <b>u. a. b.</b>                                            | unidad de alergia bioequivalente            | <b>cáp., cáps.</b>                      | cápsulas                                                                    |
| <b>cart.</b>                                               | cartucho                                    | <b>adm. c.,<br/>adm. cont.,<br/>ADC</b> | administración continua                                                     |
| <b>tabs. mast.,<br/>TM</b>                                 | tabletas masticables                        | <b>cáp. lib. cont.</b>                  | cápsula de liberación controlada                                            |
| <b>conc.</b>                                               | concentrado                                 | <b>comb.</b>                            | combinado                                                                   |
| <b>crm.</b>                                                | crema                                       | <b>crist.</b>                           | cristales                                                                   |
| <b>aver.</b>                                               | medicamento aversivo                        | <b>disg.</b>                            | disgregante                                                                 |
| <b>lib. len., l. len.,<br/>LL</b>                          | de liberación lenta                         | <b>rev. ent., RE</b>                    | con revestimiento entérico                                                  |
| <b>ELISA</b>                                               | ensayo por inmunoabsorción ligado a enzimas | <b>emul.</b>                            | emulsión                                                                    |
| <b>lib. pr., prol.,<br/>lib.<br/>prolongada,<br/>l. p.</b> | liberación prolongada (extended release)    | <b>ext.</b>                             | extracto                                                                    |
| <b>g</b>                                                   | gramo                                       | <b>GU</b>                               | genitourinario                                                              |
| <b>h</b>                                                   | hora                                        | <b>glob., ig.</b>                       | inmunoglobulina                                                             |
| <b>IM</b>                                                  | intramuscular                               | <b>inh., inhal.</b>                     | inhalación                                                                  |

## GUÍA DE ABREVIATURAS DEL 2023 DE LOS FORMATOS DE DOSIS

|                                     |                                                                       |                                       |                                  |
|-------------------------------------|-----------------------------------------------------------------------|---------------------------------------|----------------------------------|
| <b>iny.</b>                         | inyección                                                             | <b>IR</b>                             | índice de reactividad            |
| <b>IV</b>                           | intravenoso                                                           | <b>I</b>                              | litro                            |
| <b>acc. prol.,<br/>acc. p., ACP</b> | de acción prolongada                                                  | <b>lipo.</b>                          | lipofílico                       |
| <b>uds. fl., UF</b>                 | unidades de floculación<br>(flocculation units)                       | <b>líq., líqd.</b>                    | líquido                          |
| <b>mant.</b>                        | mantenimiento                                                         | <b>mcg</b>                            | microgramo                       |
| <b>mEq</b>                          | miliequivalente                                                       | <b>var.</b>                           | variado                          |
| <b>mg</b>                           | miligramo                                                             | <b>ml</b>                             | mililitro                        |
| <b>MU</b>                           | millones de unidades                                                  | <b>nebul.</b>                         | solución para nebulizador        |
| <b>ACO</b>                          | anticonceptivos orales                                                | <b>pom., pomd.</b>                    | pomada                           |
| <b>v. m. e.</b>                     | vesículas de las membranas<br>exteriores (outer membrane<br>vesicles) | <b>oft., oftal.</b>                   | oftálmico                        |
| <b>osm.</b>                         | osmótico                                                              | <b>HAP</b>                            | hipertensión arterial pulmonar   |
| <b>paq.</b>                         | paquete                                                               | <b>s. cons.</b>                       | sin conservantes                 |
| <b>u. f. p., UFP</b>                | unidades formadoras de placa                                          | <b>pol.</b>                           | polvo                            |
| <b>TDPM</b>                         | trastorno disfórico premenstrual                                      | <b>llen. prev.,<br/>llenado prev.</b> | llenado previamente (prefilled)  |
| <b>p. d. v. s.,<br/>PDVS</b>        | parche para dos veces a la<br>semana                                  | <b>p. sem., PS</b>                    | parche semanal                   |
| <b>recomb.</b>                      | recombinante                                                          | <b>refrig.</b>                        | refrigerar, refrigerado          |
| <b>SL</b>                           | sublingual                                                            | <b>sol., soln.</b>                    | solución                         |
| <b>cm2</b>                          | centímetro cuadrado                                                   | <b>sup., sups.</b>                    | supositorios                     |
| <b>sus., susp.</b>                  | suspensión                                                            | <b>jer.</b>                           | jeringa                          |
| <b>tab., tabs.</b>                  | tabletas                                                              | <b>t. l. c.</b>                       | tableta de liberación controlada |
| <b>tb. dsp.</b>                     | tableta dispersable                                                   | <b>tb. rec. ent.</b>                  | tableta con recubierto entérico  |
| <b>pqt. tb.</b>                     | paquete de tabletas (tablet pack)                                     | <b>TD</b>                             | transdérmico                     |
| <b>ter.</b>                         | terapia                                                               | <b>TL</b>                             | translingual                     |
| <b>uni., ud.</b>                    | unidad                                                                | <b>vag.</b>                           | vaginal                          |
| <b>vac.</b>                         | vacuna                                                                |                                       |                                  |

| Nombre del medicamento                                                                    | Nivel del medicamento | Requisitos/Límites            |
|-------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <b>Medicamentos analgésicos</b>                                                           |                       |                               |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>                                        | 3                     | QL (2700 mls/30 days)         |
| <i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>                                  | 3                     | QL (360 tablets/30 days)      |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                                             | 3                     | QL (180 tablets/30 days)      |
| <i>celecoxib cap 50 mg, 100 mg, 200 mg</i>                                                | 2                     | QL (60 capsules/30 days)      |
| <i>celecoxib cap 400 mg</i>                                                               | 3                     | QL (30 capsules/30 days)      |
| <i>diclofenac potassium tab 50 mg</i>                                                     | 3                     | QL (120 tablets/30 days)      |
| <i>diclofenac sodium gel 1%</i>                                                           | 3                     |                               |
| <i>diclofenac sodium tab delayed release 25 mg</i>                                        | 3                     | QL (240 tablets/30 days)      |
| <i>diclofenac sodium tab delayed release 50 mg</i>                                        | 2                     | QL (120 tablets/30 days)      |
| <i>diclofenac sodium tab delayed release 75 mg</i>                                        | 2                     | QL (60 tablets/30 days)       |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                                               | 3                     | QL (60 tablets/30 days)       |
| <i>etodolac cap 200 mg</i>                                                                | 3                     | QL (150 capsules/30 days)     |
| <i>etodolac cap 300 mg</i>                                                                | 3                     | QL (90 capsules/30 days)      |
| <i>etodolac tab er 24hr 400 mg, 500 mg</i>                                                | 3                     | QL (60 tablets/30 days)       |
| <i>etodolac tab er 24hr 600 mg</i>                                                        | 3                     | QL (30 tablets/30 days)       |
| <i>etodolac tab 400 mg, 500 mg</i>                                                        | 3                     | QL (60 tablets/30 days)       |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>                                       | 4                     | PA, QL (120 lozenges/30 days) |
| <i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i> | 5                     | PA, QL (120 lozenges/30 days) |
| <i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>      | 4                     | PA, QL (15 patches/30 days)   |
| <i>flurbiprofen tab 100 mg</i>                                                            | 2                     | QL (90 tablets/30 days)       |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>                                     | 4                     | QL (2700 mls/30 days)         |
| <i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>                                | 3                     | QL (180 tablets/30 days)      |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                                             | 3                     | QL (240 tablets/30 days)      |
| <i>hydromorphone hcl inj 2 mg/ml</i>                                                      | 4                     | BD                            |
| <i>hydromorphone hcl liqd 1 mg/ml</i>                                                     | 4                     | QL (1440 mls/30 days)         |
| <i>hydromorphone hcl preservative free inj 2 mg/ml</i>                                    | 4                     | BD                            |
| <i>hydromorphone hcl preservative free inj 10 mg/ml</i>                                   | 4                     | BD                            |
| <i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>                                             | 3                     | QL (180 tablets/30 days)      |
| <i>ibuprofen susp 100 mg/5ml</i>                                                          | 2                     |                               |
| <i>ibuprofen tab 400 mg</i>                                                               | 1                     | QL (240 tablets/30 days)      |
| <i>ibuprofen tab 600 mg</i>                                                               | 1                     | QL (150 tablets/30 days)      |
| <i>ibuprofen tab 800 mg</i>                                                               | 1                     | QL (120 tablets/30 days)      |
| <i>meloxicam tab 7.5 mg</i>                                                               | 1                     | QL (60 tablets/30 days)       |
| <i>meloxicam tab 15 mg</i>                                                                | 1                     | QL (30 tablets/30 days)       |
| <i>methadone hcl tab 5 mg</i>                                                             | 3                     | QL (180 tablets/30 days)      |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                    | Nivel del medicamento | Requisitos/Límites          |
|---------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>methadone hcl tab 10 mg</i>                                            | 3                     | QL (360 tablets/30 days)    |
| <i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>                        | 3                     | PA, QL (90 tablets/30 days) |
| <i>morphine sulfate tab er 100 mg, 200 mg</i>                             | 4                     | PA, QL (90 tablets/30 days) |
| <i>morphine sulfate tab 15 mg</i>                                         | 4                     | QL (360 tablets/30 days)    |
| <i>morphine sulfate tab 30 mg</i>                                         | 4                     | QL (180 tablets/30 days)    |
| <i>nabumetone tab 500 mg</i>                                              | 2                     | QL (120 tablets/30 days)    |
| <i>nabumetone tab 750 mg</i>                                              | 2                     | QL (60 tablets/30 days)     |
| <i>naproxen sodium tab 275 mg</i>                                         | 3                     | QL (150 tablets/30 days)    |
| <i>naproxen sodium tab 550 mg</i>                                         | 3                     | QL (90 tablets/30 days)     |
| <i>naproxen susp 125 mg/5ml</i>                                           | 4                     | QL (1800 mls/30 days)       |
| <i>naproxen tab ec 375 mg</i>                                             | 2                     | QL (120 tablets/30 days)    |
| <i>naproxen tab ec 500 mg</i>                                             | 2                     | QL (90 tablets/30 days)     |
| <i>naproxen tab 250 mg</i>                                                | 1                     | QL (180 tablets/30 days)    |
| <i>naproxen tab 375 mg</i>                                                | 1                     | QL (120 tablets/30 days)    |
| <i>naproxen tab 500 mg</i>                                                | 1                     | QL (90 tablets/30 days)     |
| <i>oxaprozin tab 600 mg</i>                                               | 4                     | QL (90 tablets/30 days)     |
| <i>oxycodone hcl tab 5 mg</i>                                             | 3                     | QL (360 tablets/30 days)    |
| <i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>                       | 3                     | QL (180 tablets/30 days)    |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>                          | 4                     | QL (360 tablets/30 days)    |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>                            | 3                     | QL (360 tablets/30 days)    |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>                          | 3                     | QL (240 tablets/30 days)    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>                           | 3                     | QL (180 tablets/30 days)    |
| <i>piroxicam cap 10 mg</i>                                                | 2                     | QL (60 capsules/30 days)    |
| <i>piroxicam cap 20 mg</i>                                                | 2                     | QL (30 capsules/30 days)    |
| <i>sulindac tab 150 mg, 200 mg</i>                                        | 2                     | QL (60 tablets/30 days)     |
| <i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>                    | 3                     | PA, QL (30 tablets/30 days) |
| <i>tramadol hcl tab 50 mg</i>                                             | 2                     | QL (240 tablets/30 days)    |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>                             | 3                     | QL (240 tablets/30 days)    |
| <b>Medicamentos anestésicos</b>                                           |                       |                             |
| <i>lidocaine hcl laryngotracheal soln 4%</i>                              | 3                     |                             |
| <i>lidocaine hcl soln 4%</i>                                              | 3                     | PA, QL (150 mls/30 days)    |
| <i>lidocaine hcl viscous soln 2%</i>                                      | 2                     |                             |
| <i>lidocaine patch 5%</i>                                                 | 4                     | PA, QL (90 patches/30 days) |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                                | 4                     | PA, QL (60 grams/30 days)   |
| <b>Agentes contra las adicciones y para tratar el abuso de sustancias</b> |                       |                             |
| <i>acamprosate calcium tab delayed release 333 mg</i>                     | 4                     |                             |
| <i>buprenorphine hcl sl tab 2 mg, 8 mg</i>                                | 3                     | QL (90 tablets/30 days)     |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>                    | 4                     | QL (120 films/30 days)      |

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| Nombre del medicamento                                                                                           | Nivel del medicamento | Requisitos/Límites       |
|------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg</i>                                            | 4                     | QL (60 films/30 days)    |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>                                                            | 2                     | QL (120 tablets/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>                                                              | 2                     | QL (90 tablets/30 days)  |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>                                                      | 3                     |                          |
| <i>disulfiram tab 250 mg</i>                                                                                     | 3                     |                          |
| <i>disulfiram tab 500 mg</i>                                                                                     | 4                     |                          |
| KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml                                                                   | 4                     |                          |
| <i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>                                                                     | 2                     |                          |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>                                                                       | 3                     |                          |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i>                                                                     | 2                     |                          |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>                                                              | 2                     |                          |
| <i>naltrexone hcl tab 50 mg</i>                                                                                  | 3                     |                          |
| NARCAN - naloxone hcl nasal spray 4 mg/0.1ml                                                                     | 4                     |                          |
| NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)                                                | 4                     |                          |
| NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)                                                       | 4                     |                          |
| <i>varenicline tartrate tab 0.5 mg, 1 mg</i>                                                                     | 4                     |                          |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>                                           | 4                     |                          |
| <b>Medicamentos antibacteriales</b>                                                                              |                       |                          |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>                                         | 4                     |                          |
| <i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>                                                               | 2                     |                          |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>                                                                  | 2                     |                          |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>                                                                  | 2                     |                          |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                          | 2                     |                          |
| <i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>                                                               | 2                     |                          |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>                                                      | 3                     |                          |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>                                                        | 3                     |                          |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 3                     |                          |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>                                    | 2                     |                          |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>                                                      | 4                     |                          |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>                                                  | 4                     |                          |
| <i>ampicillin cap 500 mg</i>                                                                                     | 2                     |                          |
| <i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>                                                      | 4                     |                          |
| <i>ampicillin sodium for iv soln 1 gm</i>                                                                        | 4                     |                          |
| <i>ampicillin sodium for iv soln 2 gm</i>                                                                        | 4                     |                          |

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| Nombre del medicamento                                                                                     | Nivel del medicamento | Requisitos/Límites |
|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| <i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>                                                        | 3                     |                    |
| <i>azithromycin iv for soln 500 mg</i>                                                                     | 4                     |                    |
| <i>azithromycin tab 250 mg, 500 mg, 600 mg</i>                                                             | 2                     |                    |
| <i>aztreonam for inj 1 gm</i>                                                                              | 4                     |                    |
| BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml | 4                     |                    |
| <i>cefaclor cap 250 mg</i>                                                                                 | 3                     |                    |
| <i>cefaclor cap 500 mg</i>                                                                                 | 3                     |                    |
| <i>cefadroxil cap 500 mg</i>                                                                               | 2                     |                    |
| <i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>                                                          | 2                     |                    |
| CEFAZOLIN - cefazolin sodium for iv soln 2 gm                                                              | 4                     |                    |
| <i>cefazolin sodium for inj 2 gm</i>                                                                       | 4                     |                    |
| <i>cefazolin sodium for inj 500 mg, 1 gm</i>                                                               | 4                     |                    |
| <i>cefazolin sodium for iv soln 1 gm</i>                                                                   | 4                     |                    |
| <i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>                                           | 4                     |                    |
| <i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>                                                  | 4                     |                    |
| <i>cefdinir cap 300 mg</i>                                                                                 | 2                     |                    |
| <i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>                                                            | 3                     |                    |
| <i>cefepime hcl for inj 1 gm</i>                                                                           | 4                     |                    |
| <i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>                                               | 4                     |                    |
| <i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>                                               | 4                     |                    |
| <i>cefepime hcl for iv soln 2 gm</i>                                                                       | 4                     |                    |
| <i>cefepime hcl iv soln 1 gm/50ml</i>                                                                      | 4                     |                    |
| <i>cefepime hcl iv soln 2 gm/100ml</i>                                                                     | 4                     |                    |
| <i>cefixime cap 400 mg</i>                                                                                 | 4                     |                    |
| <i>cefoxitin sodium for iv soln 1 gm, 2 gm</i>                                                             | 4                     |                    |
| <i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>                                           | 4                     |                    |
| <i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>                                         | 4                     |                    |
| <i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>                                                 | 4                     |                    |
| <i>cefpodoxime proxetil tab 100 mg, 200 mg</i>                                                             | 4                     |                    |
| <i>cefprozil tab 250 mg, 500 mg</i>                                                                        | 3                     |                    |
| <i>ceftazidime for inj 1 gm, 6 gm</i>                                                                      | 4                     |                    |
| <i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>                                                 | 4                     |                    |
| <i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>                                                 | 4                     |                    |
| <i>ceftazidime for iv soln 2 gm</i>                                                                        | 4                     |                    |
| <i>ceftriaxone sodium (bulk) for inj 100 gm</i>                                                            | 4                     |                    |
| <i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>                                        | 4                     |                    |
| <i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>                                        | 4                     |                    |

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| Nombre del medicamento                                                         | Nivel del medicamento | Requisitos/Límites      |
|--------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>            | 4                     |                         |
| <i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>                               | 4                     |                         |
| <i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>                             | 4                     |                         |
| <i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>                             | 4                     |                         |
| <i>cefuroxime axetil tab 250 mg, 500 mg</i>                                    | 3                     |                         |
| <i>cefuroxime sodium for inj 750 mg</i>                                        | 4                     |                         |
| <i>cefuroxime sodium for iv soln 1.5 gm</i>                                    | 4                     |                         |
| <i>cephalexin cap 250 mg, 500 mg</i>                                           | 1                     |                         |
| <i>cephalexin cap 750 mg</i>                                                   | 4                     |                         |
| <i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>                              | 2                     |                         |
| CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg                               | 4                     |                         |
| <i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>                            | 2                     |                         |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                                       | 4                     |                         |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                                       | 4                     |                         |
| CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml                | 4                     |                         |
| <i>clarithromycin tab 250 mg, 500 mg</i>                                       | 3                     |                         |
| <i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>                               | 2                     |                         |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml</i>                            | 4                     |                         |
| <i>clindamycin phosphate gel 1%</i>                                            | 4                     |                         |
| <i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i> | 4                     |                         |
| <i>clindamycin phosphate lotion 1%</i>                                         | 4                     |                         |
| <i>clindamycin phosphate soln 1%</i>                                           | 4                     |                         |
| <i>clindamycin phosphate swab 1%</i>                                           | 3                     |                         |
| <i>clindamycin phosphate vaginal cream 2%</i>                                  | 3                     |                         |
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i>              | 4                     |                         |
| <i>daptomycin for iv soln 500 mg</i>                                           | 5                     |                         |
| <i>dicloxacillin sodium cap 250 mg</i>                                         | 2                     |                         |
| <i>dicloxacillin sodium cap 500 mg</i>                                         | 3                     |                         |
| DIFICID - fidaxomicin for susp 40 mg/ml                                        | 5                     | QL (1 bottle/10 days)   |
| DIFICID - fidaxomicin tab 200 mg                                               | 5                     | QL (20 tablets/10 days) |
| <i>doxycycline hyclate cap 50 mg, 100 mg</i>                                   | 2                     |                         |
| <i>doxycycline hyclate for inj 100 mg</i>                                      | 4                     |                         |
| <i>doxycycline hyclate tab 20 mg, 100 mg</i>                                   | 2                     |                         |
| <i>doxycycline monohydrate cap 50 mg, 100 mg</i>                               | 2                     |                         |
| <i>doxycycline monohydrate cap 150 mg</i>                                      | 4                     |                         |
| <i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>                        | 2                     |                         |

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| Nombre del medicamento                                                                | Nivel del medicamento | Requisitos/Límites |
|---------------------------------------------------------------------------------------|-----------------------|--------------------|
| <i>doxycycline monohydrate tab 150 mg</i>                                             | 3                     |                    |
| <i>ertapenem sodium for inj 1 gm</i>                                                  | 4                     |                    |
| ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg                    | 4                     |                    |
| <i>erythromycin lactobionate for inj 500 mg</i>                                       | 4                     |                    |
| <i>erythromycin soln 2%</i>                                                           | 2                     |                    |
| <i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>                        | 4                     |                    |
| <i>erythromycin tab 250 mg, 500 mg</i>                                                | 4                     |                    |
| <i>erythromycin w/ delayed release particles cap 250 mg</i>                           | 4                     |                    |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                             | 4                     |                    |
| <i>gentamicin sulfate inj 40 mg/ml</i>                                                | 4                     |                    |
| GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml                        | 4                     |                    |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml | 4                     |                    |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i>                                | 4                     |                    |
| IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg                 | 4                     |                    |
| IMPAVIDO - miltefosine cap 50 mg                                                      | 5                     |                    |
| ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml                              | 4                     |                    |
| <i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>            | 4                     |                    |
| <i>levofloxacin iv soln 25 mg/ml</i>                                                  | 4                     |                    |
| <i>levofloxacin oral soln 25 mg/ml</i>                                                | 4                     |                    |
| <i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>                                        | 2                     |                    |
| <i>linezolid for susp 100 mg/5ml</i>                                                  | 5                     | PA                 |
| <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>                         | 4                     |                    |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>                                       | 4                     |                    |
| <i>linezolid tab 600 mg</i>                                                           | 4                     | PA                 |
| <i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>                     | 4                     |                    |
| <i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>                   | 4                     |                    |
| <i>meropenem iv for soln 500 mg, 1 gm</i>                                             | 4                     |                    |
| <i>methenamine hippurate tab 1 gm</i>                                                 | 3                     |                    |
| <i>metronidazole iv soln 500 mg/100ml</i>                                             | 4                     |                    |
| <i>metronidazole tab 250 mg, 500 mg</i>                                               | 2                     |                    |
| <i>metronidazole vaginal gel 0.75%</i>                                                | 3                     |                    |
| <i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>                                       | 2                     |                    |
| <i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>                                       | 4                     |                    |
| <i>moxifloxacin hcl iv solution 400 mg/250ml</i>                                      | 4                     |                    |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.



| Nombre del medicamento                                                                                                                                             | Nivel del medicamento | Requisitos/Límites |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| <i>moxifloxacin hcl tab 400 mg</i>                                                                                                                                 | 3                     |                    |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>                                                                                                   | 4                     |                    |
| <i>nafcillin sodium for inj 1 gm, 2 gm</i>                                                                                                                         | 4                     |                    |
| <i>nafcillin sodium for iv soln 10 gm</i>                                                                                                                          | 4                     |                    |
| <i>nafcillin sodium in dextrose inj 1 gm/50ml</i>                                                                                                                  | 4                     |                    |
| <i>nafcillin sodium in dextrose inj 2 gm/100ml</i>                                                                                                                 | 4                     |                    |
| <i>neomycin sulfate tab 500 mg</i>                                                                                                                                 | 2                     |                    |
| <i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>                                                                                                          | 3                     |                    |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>                                                                                                     | 3                     |                    |
| <i>ofloxacin tab 400 mg</i>                                                                                                                                        | 3                     |                    |
| <i>paromomycin sulfate cap 250 mg</i>                                                                                                                              | 4                     |                    |
| <i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>                                                                                                  | 4                     |                    |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE -<br>penicillin g potassium inj 20000 unit/ml in dextrose, 40000 unit/<br>ml in dextrose, 60000 unit/ml in dextrose | 4                     |                    |
| <i>penicillin v potassium for soln 125 mg/5ml</i>                                                                                                                  | 2                     |                    |
| <i>penicillin v potassium for soln 250 mg/5ml</i>                                                                                                                  | 2                     |                    |
| <i>penicillin v potassium tab 250 mg, 500 mg</i>                                                                                                                   | 2                     |                    |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                                                                                                | 4                     |                    |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm),<br/>4.5 gm (4-0.5 gm)</i>                                                                          | 4                     |                    |
| SIVEXTRO - tedizolid phosphate for iv soln 200 mg                                                                                                                  | 5                     |                    |
| SIVEXTRO - tedizolid phosphate tab 200 mg                                                                                                                          | 5                     | PA                 |
| STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm                                                                                                           | 4                     |                    |
| <i>sulfadiazine tab 500 mg</i>                                                                                                                                     | 4                     |                    |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>                                                                                                            | 4                     |                    |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>                                                                                                     | 2                     |                    |
| SUPRAX - cefixime chew tab 100 mg, 200 mg                                                                                                                          | 4                     |                    |
| TAZICEF - ceftazidime for iv soln 1 gm, 6 gm                                                                                                                       | 4                     |                    |
| TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg                                                                                                           | 5                     |                    |
| <i>tetracycline hcl cap 250 mg, 500 mg</i>                                                                                                                         | 4                     |                    |
| <i>tigecycline for iv soln 50 mg</i>                                                                                                                               | 5                     |                    |
| TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml                                                                                                               | 4                     |                    |
| <i>tobramycin sulfate for inj 1.2 gm</i>                                                                                                                           | 4                     |                    |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>                                                                                                                 | 4                     |                    |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/<br/>ml)</i>                                                                                    | 4                     |                    |
| <i>trimethoprim tab 100 mg</i>                                                                                                                                     | 2                     |                    |
| VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml                                                                                                                  | 4                     |                    |

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| Nombre del medicamento                                                                                                                   | Nivel del medicamento | Requisitos/Límites          |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%                                                 | 4                     |                             |
| VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%                                                                  | 4                     |                             |
| <i>vancomycin hcl cap 125 mg</i>                                                                                                         | 4                     | QL (120 capsules/30 days)   |
| <i>vancomycin hcl cap 250 mg</i>                                                                                                         | 4                     | QL (240 capsules/30 days)   |
| <i>vancomycin hcl for iv soln 100 gm</i>                                                                                                 | 4                     |                             |
| <i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i>                                                     | 4                     |                             |
| VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml | 4                     |                             |
| VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%                      | 4                     |                             |
| VANDAZOLE - metronidazole vaginal gel 0.75%                                                                                              | 3                     |                             |
| <b>Medicamentos anticonvulsantes</b>                                                                                                     |                       |                             |
| APTOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg                                                                       | 5                     |                             |
| BRIVIACT - brivaracetam iv soln 50 mg/5ml                                                                                                | 4                     |                             |
| BRIVIACT - brivaracetam oral soln 10 mg/ml                                                                                               | 5                     |                             |
| BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg                                                                           | 5                     |                             |
| <i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>                                                                                  | 4                     |                             |
| <i>carbamazepine chew tab 100 mg</i>                                                                                                     | 2                     |                             |
| <i>carbamazepine susp 100 mg/5ml</i>                                                                                                     | 4                     |                             |
| <i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>                                                                                  | 4                     |                             |
| <i>carbamazepine tab 200 mg</i>                                                                                                          | 3                     |                             |
| CELONTIN - methsuximide cap 300 mg                                                                                                       | 4                     |                             |
| <i>clobazam suspension 2.5 mg/ml</i>                                                                                                     | 4                     | PA, QL (480 mls/30 days)    |
| <i>clobazam tab 10 mg, 20 mg</i>                                                                                                         | 4                     | PA, QL (60 tablets/30 days) |
| DIACOMIT - stiripentol cap 250 mg, 500 mg*                                                                                               | 5                     |                             |
| DIACOMIT - stiripentol packet 250 mg, 500 mg*                                                                                            | 5                     |                             |
| DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg                                                                         | 4                     | QL (5 twin pack(s)/30 days) |
| <i>diazepam rectal gel delivery system 10 mg, 20 mg</i>                                                                                  | 4                     | QL (5 twin pack(s)/30 days) |
| DILANTIN - phenytoin sodium extended cap 30 mg                                                                                           | 4                     |                             |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i>                                                                             | 3                     |                             |
| <i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>                                                                      | 2                     |                             |
| <i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>                                                                                     | 3                     |                             |
| EPIDIOLEX - cannabidiol soln 100 mg/ml*                                                                                                  | 5                     | PA                          |

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| Nombre del medicamento                                                                    | Nivel del medicamento | Requisitos/Límites         |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| EPRONTIA - topiramate oral soln 25 mg/ml                                                  | 4                     |                            |
| <i>ethosuximide cap 250 mg</i>                                                            | 3                     |                            |
| <i>ethosuximide soln 250 mg/5ml</i>                                                       | 4                     |                            |
| <i>felbamate susp 600 mg/5ml</i>                                                          | 5                     |                            |
| <i>felbamate tab 400 mg, 600 mg</i>                                                       | 4                     |                            |
| FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml                                           | 5                     | PA, QL (360 mls/30 days)   |
| FYCOMPA - perampanel susp 0.5 mg/ml                                                       | 4                     |                            |
| FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg                             | 4                     |                            |
| <i>gabapentin cap 100 mg</i>                                                              | 2                     | QL (1080 capsules/30 days) |
| <i>gabapentin cap 300 mg</i>                                                              | 2                     | QL (360 capsules/30 days)  |
| <i>gabapentin cap 400 mg</i>                                                              | 2                     | QL (270 capsules/30 days)  |
| <i>gabapentin oral soln 250 mg/5ml</i>                                                    | 3                     | QL (2160 mls/30 days)      |
| <i>gabapentin tab 600 mg</i>                                                              | 2                     | QL (180 tablets/30 days)   |
| <i>gabapentin tab 800 mg</i>                                                              | 2                     | QL (135 tablets/30 days)   |
| <i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>                                           | 4                     |                            |
| <i>lacosamide oral solution 10 mg/ml</i>                                                  | 4                     |                            |
| <i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>                                       | 4                     |                            |
| <i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>                                   | 3                     |                            |
| <i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>                                      | 2                     |                            |
| <i>levetiracetam oral soln 100 mg/ml</i>                                                  | 3                     |                            |
| <i>levetiracetam tab er 24hr 500 mg, 750 mg</i>                                           | 3                     |                            |
| <i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>                                  | 2                     |                            |
| <i>methsuximide cap 300 mg</i>                                                            | 4                     |                            |
| NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml                                         | 4                     | QL (10 bottles/30 days)    |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>                                           | 4                     |                            |
| <i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>                                           | 3                     |                            |
| <i>phenobarbital elixir 20 mg/5ml#</i>                                                    | 4                     |                            |
| <i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i> | 3                     |                            |
| <i>phenytoin chew tab 50 mg</i>                                                           | 3                     |                            |
| <i>phenytoin sodium extended cap 100 mg</i>                                               | 2                     |                            |
| <i>phenytoin sodium extended cap 200 mg, 300 mg</i>                                       | 3                     |                            |
| <i>phenytoin susp 125 mg/5ml</i>                                                          | 3                     |                            |
| <i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>                         | 3                     | QL (90 capsules/30 days)   |
| <i>pregabalin cap 225 mg, 300 mg</i>                                                      | 3                     | QL (60 capsules/30 days)   |
| <i>pregabalin soln 20 mg/ml</i>                                                           | 3                     | QL (900 mls/30 days)       |
| PRIMIDONE - primidone tab 125 mg                                                          | 4                     |                            |

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| Nombre del medicamento                                                                     | Nivel del medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>primidone tab 50 mg, 250 mg</i>                                                         | 2                     |                             |
| <i>rufinamide susp 40 mg/ml</i>                                                            | 5                     |                             |
| <i>rufinamide tab 200 mg</i>                                                               | 4                     |                             |
| <i>rufinamide tab 400 mg</i>                                                               | 5                     |                             |
| SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg         | 4                     |                             |
| SYMPAZAN - clobazam oral film 5 mg                                                         | 4                     | PA, QL (240 films/30 days)  |
| SYMPAZAN - clobazam oral film 10 mg, 20 mg                                                 | 5                     | PA, QL (60 films/30 days)   |
| <i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>                                          | 4                     |                             |
| <i>topiramate sprinkle cap 15 mg, 25 mg</i>                                                | 2                     |                             |
| <i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>                                         | 2                     |                             |
| <i>valproate sodium oral soln 250 mg/5ml</i>                                               | 2                     |                             |
| <i>valproic acid cap 250 mg</i>                                                            | 2                     |                             |
| VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml                                     | 4                     | QL (5 twin pack(s)/30 days) |
| VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml                       | 4                     | QL (5 twin pack(s)/30 days) |
| VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml                        | 4                     | QL (5 twin pack(s)/30 days) |
| VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml                                       | 4                     | QL (5 twin pack(s)/30 days) |
| <i>vigabatrin powd pack 500 mg*</i>                                                        | 5                     | QL (180 packets/30 days)    |
| <i>vigabatrin tab 500 mg*</i>                                                              | 5                     | QL (180 tablets/30 days)    |
| XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)                      | 5                     |                             |
| XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)                      | 5                     |                             |
| XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg                           | 4                     |                             |
| XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg | 5                     |                             |
| XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg                                      | 5                     |                             |
| ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)                                      | 4                     |                             |
| <i>zonisamide cap 25 mg, 50 mg, 100 mg</i>                                                 | 2                     |                             |
| ZTALMY - ganaxolone susp 50 mg/ml                                                          | 5                     |                             |
| <b>Agentes contra la demencia</b>                                                          |                       |                             |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>                       | 2                     |                             |
| <i>donepezil hydrochloride tab 5 mg, 10 mg</i>                                             | 2                     |                             |
| <i>donepezil hydrochloride tab 23 mg</i>                                                   | 3                     |                             |
| GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml                      | 4                     |                             |
| <i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>                             | 4                     |                             |

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| Nombre del medicamento                                                           | Nivel del medicamento | Requisitos/Límites          |
|----------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>                            | 4                     |                             |
| <i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>                       | 4                     | PA (<=29 yr)                |
| <i>memantine hcl oral solution 2 mg/ml</i>                                       | 4                     | PA (<=29 yr)                |
| <i>memantine hcl tab 5 mg, 10 mg</i>                                             | 2                     | PA (<=29 yr)                |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>               | 4                     | PA (<=29 yr)                |
| <i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                      | 4                     |                             |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>         | 4                     |                             |
| <b>Medicamentos antidepresivos</b>                                               |                       |                             |
| <i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>         | 2                     |                             |
| <i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>                               | 4                     |                             |
| AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg                   | 5                     | QL (60 tablets/30 days)     |
| <i>bupropion hcl tab er 12hr 100 mg</i>                                          | 2                     | QL (90 tablets/30 days)     |
| <i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>                                  | 2                     | QL (60 tablets/30 days)     |
| <i>bupropion hcl tab er 24hr 150 mg</i>                                          | 3                     | QL (90 tablets/30 days)     |
| <i>bupropion hcl tab er 24hr 300 mg</i>                                          | 3                     | QL (30 tablets/30 days)     |
| <i>bupropion hcl tab 75 mg</i>                                                   | 3                     | QL (60 tablets/30 days)     |
| <i>bupropion hcl tab 100 mg</i>                                                  | 3                     | QL (120 tablets/30 days)    |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>                               | 3                     | QL (600 mls/30 days)        |
| <i>citalopram hydrobromide tab 10 mg, 20 mg</i>                                  | 1                     | QL (45 tablets/30 days)     |
| <i>citalopram hydrobromide tab 40 mg</i>                                         | 1                     | QL (30 tablets/30 days)     |
| <i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>                                 | 4                     |                             |
| <i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>           | 4                     |                             |
| <i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg</i>                 | 4                     | QL (30 tablets/30 days)     |
| <i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>               | 4                     |                             |
| <i>doxepin hcl conc 10 mg/ml#</i>                                                | 4                     |                             |
| <i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>                    | 2                     | QL (60 capsules/30 days)    |
| <i>duloxetine hcl enteric coated pellets cap 30 mg</i>                           | 2                     | QL (90 capsules/30 days)    |
| EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr                | 5                     | PA, QL (30 patches/30 days) |
| <i>escitalopram oxalate soln 5 mg/5ml</i>                                        | 4                     | QL (600 mls/30 days)        |
| <i>escitalopram oxalate tab 5 mg, 10 mg</i>                                      | 2                     | QL (45 tablets/30 days)     |
| <i>escitalopram oxalate tab 20 mg</i>                                            | 2                     | QL (30 tablets/30 days)     |
| FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg            | 4                     | QL (30 capsules/30 days)    |
| FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack | 4                     | QL (28 capsules/28 days)    |
| <i>fluoxetine hcl cap 10 mg</i>                                                  | 2                     | QL (90 capsules/30 days)    |

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| Nombre del medicamento                                                              | Nivel del medicamento | Requisitos/Límites        |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>fluoxetine hcl cap 20 mg</i>                                                     | 1                     | QL (120 capsules/30 days) |
| <i>fluoxetine hcl cap 40 mg</i>                                                     | 1                     | QL (60 capsules/30 days)  |
| <i>fluoxetine hcl solution 20 mg/5ml</i>                                            | 3                     | QL (600 mls/30 days)      |
| <i>fluoxetine hcl tab 10 mg</i>                                                     | 2                     | QL (90 tablets/30 days)   |
| <i>fluoxetine hcl tab 20 mg</i>                                                     | 3                     | QL (120 tablets/30 days)  |
| <i>fluvoxamine maleate tab 25 mg, 50 mg</i>                                         | 3                     | QL (30 tablets/30 days)   |
| <i>fluvoxamine maleate tab 100 mg</i>                                               | 3                     | QL (90 tablets/30 days)   |
| <i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>                                      | 4                     |                           |
| MARPLAN - isocarboxazid tab 10 mg                                                   | 4                     |                           |
| <i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>                    | 4                     | QL (30 tablets/30 days)   |
| <i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>                                         | 2                     | QL (30 tablets/30 days)   |
| <i>mirtazapine tab 15 mg</i>                                                        | 2                     | QL (45 tablets/30 days)   |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg | 4                     |                           |
| <i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>                            | 2                     |                           |
| <i>nortriptyline hcl soln 10 mg/5ml#</i>                                            | 4                     |                           |
| <i>paroxetine hcl oral susp 10 mg/5ml#</i>                                          | 4                     | QL (900 mls/30 days)      |
| <i>paroxetine hcl tab 10 mg, 40 mg#</i>                                             | 2                     | QL (45 tablets/30 days)   |
| <i>paroxetine hcl tab 20 mg#</i>                                                    | 2                     | QL (30 tablets/30 days)   |
| <i>paroxetine hcl tab 30 mg#</i>                                                    | 2                     | QL (60 tablets/30 days)   |
| <i>phenelzine sulfate tab 15 mg</i>                                                 | 3                     |                           |
| <i>protriptyline hcl tab 5 mg, 10 mg#</i>                                           | 4                     |                           |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i>                        | 4                     | QL (300 mls/30 days)      |
| <i>sertraline hcl tab 25 mg, 50 mg</i>                                              | 1                     | QL (45 tablets/30 days)   |
| <i>sertraline hcl tab 100 mg</i>                                                    | 1                     | QL (60 tablets/30 days)   |
| <i>tranylcypromine sulfate tab 10 mg</i>                                            | 4                     |                           |
| <i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>                                      | 1                     |                           |
| <i>trazodone hcl tab 300 mg</i>                                                     | 4                     |                           |
| <i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>                               | 4                     |                           |
| TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg                                | 4                     | QL (30 tablets/30 days)   |
| VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg                 | 4                     | QL (60 tablets/30 days)   |
| <i>venlafaxine hcl cap er 24hr 37.5 mg</i>                                          | 2                     | QL (60 capsules/30 days)  |
| <i>venlafaxine hcl cap er 24hr 75 mg</i>                                            | 2                     | QL (90 capsules/30 days)  |
| <i>venlafaxine hcl cap er 24hr 150 mg</i>                                           | 2                     | QL (30 capsules/30 days)  |
| <i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>                     | 2                     | QL (90 tablets/30 days)   |
| VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg           | 4                     | QL (1 kit/30 days)        |
| <i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>                                       | 4                     | QL (30 tablets/30 days)   |

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| Nombre del medicamento                                                                              | Nivel del medicamento | Requisitos/Límites        |
|-----------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <b>Medicamentos antieméticos</b>                                                                    |                       |                           |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                              | 4                     | BD                        |
| <i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>                                                      | 4                     | BD                        |
| <i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>                                   | 4                     | PA (>=65 yr)              |
| CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml                          | 4                     | PA (>=65 yr)              |
| <i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>                                                           | 4                     | BD                        |
| <i>meclizine hcl tab 12.5 mg, 25 mg#</i>                                                            | 2                     |                           |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                                                           | 3                     |                           |
| <i>ondansetron hcl tab 24 mg</i>                                                                    | 3                     |                           |
| <i>ondansetron hcl tab 4 mg, 8 mg</i>                                                               | 2                     |                           |
| <i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>                                             | 3                     |                           |
| <i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>                                                     | 4                     | PA (>=65 yr)              |
| <i>prochlorperazine maleate tab 5 mg, 10 mg</i>                                                     | 2                     |                           |
| <i>prochlorperazine suppos 25 mg</i>                                                                | 4                     |                           |
| <i>promethazine hcl syrup 6.25 mg/5ml#</i>                                                          | 3                     | PA (>=65 yr)              |
| <i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>                                                  | 2                     | PA (>=65 yr)              |
| <i>scopolamine td patch 72hr 1 mg/3days#</i>                                                        | 4                     | PA (>=65 yr)              |
| <b>Medicamentos antimicóticos</b>                                                                   |                       |                           |
| AMBISOME - amphotericin b liposome iv for susp 50 mg                                                | 5                     | BD                        |
| AMPHOTERICIN B - amphotericin b for iv soln 50 mg                                                   | 4                     | BD                        |
| <i>amphotericin b liposome iv for susp 50 mg</i>                                                    | 5                     | BD                        |
| <i>caspofungin acetate for iv soln 50 mg, 70 mg</i>                                                 | 4                     |                           |
| <i>ciclopirox olamine cream 0.77%</i>                                                               | 3                     |                           |
| <i>ciclopirox olamine susp 0.77%</i>                                                                | 3                     |                           |
| <i>ciclopirox solution 8%</i>                                                                       | 2                     | QL (6.6 mls/30 days)      |
| <i>clotrimazole cream 1%</i>                                                                        | 3                     |                           |
| <i>clotrimazole troche 10 mg</i>                                                                    | 3                     |                           |
| CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg) | 5                     | PA                        |
| <i>econazole nitrate cream 1%</i>                                                                   | 3                     |                           |
| <i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>                                                      | 3                     |                           |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>                                      | 4                     |                           |
| <i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>                                                | 2                     |                           |
| <i>flucytosine cap 250 mg, 500 mg</i>                                                               | 5                     |                           |
| <i>griseofulvin microsize susp 125 mg/5ml</i>                                                       | 4                     |                           |
| <i>griseofulvin microsize tab 500 mg</i>                                                            | 4                     |                           |
| <i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>                                               | 4                     |                           |
| <i>itraconazole cap 100 mg</i>                                                                      | 4                     | QL (120 capsules/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                 | Nivel del medicamento | Requisitos/Límites          |
|------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>ketoconazole cream 2%</i>                                           | 2                     |                             |
| <i>ketoconazole shampoo 2%</i>                                         | 2                     |                             |
| <i>ketoconazole tab 200 mg</i>                                         | 2                     |                             |
| <i>miconazole sodium for iv soln 50 mg</i>                             | 4                     |                             |
| <i>miconazole sodium for iv soln 100 mg</i>                            | 5                     |                             |
| NOXAFIL - posaconazole for delayed release susp packet 300 mg          | 5                     | PA                          |
| NOXAFIL - posaconazole susp 40 mg/ml                                   | 5                     | PA                          |
| <i>nystatin cream 100000 unit/gm</i>                                   | 2                     |                             |
| <i>nystatin oint 100000 unit/gm</i>                                    | 2                     |                             |
| <i>nystatin susp 100000 unit/ml</i>                                    | 2                     |                             |
| <i>nystatin tab 500000 unit</i>                                        | 3                     |                             |
| <i>nystatin topical powder 100000 unit/gm</i>                          | 2                     |                             |
| <i>posaconazole susp 40 mg/ml</i>                                      | 5                     | PA                          |
| <i>posaconazole tab delayed release 100 mg</i>                         | 5                     | PA                          |
| <i>terbinafine hcl tab 250 mg</i>                                      | 2                     | QL (30 tablets/30 days)     |
| <i>terconazole vaginal cream 0.4%, 0.8%</i>                            | 3                     |                             |
| <i>terconazole vaginal suppos 80 mg</i>                                | 3                     |                             |
| <i>voriconazole for inj 200 mg</i>                                     | 4                     | PA                          |
| <i>voriconazole for susp 40 mg/ml</i>                                  | 4                     | PA                          |
| <i>voriconazole tab 50 mg, 200 mg</i>                                  | 4                     | PA                          |
| <b>Agentes contra la gota</b>                                          |                       |                             |
| <i>allopurinol tab 100 mg, 300 mg</i>                                  | 1                     |                             |
| <i>colchicine tab 0.6 mg</i>                                           | 3                     |                             |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>                         | 3                     |                             |
| <i>probenecid tab 500 mg</i>                                           | 3                     |                             |
| <b>Agentes contra las migrañas</b>                                     |                       |                             |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>                  | 5                     | PA, QL (8 mls/28 days)      |
| EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml | 3                     | PA, QL (2 pens/30 days)     |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml | 3                     | PA, QL (3 syringes/30 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml | 3                     | PA, QL (2 syringes/30 days) |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                             | 3                     |                             |
| <i>naratriptan hcl tab 1 mg, 2.5 mg</i>                                | 3                     | QL (18 tablets/30 days)     |
| NURTEC - rimegepant sulfate tab disint 75 mg                           | 3                     | PA, QL (16 tablets/30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>        | 4                     | QL (18 tablets/30 days)     |
| <i>rizatriptan benzoate tab 5 mg, 10 mg</i>                            | 3                     | QL (18 tablets/30 days)     |

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| Nombre del medicamento                                                     | Nivel del medicamento | Requisitos/Límites                 |
|----------------------------------------------------------------------------|-----------------------|------------------------------------|
| <i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>                         | 3                     | QL (12 units (2 packages)/30 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                                | 3                     | QL (10 doses/30 days)              |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | 3                     | QL (12 doses/30 days)              |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>     | 3                     | QL (12 doses/30 days)              |
| <i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>                      | 2                     | QL (18 tablets/30 days)            |
| <b>Agentes antiemiasténicos</b>                                            |                       |                                    |
| <i>pyridostigmine bromide tab er 180 mg</i>                                | 4                     |                                    |
| <i>pyridostigmine bromide tab 60 mg</i>                                    | 3                     |                                    |
| <b>Medicamentos antimicobacteriales</b>                                    |                       |                                    |
| <i>dapsone tab 25 mg, 100 mg</i>                                           | 3                     |                                    |
| <i>ethambutol hcl tab 100 mg, 400 mg</i>                                   | 3                     |                                    |
| <i>isoniazid tab 100 mg</i>                                                | 2                     |                                    |
| <i>isoniazid tab 300 mg</i>                                                | 2                     |                                    |
| PRIFTIN - rifapentine tab 150 mg                                           | 4                     |                                    |
| <i>pyrazinamide tab 500 mg</i>                                             | 4                     |                                    |
| <i>rifabutin cap 150 mg</i>                                                | 4                     |                                    |
| <i>rifampin cap 150 mg, 300 mg</i>                                         | 3                     |                                    |
| <i>rifampin for inj 600 mg</i>                                             | 4                     |                                    |
| SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*                          | 5                     |                                    |
| TRECTOR - ethionamide tab 250 mg                                           | 4                     |                                    |
| <b>Medicamentos antineoplásicos</b>                                        |                       |                                    |
| <i>abiraterone acetate tab 250 mg†</i>                                     | 5                     | PA, QL (120 tablets/30 days)       |
| AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg† | 5                     | PA, QL (60 tablets/30 days)        |
| ALECENSA - alectinib hcl cap 150 mg*                                       | 5                     | PA, QL (240 capsules/30 days)      |
| ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*          | 5                     | PA, QL (30 tablets/30 days)        |
| ALUNBRIG - brigatinib tab 30 mg*                                           | 5                     | PA, QL (120 tablets/30 days)       |
| ALUNBRIG - brigatinib tab 90 mg, 180 mg*                                   | 5                     | PA, QL (30 tablets/30 days)        |
| <i>anastrozole tab 1 mg</i>                                                | 2                     |                                    |
| AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†            | 5                     | PA, QL (30 tablets/30 days)        |
| BALVERSA - erdafitinib tab 3 mg†                                           | 5                     | PA, QL (90 tablets/30 days)        |
| BALVERSA - erdafitinib tab 4 mg†                                           | 5                     | PA, QL (60 tablets/30 days)        |
| BALVERSA - erdafitinib tab 5 mg†                                           | 5                     | PA, QL (30 tablets/30 days)        |
| <i>bexarotene cap 75 mg†</i>                                               | 5                     | PA                                 |
| <i>bexarotene gel 1%</i>                                                   | 5                     | PA                                 |
| <i>bicalutamide tab 50 mg</i>                                              | 3                     |                                    |

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| Nombre del medicamento                                                  | Nivel del medicamento | Requisitos/Límites            |
|-------------------------------------------------------------------------|-----------------------|-------------------------------|
| BOSULIF - bosutinib tab 100 mg†                                         | 5                     | PA, QL (180 tablets/30 days)  |
| BOSULIF - bosutinib tab 400 mg, 500 mg†                                 | 5                     | PA, QL (30 tablets/30 days)   |
| BRAFTOVI - encorafenib cap 75 mg*                                       | 5                     | PA, QL (180 capsules/30 days) |
| BRUKINSA - zanubrutinib cap 80 mg                                       | 5                     | PA, QL (120 capsules/30 days) |
| CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg†*             | 5                     | PA, QL (30 tablets/30 days)   |
| CALQUENCE - acalabrutinib cap 100 mg†*                                  | 5                     | PA, QL (60 capsules/30 days)  |
| CALQUENCE - acalabrutinib maleate tab 100 mg†*                          | 5                     | PA, QL (60 tablets/30 days)   |
| CAPRELSA - vandetanib tab 100 mg*                                       | 5                     | PA, QL (60 tablets/30 days)   |
| CAPRELSA - vandetanib tab 300 mg*                                       | 5                     | PA, QL (30 tablets/30 days)   |
| COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit* | 5                     | PA, QL (56 capsules/28 days)  |
| COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit* | 5                     | PA, QL (112 capsules/28 days) |
| COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*        | 5                     | PA, QL (84 capsules/28 days)  |
| COPIKTRA - duvelisib cap 15 mg, 25 mg*                                  | 5                     | PA, QL (56 capsules/28 days)  |
| COTELLIC - cobimetinib fumarate tab 20 mg*                              | 5                     | PA, QL (63 tablets/28 days)   |
| CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg                    | 4                     | BD                            |
| <i>cyclophosphamide cap 25 mg, 50 mg</i>                                | 3                     | BD                            |
| DAURISMO - glasdegib maleate tab 25 mg†                                 | 5                     | PA, QL (60 tablets/30 days)   |
| DAURISMO - glasdegib maleate tab 100 mg†                                | 5                     | PA, QL (30 tablets/30 days)   |
| EMCYT - estramustine phosphate sodium cap 140 mg                        | 4                     |                               |
| ERIVEDGE - vismodegib cap 150 mg†*                                      | 5                     | PA, QL (30 capsules/30 days)  |
| ERLEADA - apalutamide tab 60 mg*                                        | 5                     | PA, QL (120 tablets/30 days)  |
| ERLEADA - apalutamide tab 240 mg*                                       | 5                     | PA, QL (30 tablets/30 days)   |
| <i>erlotinib hcl tab 25 mg†</i>                                         | 5                     | PA, QL (60 tablets/30 days)   |
| <i>erlotinib hcl tab 100 mg, 150 mg†</i>                                | 5                     | PA, QL (30 tablets/30 days)   |
| EULEXIN - flutamide cap 125 mg                                          | 5                     |                               |
| <i>everolimus tab for oral susp 2 mg, 5 mg</i>                          | 5                     | PA, QL (60 tablets/30 days)   |
| <i>everolimus tab for oral susp 3 mg</i>                                | 5                     | PA, QL (90 tablets/30 days)   |
| <i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>                            | 5                     | PA, QL (30 tablets/30 days)   |
| <i>everolimus tab 5 mg†</i>                                             | 5                     | PA, QL (60 tablets/30 days)   |
| <i>exemestane tab 25 mg</i>                                             | 4                     |                               |
| EXKIVITY - mobocertinib succinate cap 40 mg†*                           | 5                     | PA, QL (120 capsules/30 days) |
| FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*                           | 5                     | PA, QL (21 capsules/28 days)  |
| GAVRETO - pralsetinib cap 100 mg†                                       | 5                     | PA, QL (120 capsules/30 days) |
| <i>gefitinib tab 250 mg†</i>                                            | 5                     | PA, QL (30 tablets/30 days)   |
| GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*                  | 5                     | PA, QL (30 tablets/30 days)   |
| GLEOSTINE - lomustine cap 10 mg, 40 mg                                  | 4                     |                               |

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| Nombre del medicamento                                                                | Nivel del medicamento | Requisitos/Límites            |
|---------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| GLEOSTINE - lomustine cap 100 mg                                                      | 5                     |                               |
| <i>hydroxyurea cap 500 mg</i>                                                         | 2                     |                               |
| IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*                                      | 5                     | PA, QL (21 capsules/28 days)  |
| IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*                                      | 5                     | PA, QL (21 tablets/28 days)   |
| ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg†*                              | 5                     | PA, QL (30 tablets/30 days)   |
| IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*                                       | 5                     | PA, QL (30 tablets/30 days)   |
| <i>imatinib mesylate tab 100 mg†</i>                                                  | 5                     | PA, QL (90 tablets/30 days)   |
| <i>imatinib mesylate tab 400 mg†</i>                                                  | 5                     | PA, QL (60 tablets/30 days)   |
| IMBRUVICA - ibrutinib cap 70 mg*                                                      | 5                     | PA, QL (30 capsules/30 days)  |
| IMBRUVICA - ibrutinib cap 140 mg*                                                     | 5                     | PA, QL (120 capsules/30 days) |
| IMBRUVICA - ibrutinib oral susp 70 mg/ml*                                             | 5                     | PA, QL (3 bottles/30 days)    |
| IMBRUVICA - ibrutinib tab 420 mg*                                                     | 5                     | PA, QL (30 tablets/30 days)   |
| INLYTA - axitinib tab 1 mg†*                                                          | 5                     | PA, QL (180 tablets/30 days)  |
| INLYTA - axitinib tab 5 mg†*                                                          | 5                     | PA, QL (120 tablets/30 days)  |
| INQOVI - decitabine-cedazuridine tab 35-100 mg                                        | 5                     | PA, QL (5 tablets/28 days)    |
| INREBIC - fedratinib hcl cap 100 mg†                                                  | 5                     | PA, QL (120 capsules/30 days) |
| IRESSA - gefitinib tab 250 mg†*                                                       | 5                     | PA, QL (30 tablets/30 days)   |
| JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg†*                 | 5                     | PA, QL (60 tablets/30 days)   |
| JAYPIRCA - pirtobrutinib tab 50 mg†                                                   | 5                     | PA, QL (30 tablets/30 days)   |
| JAYPIRCA - pirtobrutinib tab 100 mg†                                                  | 5                     | PA, QL (60 tablets/30 days)   |
| KISQALI - ribociclib succinate tab pack 200 mg daily dose                             | 5                     | PA, QL (21 tablets/28 days)   |
| KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)                | 5                     | PA, QL (42 tablets/28 days)   |
| KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)                | 5                     | PA, QL (63 tablets/28 days)   |
| KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | 5                     | PA, QL (49 tablets/28 days)   |
| KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | 5                     | PA, QL (70 tablets/28 days)   |
| KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | 5                     | PA, QL (91 tablets/28 days)   |
| KOSELUGO - selumetinib sulfate cap 10 mg                                              | 5                     | PA, QL (240 capsules/30 days) |
| KOSELUGO - selumetinib sulfate cap 25 mg                                              | 5                     | PA, QL (120 capsules/30 days) |
| KRAZATI - adagrasib tab 200 mg†                                                       | 5                     | PA, QL (180 tablets/30 days)  |
| <i>lapatinib ditosylate tab 250 mg</i>                                                | 5                     | PA, QL (180 tablets/30 days)  |
| <i>lenalidomide caps 2.5 mg</i>                                                       | 5                     | PA, QL (30 capsules/30 days)  |
| <i>lenalidomide cap 5 mg, 10 mg</i>                                                   | 5                     | PA, QL (30 capsules/30 days)  |
| <i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>                                           | 5                     | PA, QL (21 capsules/28 days)  |

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| Nombre del medicamento                                                | Nivel del medicamento | Requisitos/Límites           |
|-----------------------------------------------------------------------|-----------------------|------------------------------|
| LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*         | 5                     | PA, QL (30 capsules/30 days) |
| LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*       | 5                     | PA, QL (90 capsules/30 days) |
| LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*     | 5                     | PA, QL (60 capsules/30 days) |
| LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg* | 5                     | PA, QL (90 capsules/30 days) |
| LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*     | 5                     | PA, QL (60 capsules/30 days) |
| LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg* | 5                     | PA, QL (90 capsules/30 days) |
| LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*           | 5                     | PA, QL (30 capsules/30 days) |
| LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*       | 5                     | PA, QL (60 capsules/30 days) |
| <i>letrozole tab 2.5 mg</i>                                           | 2                     |                              |
| <i>leucovorin calcium tab 5 mg, 10 mg</i>                             | 3                     |                              |
| <i>leucovorin calcium tab 15 mg, 25 mg</i>                            | 4                     |                              |
| LEUKERAN - chlorambucil tab 2 mg                                      | 5                     |                              |
| LONSURF - trifluridine-tipiracil tab 15-6.14 mg                       | 5                     | PA, QL (100 tablets/28 days) |
| LONSURF - trifluridine-tipiracil tab 20-8.19 mg                       | 5                     | PA, QL (80 tablets/28 days)  |
| LORBRENA - lorlatinib tab 25 mg†                                      | 5                     | PA, QL (90 tablets/30 days)  |
| LORBRENA - lorlatinib tab 100 mg†                                     | 5                     | PA, QL (30 tablets/30 days)  |
| LUMAKRAS - sotorasib tab 120 mg†*                                     | 5                     | PA, QL (240 tablets/30 days) |
| LUMAKRAS - sotorasib tab 320 mg†*                                     | 5                     | PA, QL (90 tablets/30 days)  |
| LYNPARZA - olaparib tab 100 mg, 150 mg†*                              | 5                     | PA, QL (120 tablets/30 days) |
| LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)        | 5                     | PA, QL (84 tablets/28 days)  |
| LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)        | 5                     | PA, QL (112 tablets/28 days) |
| LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)        | 5                     | PA, QL (140 tablets/28 days) |
| MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)           | 5                     | PA                           |
| MATULANE - procarbazine hcl cap 50 mg*                                | 5                     | PA                           |
| MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml          | 5                     | PA, QL (13 bottles/28 days)  |
| MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*                  | 5                     | PA, QL (90 tablets/30 days)  |
| MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*                    | 5                     | PA, QL (30 tablets/30 days)  |
| MEKTOVI - binimetinib tab 15 mg*                                      | 5                     | PA, QL (180 tablets/30 days) |
| <i>mercaptopurine tab 50 mg</i>                                       | 3                     |                              |
| MESNEX - mesna tab 400 mg                                             | 5                     |                              |
| <i>nelarabine iv soln 5 mg/ml</i>                                     | 5                     | PA                           |
| NERLYNX - neratinib maleate tab 40 mg†*                               | 5                     | PA, QL (180 tablets/30 days) |

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| Nombre del medicamento                                                               | Nivel del medicamento | Requisitos/Límites            |
|--------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>nilutamide tab 150 mg</i>                                                         | 5                     |                               |
| NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg                                    | 5                     | PA, QL (3 capsules/28 days)   |
| NUBEQA - darolutamide tab 300 mg†                                                    | 5                     | PA, QL (120 tablets/30 days)  |
| ODOMZO - sonidegib phosphate cap 200 mg†*                                            | 5                     | PA, QL (30 capsules/30 days)  |
| OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg                     | 5                     | PA, QL (30 tablets/30 days)   |
| ONUREG - azacitidine tab 200 mg, 300 mg                                              | 5                     | PA, QL (14 tablets/28 days)   |
| ORSERDU - elacestrant hydrochloride tab 86 mg                                        | 5                     | PA, QL (90 tablets/30 days)   |
| ORSERDU - elacestrant hydrochloride tab 345 mg                                       | 5                     | PA, QL (30 tablets/30 days)   |
| PANRETIN - alitretinoin gel 0.1%                                                     | 5                     | PA                            |
| <i>pazopanib hcl tab 200 mg†</i>                                                     | 5                     | PA, QL (120 tablets/30 days)  |
| PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg                                     | 5                     | PA, QL (14 tablets/21 days)   |
| PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose               | 5                     | PA, QL (30 tablets/30 days)   |
| PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs) | 5                     | PA, QL (60 tablets/30 days)   |
| PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)        | 5                     | PA, QL (60 tablets/30 days)   |
| POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*                                  | 5                     | PA, QL (21 capsules/28 days)  |
| PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*                              | 5                     |                               |
| QINLOCK - ripretinib tab 50 mg                                                       | 5                     | PA, QL (90 tablets/30 days)   |
| RETEVMO - selpercatinib cap 40 mg†                                                   | 5                     | PA, QL (180 capsules/30 days) |
| RETEVMO - selpercatinib cap 80 mg†                                                   | 5                     | PA, QL (120 capsules/30 days) |
| REVLIMID - lenalidomide caps 2.5 mg*                                                 | 5                     | PA, QL (30 capsules/30 days)  |
| REVLIMID - lenalidomide cap 5 mg, 10 mg*                                             | 5                     | PA, QL (30 capsules/30 days)  |
| REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*                                     | 5                     | PA, QL (21 capsules/28 days)  |
| REZLIDHIA - olutasidenib cap 150 mg†                                                 | 5                     | PA, QL (60 capsules/30 days)  |
| ROZLYTREK - entrectinib cap 100 mg†                                                  | 5                     | PA, QL (150 capsules/30 days) |
| ROZLYTREK - entrectinib cap 200 mg†                                                  | 5                     | PA, QL (90 capsules/30 days)  |
| RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg†*                           | 5                     | PA, QL (120 tablets/30 days)  |
| RYDAPT - midostaurin cap 25 mg                                                       | 5                     | PA, QL (240 capsules/30 days) |
| SCEMBLIX - asciminib hcl tab 20 mg                                                   | 5                     | PA, QL (60 tablets/30 days)   |
| SCEMBLIX - asciminib hcl tab 40 mg                                                   | 5                     | PA, QL (300 tablets/30 days)  |
| SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml                                     | 5                     |                               |
| <i>sorafenib tosylate tab 200 mg†</i>                                                | 5                     | PA, QL (120 tablets/30 days)  |
| SPRYCEL - dasatinib tab 20 mg†                                                       | 5                     | PA, QL (90 tablets/30 days)   |
| SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†                         | 5                     | PA, QL (30 tablets/30 days)   |
| STIVARGA - regorafenib tab 40 mg*                                                    | 5                     | PA, QL (84 tablets/28 days)   |
| <i>sunitinib malate cap 12.5 mg†</i>                                                 | 5                     | PA, QL (90 capsules/30 days)  |

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| Nombre del medicamento                                                          | Nivel del medicamento | Requisitos/Límites                   |
|---------------------------------------------------------------------------------|-----------------------|--------------------------------------|
| <i>sunitinib maleate cap 25 mg, 37.5 mg, 50 mg†</i>                             | 5                     | PA, QL (30 capsules/30 days)         |
| SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg                              | 5                     | PA                                   |
| TABLOID - thioguanine tab 40 mg                                                 | 4                     |                                      |
| TABRECTA - capmatinib hcl tab 150 mg, 200 mg                                    | 5                     | PA, QL (120 tablets/30 days)         |
| TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*                                | 5                     | PA, QL (120 capsules/30 days)        |
| TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg                          | 5                     | PA, QL (4 bottles/28 days)           |
| TAGRISSO - osimertinib mesylate tab 40 mg, 80 mg†*                              | 5                     | PA, QL (30 tablets/30 days)          |
| TALZENNA - talazoparib tosylate cap 0.1 mg, 0.35 mg†                            | 5                     | PA, QL (30 capsules/30 days)         |
| TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg†*            | 5                     | PA, QL (30 capsules/30 days)         |
| <i>tamoxifen citrate tab 10 mg, 20 mg</i>                                       | 2                     |                                      |
| TASIGNA - nilotinib hcl cap 50 mg†                                              | 5                     | PA, QL (120 capsules/30 days)        |
| TASIGNA - nilotinib hcl cap 150 mg, 200 mg                                      | 5                     | PA, QL (120 capsules/30 days)        |
| TAZVERIK - tazemetostat hbr tab 200 mg                                          | 5                     | PA, QL (240 tablets/30 days)         |
| TEPMETKO - tepotinib hcl tab 225 mg†*                                           | 5                     | PA, QL (60 tablets/30 days)          |
| THALOMID - thalidomide cap 50 mg, 100 mg                                        | 5                     | PA, QL (30 capsules/30 days)         |
| THALOMID - thalidomide cap 150 mg, 200 mg                                       | 5                     | PA, QL (60 capsules/30 days)         |
| TIBSOVO - ivosidenib tab 250 mg*                                                | 5                     | PA, QL (60 tablets/30 days)          |
| <i>toremifene citrate tab 60 mg</i>                                             | 5                     |                                      |
| <i>tretinoin cap 10 mg</i>                                                      | 5                     | PA                                   |
| TUKYSA - tucatinib tab 50 mg                                                    | 5                     | PA, QL (300 tablets/30 days)         |
| TUKYSA - tucatinib tab 150 mg                                                   | 5                     | PA, QL (120 tablets/30 days)         |
| TURALIO - pexidartinib hcl cap 125 mg                                           | 5                     | PA, QL (120 capsules/30 days)        |
| VALCHLOR - mechlorethamine hcl gel 0.016%*                                      | 5                     |                                      |
| VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg                     | 5                     | PA, QL (60 tablets/30 days)          |
| VENCLEXTA - venetoclax tab 10 mg*                                               | 3                     | PA, QL (60 tablets/30 days)          |
| VENCLEXTA - venetoclax tab 50 mg*                                               | 5                     | PA, QL (30 tablets/30 days)          |
| VENCLEXTA - venetoclax tab 100 mg*                                              | 5                     | PA, QL (180 tablets/30 days)         |
| VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg* | 5                     | PA, QL (1 pack (42 tablets)/28 days) |
| VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*                       | 5                     | PA, QL (60 tablets/30 days)          |
| VITRAKVI - larotrectinib sulfate cap 25 mg†*                                    | 5                     | PA, QL (180 capsules/30 days)        |
| VITRAKVI - larotrectinib sulfate cap 100 mg†*                                   | 5                     | PA, QL (60 capsules/30 days)         |
| VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*                            | 5                     | PA, QL (300 mls/30 days)             |
| VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg†*                                | 5                     | PA, QL (30 tablets/30 days)          |
| VONJO - pacritinib citrate cap 100 mg†                                          | 5                     | PA, QL (120 capsules/30 days)        |
| VOTRIENT - pazopanib hcl tab 200 mg†*                                           | 5                     | PA, QL (120 tablets/30 days)         |
| WELIREG - belzutifan tab 40 mg†*                                                | 5                     | PA, QL (90 tablets/30 days)          |

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| Nombre del medicamento                                                                                                                                                       | Nivel del medicamento | Requisitos/Límites            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| XALKORI - crizotinib cap 200 mg, 250 mg†*                                                                                                                                    | 5                     | PA, QL (120 capsules/30 days) |
| XOSPATA - gilteritinib fumarate tablet 40 mg†                                                                                                                                | 5                     | PA, QL (90 tablets/30 days)   |
| XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)* | 5                     | PA, QL (1 box/28 days)        |
| XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*                                                                                                                | 5                     | PA, QL (1 box/28 days)        |
| XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*                                                                                                                | 5                     | PA, QL (1 box/28 days)        |
| XTANDI - enzalutamide cap 40 mg†*                                                                                                                                            | 5                     | PA, QL (120 capsules/30 days) |
| XTANDI - enzalutamide tab 40 mg†*                                                                                                                                            | 5                     | PA, QL (120 tablets/30 days)  |
| XTANDI - enzalutamide tab 80 mg†*                                                                                                                                            | 5                     | PA, QL (60 tablets/30 days)   |
| ZEJULA - niraparib tosylate cap 100 mg†*                                                                                                                                     | 5                     | PA, QL (90 capsules/30 days)  |
| ZEJULA - niraparib tosylate tab 100 mg, 200 mg, 300 mg*                                                                                                                      | 5                     | PA, QL (30 tablets/30 days)   |
| ZELBORAF - vemurafenib tab 240 mg*                                                                                                                                           | 5                     | PA, QL (240 tablets/30 days)  |
| ZOLINZA - vorinostat cap 100 mg†                                                                                                                                             | 5                     | PA, QL (120 capsules/30 days) |
| ZYDELIG - idelalisib tab 100 mg, 150 mg*                                                                                                                                     | 5                     | PA, QL (60 tablets/30 days)   |
| ZYKADIA - ceritinib tab 150 mg†*                                                                                                                                             | 5                     | PA, QL (90 tablets/30 days)   |
| <b>Medicamentos antiparasitarios</b>                                                                                                                                         |                       |                               |
| <i>albendazole tab 200 mg</i>                                                                                                                                                | 4                     |                               |
| <i>atovaquone susp 750 mg/5ml</i>                                                                                                                                            | 4                     | PA, QL (600 mls/30 days)      |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>                                                                                                                   | 3                     |                               |
| BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg                                                                                                                              | 4                     |                               |
| <i>chloroquine phosphate tab 250 mg</i>                                                                                                                                      | 4                     |                               |
| <i>chloroquine phosphate tab 500 mg</i>                                                                                                                                      | 2                     |                               |
| COARTEM - artemether-lumefantrine tab 20-120 mg                                                                                                                              | 4                     |                               |
| <i>hydroxychloroquine sulfate tab 200 mg</i>                                                                                                                                 | 3                     |                               |
| <i>ivermectin tab 3 mg</i>                                                                                                                                                   | 3                     | PA                            |
| <i>mefloquine hcl tab 250 mg</i>                                                                                                                                             | 3                     |                               |
| <i>nitazoxanide tab 500 mg</i>                                                                                                                                               | 5                     | QL (20 tablets/30 days)       |
| <i>pentamidine isethionate for inj soln 300 mg</i>                                                                                                                           | 4                     |                               |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>                                                                                                                  | 4                     | BD                            |
| <i>praziquantel tab 600 mg</i>                                                                                                                                               | 4                     |                               |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i>                                                                                                                         | 4                     |                               |
| <i>pyrimethamine tab 25 mg</i>                                                                                                                                               | 5                     | PA                            |
| <i>quinine sulfate cap 324 mg</i>                                                                                                                                            | 3                     | PA                            |
| <b>Agentes contra la enfermedad de Parkinson</b>                                                                                                                             |                       |                               |
| <i>amantadine hcl cap 100 mg</i>                                                                                                                                             | 3                     |                               |
| <i>amantadine hcl soln 50 mg/5ml</i>                                                                                                                                         | 3                     |                               |

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| Nombre del medicamento                                                                             | Nivel del medicamento | Requisitos/Límites                    |
|----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|
| APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*                                                 | 5                     | PA, QL (60 mls/30 days)               |
| <i>apomorphine hcl soln cartridge 30 mg/3ml</i>                                                    | 5                     | PA, QL (60 mls/30 days)               |
| <i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>                                                | 2                     | PA (>=65 yr)                          |
| <i>bromocriptine mesylate tab 2.5 mg</i>                                                           | 4                     |                                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>                                | 4                     |                                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>                                | 4                     |                                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>                                | 4                     |                                       |
| <i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</i>                                        | 3                     |                                       |
| <i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>                                | 2                     |                                       |
| <i>entacapone tab 200 mg</i>                                                                       | 4                     |                                       |
| INBRIJA - levodopa inhal powder cap 42 mg                                                          | 5                     | PA, QL (300 capsules/30 days)         |
| <i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>            | 2                     |                                       |
| <i>rasagiline mesylate tab 0.5 mg, 1 mg</i>                                                        | 4                     |                                       |
| <i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                  | 2                     |                                       |
| <i>selegiline hcl cap 5 mg</i>                                                                     | 3                     |                                       |
| <i>selegiline hcl tab 5 mg</i>                                                                     | 3                     |                                       |
| <b>Medicamentos antipsicóticos</b>                                                                 |                       |                                       |
| ABILIFY ASIMTUFI - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml            | 5                     | QL (1 syringe/56 days)                |
| ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg                    | 4                     | QL (1 syringe/28 days)                |
| ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg                        | 4                     | QL (1 vial/28 days)                   |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                          | 4                     | PA (>=65 yr), QL (750 mls/30 days)    |
| <i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>                                         | 5                     | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>aripiprazole tab 2 mg, 5 mg</i>                                                                 | 4                     | PA (>=65 yr), QL (45 tablets/30 days) |
| <i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>                                                 | 4                     | PA (>=65 yr), QL (30 tablets/30 days) |
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml | 4                     | QL (1 syringe/28 days)                |
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml                            | 4                     | QL (1 syringe/56 days)                |
| ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml                      | 4                     | QL (1 syringe/42 days)                |
| <i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>                                                | 4                     | PA (>=65 yr), QL (60 tablets/30 days) |

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| Nombre del medicamento                                                                                                      | Nivel del medicamento | Requisitos/Límites                                    |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------|
| CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg                                                                   | 5                     | QL (30 capsules/30 days)                              |
| CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg                                                                 | 4                     | PA ( $\geq 65$ yr), QL (90 tablets/30 days)           |
| <i>clozapine orally disintegrating tab 25 mg, 100 mg</i>                                                                    | 4                     | PA ( $\geq 65$ yr), QL (270 tablets/30 days)          |
| <i>clozapine orally disintegrating tab 150 mg</i>                                                                           | 4                     | PA ( $\geq 65$ yr), QL (180 tablets/30 days)          |
| <i>clozapine orally disintegrating tab 200 mg</i>                                                                           | 4                     | PA ( $\geq 65$ yr), QL (120 tablets/30 days)          |
| <i>clozapine tab 25 mg, 50 mg</i>                                                                                           | 3                     | PA ( $\geq 65$ yr), QL (90 tablets/30 days)           |
| <i>clozapine tab 100 mg</i>                                                                                                 | 4                     | PA ( $\geq 65$ yr), QL (270 tablets/30 days)          |
| <i>clozapine tab 200 mg</i>                                                                                                 | 4                     | PA ( $\geq 65$ yr), QL (120 tablets/30 days)          |
| FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg                                                         | 4                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)           |
| FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak                                             | 4                     | PA ( $\geq 65$ yr), QL (7 packs (56 tablets)/28 days) |
| <i>fluphenazine decanoate inj 25 mg/ml</i>                                                                                  | 4                     | PA ( $\geq 65$ yr)                                    |
| FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml                                                                           | 4                     | PA ( $\geq 65$ yr)                                    |
| FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml                                                                       | 4                     | PA ( $\geq 65$ yr)                                    |
| <i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>                                                                       | 4                     | PA ( $\geq 65$ yr)                                    |
| FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml                                                             | 4                     | PA ( $\geq 65$ yr)                                    |
| <i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>                                                                    | 4                     | PA ( $\geq 65$ yr)                                    |
| <i>haloperidol lactate inj 5 mg/ml</i>                                                                                      | 4                     | PA ( $\geq 65$ yr)                                    |
| <i>haloperidol lactate oral conc 2 mg/ml</i>                                                                                | 3                     | PA ( $\geq 65$ yr)                                    |
| <i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i>                                                                      | 2                     | PA ( $\geq 65$ yr)                                    |
| <i>haloperidol tab 20 mg</i>                                                                                                | 3                     | PA ( $\geq 65$ yr)                                    |
| INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml                                       | 4                     | QL (1 kit/180 days)                                   |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml | 4                     | QL (1 kit/28 days)                                    |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml          | 4                     | QL (1 kit/84 days)                                    |
| LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg                                                                     | 4                     | QL (30 tablets/30 days)                               |
| LATUDA - lurasidone hcl tab 80 mg                                                                                           | 4                     | QL (60 tablets/30 days)                               |
| <i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>                                                                     | 3                     | PA ( $\geq 65$ yr)                                    |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>                                                                       | 4                     | QL (30 tablets/30 days)                               |

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| Nombre del medicamento                                                                              | Nivel del medicamento | Requisitos/Límites                           |
|-----------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------|
| <i>lurasidone hcl tab 80 mg</i>                                                                     | 4                     | QL (60 tablets/30 days)                      |
| LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg                 | 5                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg                                      | 4                     | PA ( $\geq 65$ yr)                           |
| NUPLAZID - pimavanserin tartrate cap 34 mg*                                                         | 4                     | PA, QL (30 capsules/30 days)                 |
| NUPLAZID - pimavanserin tartrate tab 10 mg*                                                         | 4                     | PA, QL (30 tablets/30 days)                  |
| <i>olanzapine for im inj 10 mg</i>                                                                  | 4                     | PA ( $\geq 65$ yr), QL (90 vials/30 days)    |
| <i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>                               | 4                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| <i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>                                                   | 2                     | PA ( $\geq 65$ yr), QL (45 tablets/30 days)  |
| <i>olanzapine tab 15 mg, 20 mg</i>                                                                  | 2                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| <i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>                                                  | 4                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| <i>paliperidone tab er 24hr 6 mg</i>                                                                | 4                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg                         | 5                     | QL (1 syringe/28 days)                       |
| PIMOZIDE - pimozide tab 1 mg, 2 mg                                                                  | 4                     |                                              |
| QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg                                                | 4                     | PA ( $\geq 65$ yr), QL (150 tablets/30 days) |
| <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>                                        | 4                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| <i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>                                               | 4                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>                                         | 2                     | PA ( $\geq 65$ yr), QL (120 tablets/30 days) |
| <i>quetiapine fumarate tab 300 mg, 400 mg</i>                                                       | 2                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg                                 | 4                     | PA ( $\geq 65$ yr), QL (30 tablets/30 days)  |
| RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg | 4                     | QL (2 vials/28 days)                         |
| RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg                                     | 4                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| <i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>                               | 4                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| <i>risperidone orally disintegrating tab 4 mg</i>                                                   | 4                     | PA ( $\geq 65$ yr), QL (120 tablets/30 days) |

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| Nombre del medicamento                                                                                     | Nivel del medicamento | Requisitos/Límites                           |
|------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------|
| <i>risperidone soln 1 mg/ml</i>                                                                            | 3                     | PA ( $\geq 65$ yr), QL (480 mls/30 days)     |
| <i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                                                   | 2                     | PA ( $\geq 65$ yr), QL (60 tablets/30 days)  |
| <i>risperidone tab 4 mg</i>                                                                                | 2                     | PA ( $\geq 65$ yr), QL (120 tablets/30 days) |
| SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr                                   | 5                     | PA ( $\geq 65$ yr), QL (30 patches/30 days)  |
| <i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>                                                    | 3                     | PA ( $\geq 65$ yr)                           |
| <i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>                                                             | 4                     | PA ( $\geq 65$ yr)                           |
| <i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>                                                     | 3                     | PA ( $\geq 65$ yr)                           |
| UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml | 5                     | QL (1 syringe/28 days)                       |
| UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml               | 5                     | QL (1 syringe/56 days)                       |
| VERSACLOZ - clozapine susp 50 mg/ml                                                                        | 4                     | PA ( $\geq 65$ yr), QL (540 mls/30 days)     |
| VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg                                                   | 4                     | QL (30 capsules/30 days)                     |
| <i>ziprasidone hcl cap 20 mg, 40 mg</i>                                                                    | 4                     | QL (90 capsules/30 days)                     |
| <i>ziprasidone hcl cap 60 mg, 80 mg</i>                                                                    | 4                     | QL (60 capsules/30 days)                     |
| <i>ziprasidone mesylate for inj 20 mg</i>                                                                  | 4                     | PA ( $\geq 65$ yr), QL (60 vials/30 days)    |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg                                      | 4                     | PA ( $\geq 65$ yr), QL (2 vials/28 days)     |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg                                      | 5                     | PA ( $\geq 65$ yr), QL (2 vials/28 days)     |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg                                      | 5                     | PA ( $\geq 65$ yr), QL (1 vial/28 days)      |
| <b>Agentes antiespasmódicos</b>                                                                            |                       |                                              |
| <i>baclofen tab 10 mg, 20 mg</i>                                                                           | 2                     |                                              |
| <i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>                                                          | 3                     |                                              |
| <i>tizanidine hcl tab 2 mg, 4 mg</i>                                                                       | 2                     |                                              |
| <b>Medicamentos antivirales</b>                                                                            |                       |                                              |
| <i>abacavir sulfate soln 20 mg/ml</i>                                                                      | 4                     | QL (960 mls/30 days)                         |
| <i>abacavir sulfate tab 300 mg</i>                                                                         | 4                     | QL (60 tablets/30 days)                      |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                                                          | 4                     | QL (30 tablets/30 days)                      |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>                                           | 5                     | QL (60 tablets/30 days)                      |
| <i>acyclovir cap 200 mg</i>                                                                                | 2                     |                                              |
| <i>acyclovir sodium iv soln 50 mg/ml</i>                                                                   | 4                     | BD                                           |
| <i>acyclovir susp 200 mg/5ml</i>                                                                           | 4                     |                                              |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                | Nivel del medicamento | Requisitos/Límites        |
|-------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>acyclovir tab 400 mg, 800 mg</i>                                                                   | 2                     |                           |
| <i>adefovir dipivoxil tab 10 mg</i>                                                                   | 4                     |                           |
| APTIVUS - tipranavir cap 250 mg                                                                       | 5                     | QL (120 capsules/30 days) |
| <i>atazanavir sulfate cap 150 mg, 300 mg</i>                                                          | 4                     | QL (30 capsules/30 days)  |
| <i>atazanavir sulfate cap 200 mg</i>                                                                  | 4                     | QL (60 capsules/30 days)  |
| BARACLUDE - entecavir oral soln 0.05 mg/ml                                                            | 5                     |                           |
| BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg                      | 5                     | QL (30 tablets/30 days)   |
| CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg                                      | 5                     | QL (30 tablets/30 days)   |
| COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg                                   | 5                     | QL (30 tablets/30 days)   |
| <i>darunavir tab 600 mg</i>                                                                           | 5                     | QL (60 tablets/30 days)   |
| <i>darunavir tab 800 mg</i>                                                                           | 5                     | QL (30 tablets/30 days)   |
| DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg                                     | 5                     | QL (30 tablets/30 days)   |
| DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg                       | 5                     | QL (30 tablets/30 days)   |
| DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg                                                 | 5                     | QL (30 tablets/30 days)   |
| EDURANT - rilpivirine hcl tab 25 mg                                                                   | 5                     | QL (30 tablets/30 days)   |
| <i>efavirenz cap 200 mg</i>                                                                           | 4                     | QL (120 capsules/30 days) |
| <i>efavirenz cap 50 mg</i>                                                                            | 4                     | QL (90 capsules/30 days)  |
| <i>efavirenz tab 600 mg</i>                                                                           | 4                     | QL (30 tablets/30 days)   |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>                                        | 5                     | QL (30 tablets/30 days)   |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>                           | 5                     | QL (30 tablets/30 days)   |
| <i>emtricitabine caps 200 mg</i>                                                                      | 4                     | QL (30 capsules/30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | 5                     | QL (30 tablets/30 days)   |
| EMTRIVA - emtricitabine soln 10 mg/ml                                                                 | 4                     | QL (850 mls/30 days)      |
| <i>entecavir tab 0.5 mg, 1 mg</i>                                                                     | 4                     |                           |
| EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg                                   | 5                     | PA                        |
| EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg                                            | 5                     | PA                        |
| <i>etravirine tab 100 mg</i>                                                                          | 4                     | QL (60 tablets/30 days)   |
| <i>etravirine tab 200 mg</i>                                                                          | 5                     | QL (60 tablets/30 days)   |
| EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg                                                 | 5                     | QL (30 tablets/30 days)   |
| <i>famciclovir tab 125 mg, 250 mg, 500 mg</i>                                                         | 3                     |                           |
| <i>fosamprenavir calcium tab 700 mg</i>                                                               | 4                     | QL (120 tablets/30 days)  |
| FUZEON - enfuvirtide for inj 90 mg                                                                    | 5                     | QL (60 vials/30 days)     |

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| Nombre del medicamento                                                   | Nivel del medicamento | Requisitos/Límites         |
|--------------------------------------------------------------------------|-----------------------|----------------------------|
| GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg | 5                     | QL (30 tablets/30 days)    |
| HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg      | 5                     | PA                         |
| HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg                 | 5                     | PA                         |
| INTELENCE - etravirine tab 25 mg                                         | 4                     | QL (120 tablets/30 days)   |
| ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg                 | 3                     | QL (180 tablets/30 days)   |
| ISENTRESS - raltegravir potassium packet for susp 100 mg                 | 4                     | QL (60 packets/30 days)    |
| ISENTRESS - raltegravir potassium tab 400 mg                             | 5                     | QL (60 tablets/30 days)    |
| ISENTRESS HD - raltegravir potassium tab 600 mg                          | 5                     | QL (60 tablets/30 days)    |
| JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg                | 5                     | QL (30 tablets/30 days)    |
| LAGEVRIO - molnupiravir cap 200 mg                                       | 4                     |                            |
| <i>lamivudine oral soln 10 mg/ml</i>                                     | 3                     | QL (960 mls/30 days)       |
| <i>lamivudine tab 100 mg (hbv)</i>                                       | 3                     |                            |
| <i>lamivudine tab 150 mg</i>                                             | 3                     | QL (60 tablets/30 days)    |
| <i>lamivudine tab 300 mg</i>                                             | 3                     | QL (30 tablets/30 days)    |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                              | 4                     | QL (60 tablets/30 days)    |
| LEXIVA - fosamprenavir calcium susp 50 mg/ml                             | 4                     | QL (1800 mls/30 days)      |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>             | 4                     | QL (480 mls/30 days)       |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                                 | 4                     | QL (300 tablets/30 days)   |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                                 | 5                     | QL (120 tablets/30 days)   |
| <i>maraviroc tab 150 mg</i>                                              | 5                     | QL (60 tablets/30 days)    |
| <i>maraviroc tab 300 mg</i>                                              | 5                     | QL (120 tablets/30 days)   |
| <i>nevirapine susp 50 mg/5ml</i>                                         | 4                     | QL (1200 mls/30 days)      |
| <i>nevirapine tab er 24hr 400 mg</i>                                     | 4                     | QL (30 tablets/30 days)    |
| <i>nevirapine tab 200 mg</i>                                             | 3                     | QL (60 tablets/30 days)    |
| NORVIR - ritonavir oral soln 80 mg/ml                                    | 4                     | QL (480 mls/30 days)       |
| NORVIR - ritonavir powder packet 100 mg                                  | 4                     | QL (360 packets/30 days)   |
| ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg        | 5                     | QL (30 tablets/30 days)    |
| <i>oseltamivir phosphate cap 30 mg</i>                                   | 2                     | QL (168 capsules/365 days) |
| <i>oseltamivir phosphate cap 45 mg, 75 mg</i>                            | 2                     | QL (84 capsules/365 days)  |
| <i>oseltamivir phosphate for susp 6 mg/ml</i>                            | 3                     | QL (1080 mls/365 days)     |
| PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak  | 4                     | QL (20 tablets/30 days)    |
| PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak  | 4                     | QL (30 tablets/30 days)    |
| PIFELTRO - doravirine tab 100 mg                                         | 5                     | QL (30 tablets/30 days)    |
| PREVYMIS - letermovir tab 240 mg, 480 mg                                 | 5                     | QL (30 tablets/30 days)    |
| PREZCOBIX - darunavir-cobicistat tab 800-150 mg                          | 5                     | QL (30 tablets/30 days)    |

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| Nombre del medicamento                                                    | Nivel del medicamento | Requisitos/Límites       |
|---------------------------------------------------------------------------|-----------------------|--------------------------|
| PREZISTA - darunavir oral susp 100 mg/ml                                  | 5                     | QL (400 mls/30 days)     |
| PREZISTA - darunavir tab 75 mg                                            | 4                     | QL (300 tablets/30 days) |
| PREZISTA - darunavir tab 150 mg                                           | 5                     | QL (180 tablets/30 days) |
| PREZISTA - darunavir tab 600 mg                                           | 5                     | QL (60 tablets/30 days)  |
| PREZISTA - darunavir tab 800 mg                                           | 5                     | QL (30 tablets/30 days)  |
| RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act    | 4                     | QL (6 boxes/365 days)    |
| REYATAZ - atazanavir sulfate oral powder packet 50 mg                     | 5                     | QL (240 packets/30 days) |
| <i>ribavirin cap 200 mg</i>                                               | 3                     |                          |
| <i>ribavirin tab 200 mg</i>                                               | 3                     |                          |
| RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg          | 4                     |                          |
| <i>ritonavir tab 100 mg</i>                                               | 3                     | QL (360 tablets/30 days) |
| RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg                     | 5                     | QL (60 tablets/30 days)  |
| SELZENTRY - maraviroc oral soln 20 mg/ml                                  | 5                     | QL (1840 mls/30 days)    |
| SELZENTRY - maraviroc tab 25 mg                                           | 4                     | QL (240 tablets/30 days) |
| SELZENTRY - maraviroc tab 75 mg                                           | 5                     | QL (60 tablets/30 days)  |
| SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg                           | 5                     | PA                       |
| SOVALDI - sofosbuvir tab 200 mg, 400 mg                                   | 5                     | PA                       |
| STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg    | 5                     | QL (30 tablets/30 days)  |
| SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg                 | 5                     | QL (4 tablets/28 days)   |
| SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg                 | 5                     | QL (5 tablets/28 days)   |
| SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg     | 5                     | QL (30 tablets/30 days)  |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>                           | 4                     | QL (30 tablets/30 days)  |
| TIVICAY - dolutegravir sodium tab 10 mg                                   | 4                     | QL (240 tablets/30 days) |
| TIVICAY - dolutegravir sodium tab 25 mg, 50 mg                            | 5                     | QL (60 tablets/30 days)  |
| TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg                   | 5                     | QL (360 tablets/30 days) |
| TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg              | 5                     | QL (30 tablets/30 days)  |
| TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg | 5                     | QL (180 tablets/30 days) |
| TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg      | 5                     | QL (60 tablets/30 days)  |
| TYBOST - cobicistat tab 150 mg                                            | 3                     | QL (30 tablets/30 days)  |
| <i>valacyclovir hcl tab 500 mg, 1 gm</i>                                  | 2                     |                          |
| <i>valganciclovir hcl for soln 50 mg/ml</i>                               | 5                     |                          |
| <i>valganciclovir hcl tab 450 mg</i>                                      | 3                     |                          |
| VIRACEPT - nelfinavir mesylate tab 250 mg                                 | 5                     | QL (270 tablets/30 days) |

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| Nombre del medicamento                                               | Nivel del medicamento | Requisitos/Límites           |
|----------------------------------------------------------------------|-----------------------|------------------------------|
| VIRACEPT - nelfinavir mesylate tab 625 mg                            | 4                     | QL (120 tablets/30 days)     |
| VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm          | 5                     | QL (240 grams/30 days)       |
| VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg    | 5                     | QL (30 tablets/30 days)      |
| VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg      | 5                     | PA                           |
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose) | 4                     | QL (4 tablets/365 days)      |
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose) | 4                     | QL (2 tablets/365 days)      |
| ZEPATIER - elbasvir-grazoprevir tab 50-100 mg                        | 5                     | PA                           |
| zidovudine cap 100 mg                                                | 4                     | QL (180 capsules/30 days)    |
| zidovudine syrup 10 mg/ml                                            | 4                     | QL (1920 mls/30 days)        |
| zidovudine tab 300 mg                                                | 2                     | QL (60 tablets/30 days)      |
| <b>Medicamentos ansiolíticos</b>                                     |                       |                              |
| alprazolam tab 0.25 mg, 0.5 mg, 1 mg                                 | 2                     | QL (120 tablets/30 days)     |
| alprazolam tab 2 mg                                                  | 2                     | QL (150 tablets/30 days)     |
| buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg                  | 2                     |                              |
| clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | 4                     | QL (90 tablets/30 days)      |
| clonazepam orally disintegrating tab 2 mg                            | 4                     | QL (300 tablets/30 days)     |
| clonazepam tab 0.5 mg, 1 mg                                          | 2                     | QL (120 tablets/30 days)     |
| clonazepam tab 2 mg                                                  | 2                     | QL (300 tablets/30 days)     |
| clorazepate dipotassium tab 3.75 mg                                  | 4                     | PA, QL (120 tablets/30 days) |
| clorazepate dipotassium tab 7.5 mg                                   | 4                     | PA, QL (360 tablets/30 days) |
| clorazepate dipotassium tab 15 mg                                    | 4                     | PA, QL (180 tablets/30 days) |
| diazepam conc 5 mg/ml                                                | 3                     | PA, QL (240 mls/30 days)     |
| diazepam oral soln 1 mg/ml                                           | 4                     | PA, QL (1200 mls/30 days)    |
| diazepam tab 2 mg, 5 mg, 10 mg                                       | 2                     | PA, QL (120 tablets/30 days) |
| hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#                             | 3                     | PA (>=65 yr)                 |
| lorazepam conc 2 mg/ml                                               | 2                     | PA, QL (150 mls/30 days)     |
| lorazepam tab 0.5 mg, 1 mg                                           | 2                     | PA, QL (120 tablets/30 days) |
| lorazepam tab 2 mg                                                   | 2                     | PA, QL (150 tablets/30 days) |
| <b>Agentes bipolares</b>                                             |                       |                              |
| LITHIUM - lithium oral solution 8 meq/5ml                            | 4                     |                              |
| lithium carbonate cap 150 mg, 300 mg                                 | 2                     |                              |
| lithium carbonate cap 600 mg                                         | 2                     |                              |
| lithium carbonate tab er 300 mg, 450 mg                              | 2                     |                              |
| lithium carbonate tab 300 mg                                         | 2                     |                              |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                    | Nivel del medicamento | Requisitos/Límites         |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| <b>Reguladores de la glucosa en sangre</b>                                                |                       |                            |
| <i>acarbose tab 25 mg</i>                                                                 | 2                     | QL (360 tablets/30 days)   |
| <i>acarbose tab 50 mg</i>                                                                 | 2                     | QL (180 tablets/30 days)   |
| <i>acarbose tab 100 mg</i>                                                                | 2                     | QL (90 tablets/30 days)    |
| ALCOHOL SWABS                                                                             | 3                     |                            |
| BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml                | 3                     | QL (4 pens/28 days), ST    |
| BYETTA - exenatide soln pen-injector 5 mcg/0.02ml                                         | 4                     | QL (2 pens/30 days), ST    |
| BYETTA - exenatide soln pen-injector 10 mcg/0.04ml                                        | 4                     | QL (1 pen/30 days), ST     |
| <i>diazoxide susp 50 mg/ml</i>                                                            | 4                     |                            |
| FARXIGA - dapagliflozin propanediol tab 5 mg                                              | 3                     | QL (60 tablets/30 days)    |
| FARXIGA - dapagliflozin propanediol tab 10 mg                                             | 3                     | QL (30 tablets/30 days)    |
| GAUZE PADS 2" X 2"                                                                        | 3                     |                            |
| <i>glimepiride tab 1 mg#</i>                                                              | 1                     | QL (240 tablets/30 days)   |
| <i>glimepiride tab 2 mg#</i>                                                              | 1                     | QL (120 tablets/30 days)   |
| <i>glimepiride tab 4 mg#</i>                                                              | 1                     | QL (60 tablets/30 days)    |
| <i>glipizide tab er 24hr 2.5 mg</i>                                                       | 2                     | QL (240 tablets/30 days)   |
| <i>glipizide tab er 24hr 5 mg</i>                                                         | 2                     | QL (120 tablets/30 days)   |
| <i>glipizide tab er 24hr 10 mg</i>                                                        | 2                     | QL (60 tablets/30 days)    |
| <i>glipizide tab 5 mg</i>                                                                 | 1                     | QL (240 tablets/30 days)   |
| <i>glipizide tab 10 mg</i>                                                                | 1                     | QL (120 tablets/30 days)   |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>                                             | 2                     | QL (240 tablets/30 days)   |
| <i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>                                   | 2                     | QL (120 tablets/30 days)   |
| GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg                                       | 3                     | QL (4 kits/30 days)        |
| <i>glyburide micronized tab 1.5 mg#</i>                                                   | 2                     | QL (240 tablets/30 days)   |
| <i>glyburide micronized tab 3 mg#</i>                                                     | 2                     | QL (120 tablets/30 days)   |
| <i>glyburide micronized tab 6 mg#</i>                                                     | 2                     | QL (60 tablets/30 days)    |
| <i>glyburide tab 1.25 mg#</i>                                                             | 2                     | QL (480 tablets/30 days)   |
| <i>glyburide tab 2.5 mg#</i>                                                              | 2                     | QL (240 tablets/30 days)   |
| <i>glyburide tab 5 mg#</i>                                                                | 2                     | QL (120 tablets/30 days)   |
| <i>glyburide-metformin tab 1.25-250 mg#</i>                                               | 2                     | QL (240 tablets/30 days)   |
| <i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>                                      | 2                     | QL (120 tablets/30 days)   |
| GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg                                 | 4                     | QL (30 tablets/30 days)    |
| HUMALOG - insulin lispro inj soln 100 unit/ml                                             | 3                     | QL (60 mls/30 days)        |
| HUMALOG - insulin lispro soln cartridge 100 unit/ml                                       | 3                     | QL (20 cartridges/30 days) |
| HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)     | 3                     | QL (20 pens/30 days)       |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml | 3                     | QL (20 pens/30 days)       |

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| Nombre del medicamento                                                                   | Nivel del medicamento | Requisitos/Límites       |
|------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)            | 3                     | QL (6 vials/30 days)     |
| HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | 3                     | QL (20 pens/30 days)     |
| HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)                 | 3                     | QL (6 vials/30 days)     |
| HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | 3                     | QL (20 pens/30 days)     |
| HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml           | 3                     | QL (20 pens/30 days)     |
| HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml                               | 3                     | QL (60 mls/30 days)      |
| HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml         | 3                     | QL (20 pens/30 days)     |
| HUMULIN R - insulin regular (human) inj 100 unit/ml                                      | 3                     | QL (60 mls/30 days)      |
| HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml                  | 5                     | BD                       |
| HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml          | 5                     | QL (20 pens/30 days)     |
| HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)             | 3                     | QL (60 mls/30 days)      |
| HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)           | 3                     | QL (20 pens/30 days)     |
| INSULIN SYRINGE/NEEDLE                                                                   | 3                     |                          |
| JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg                            | 3                     | QL (60 tablets/30 days)  |
| JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg                 | 3                     | QL (60 tablets/30 days)  |
| JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg                           | 3                     | QL (30 tablets/30 days)  |
| JANUVIA - sitagliptin phosphate tab 25 mg                                                | 3                     | QL (120 tablets/30 days) |
| JANUVIA - sitagliptin phosphate tab 50 mg                                                | 3                     | QL (60 tablets/30 days)  |
| JANUVIA - sitagliptin phosphate tab 100 mg                                               | 3                     | QL (30 tablets/30 days)  |
| JARDIANCE - empagliflozin tab 10 mg                                                      | 3                     | QL (60 tablets/30 days)  |
| JARDIANCE - empagliflozin tab 25 mg                                                      | 3                     | QL (30 tablets/30 days)  |
| LANTUS - insulin glargine inj 100 unit/ml                                                | 3                     | QL (6 vials/30 days)     |
| LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml                         | 3                     | QL (20 pens/30 days)     |
| LYUMJEV - insulin lispro-aabc inj 100 unit/ml                                            | 3                     | QL (6 vials/30 days)     |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml                      | 3                     | QL (20 pens/30 days)     |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)             | 3                     | QL (20 pens/30 days)     |
| LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml         | 3                     | QL (20 pens/30 days)     |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                        | Nivel del medicamento | Requisitos/Límites          |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>metformin hcl tab er 24hr 500 mg</i>                                                                       | 1                     | QL (120 tablets/30 days)    |
| <i>metformin hcl tab er 24hr 750 mg</i>                                                                       | 1                     | QL (60 tablets/30 days)     |
| <i>metformin hcl tab 500 mg</i>                                                                               | 1                     | QL (150 tablets/30 days)    |
| <i>metformin hcl tab 850 mg</i>                                                                               | 1                     | QL (90 tablets/30 days)     |
| <i>metformin hcl tab 1000 mg</i>                                                                              | 1                     | QL (75 tablets/30 days)     |
| <i>nateglinide tab 60 mg</i>                                                                                  | 3                     | QL (180 tablets/30 days)    |
| <i>nateglinide tab 120 mg</i>                                                                                 | 3                     | QL (90 tablets/30 days)     |
| OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml) | 3                     | QL (1 pen/28 days), ST      |
| <i>pioglitazone hcl tab 15 mg</i>                                                                             | 2                     | QL (90 tablets/30 days)     |
| <i>pioglitazone hcl tab 30 mg, 45 mg</i>                                                                      | 2                     | QL (30 tablets/30 days)     |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>                                                     | 4                     | QL (30 tablets/30 days)     |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>                                                | 3                     | QL (90 tablets/30 days)     |
| <i>repaglinide tab 0.5 mg</i>                                                                                 | 2                     | QL (960 tablets/30 days)    |
| <i>repaglinide tab 1 mg</i>                                                                                   | 2                     | QL (480 tablets/30 days)    |
| <i>repaglinide tab 2 mg</i>                                                                                   | 2                     | QL (240 tablets/30 days)    |
| RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg                                                                  | 3                     | QL (30 tablets/30 days), ST |
| SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)                                      | 5                     |                             |
| SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)                                       | 5                     |                             |
| SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg                                                           | 3                     | QL (120 tablets/30 days)    |
| SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg                               | 3                     | QL (60 tablets/30 days)     |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg                     | 3                     | QL (60 tablets/30 days)     |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg                                              | 3                     | QL (30 tablets/30 days)     |
| TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)                            | 3                     | QL (60 mls/30 days)         |
| TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)                                | 3                     | QL (60 mls/30 days)         |
| TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml               | 3                     | QL (4 pens/28 days), ST     |
| VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)                                                   | 3                     | QL (3 pens/30 days), ST     |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg                     | 3                     | QL (60 tablets/30 days)     |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg                                | 3                     | QL (30 tablets/30 days)     |
| <b>Hemoderivados y modificadores</b>                                                                          |                       |                             |
| <i>anagrelide hcl cap 0.5 mg, 1 mg</i>                                                                        | 3                     |                             |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                                            | Nivel del medicamento | Requisitos/Límites        |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>                                                                                 | 4                     |                           |
| BRILINTA - ticagrelor tab 60 mg, 90 mg                                                                                            | 4                     |                           |
| CABLIVI - caplacizumab-yhdp for inj kit 11 mg                                                                                     | 5                     |                           |
| <i>cilostazol tab 50 mg, 100 mg</i>                                                                                               | 2                     |                           |
| <i>clopidogrel bisulfate tab 75 mg</i>                                                                                            | 1                     |                           |
| <i>dabigatran etexilate mesylate cap 75 mg, 150 mg</i>                                                                            | 4                     | QL (60 capsules/30 days)  |
| ELIQUIS - apixaban tab 2.5 mg                                                                                                     | 3                     | QL (60 tablets/30 days)   |
| ELIQUIS - apixaban tab 5 mg                                                                                                       | 3                     | QL (74 tablets/30 days)   |
| ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg                                                                             | 3                     | QL (74 tablets/30 days)   |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i> | 4                     | QL (30 syringes/90 days)  |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                                                                                           | 4                     | QL (10 vials/90 days)     |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>                                                                          | 4                     | QL (30 syringes/90 days)  |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>                                                 | 5                     | QL (30 syringes/90 days)  |
| GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml                                                       | 5                     | PA                        |
| GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)                                                   | 5                     | PA                        |
| <i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>                                                                 | 3                     |                           |
| <i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>                                      | 3                     |                           |
| <i>heparin sodium (porcine) pf inj 5000 unit/ml</i>                                                                               | 3                     |                           |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>                                                                            | 3                     |                           |
| LEUKINE - sargramostim lyophilized for inj 250 mcg                                                                                | 5                     | PA                        |
| PRADAXA - dabigatran etexilate mesylate cap 110 mg                                                                                | 4                     | QL (120 capsules/30 days) |
| <i>prasugrel hcl tab 5 mg, 10 mg</i>                                                                                              | 3                     |                           |
| PROCRI - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml                                                 | 4                     | PA                        |
| PROCRI - epoetin alfa inj 20000 unit/ml, 40000 unit/ml                                                                            | 5                     | PA                        |
| PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*                                                               | 5                     | PA                        |
| PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*                                                                  | 5                     | PA                        |
| RETACRI - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml             | 4                     | PA                        |
| <i>tranexamic acid tab 650 mg</i>                                                                                                 | 3                     |                           |
| <i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>                                              | 1                     |                           |
| XARELTO - rivaroxaban for susp 1 mg/ml                                                                                            | 3                     | QL (4 bottles/30 days)    |
| XARELTO - rivaroxaban tab 2.5 mg, 15 mg                                                                                           | 3                     | QL (60 tablets/30 days)   |

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| Nombre del medicamento                                                                                                                                   | Nivel del medicamento | Requisitos/Límites      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| XARELTO - rivaroxaban tab 10 mg, 20 mg                                                                                                                   | 3                     | QL (30 tablets/30 days) |
| XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg                                                                                | 3                     | QL (51 tablets/30 days) |
| <b>Agentes cardiovasculares</b>                                                                                                                          |                       |                         |
| acebutolol hcl cap 200 mg, 400 mg                                                                                                                        | 2                     |                         |
| acetazolamide cap er 12hr 500 mg                                                                                                                         | 3                     |                         |
| acetazolamide tab 125 mg, 250 mg                                                                                                                         | 3                     |                         |
| aliskiren fumarate tab 150 mg, 300 mg                                                                                                                    | 4                     | QL (30 tablets/30 days) |
| amiloride & hydrochlorothiazide tab 5-50 mg                                                                                                              | 2                     |                         |
| amiloride hcl tab 5 mg                                                                                                                                   | 2                     |                         |
| amiodarone hcl tab 100 mg, 400 mg                                                                                                                        | 4                     |                         |
| amiodarone hcl tab 200 mg                                                                                                                                | 2                     |                         |
| amlodipine besylate tab 2.5 mg, 5 mg, 10 mg                                                                                                              | 1                     |                         |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | 4                     |                         |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg                                                          | 2                     |                         |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg                                                                        | 3                     | QL (30 tablets/30 days) |
| amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg                                                                               | 2                     | QL (30 tablets/30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg                                      | 3                     | QL (30 tablets/30 days) |
| atenolol & chlorthalidone tab 50-25 mg, 100-25 mg                                                                                                        | 1                     |                         |
| atenolol tab 25 mg, 50 mg, 100 mg                                                                                                                        | 1                     |                         |
| atorvastatin calcium tab 10 mg, 20 mg, 40 mg                                                                                                             | 1                     | QL (45 tablets/30 days) |
| atorvastatin calcium tab 80 mg                                                                                                                           | 1                     | QL (30 tablets/30 days) |
| benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg                                                                         | 2                     |                         |
| benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg                                                                                                             | 1                     |                         |
| bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg                                                                                  | 2                     |                         |
| bisoprolol fumarate tab 5 mg, 10 mg                                                                                                                      | 2                     |                         |
| bumetanide inj 0.25 mg/ml                                                                                                                                | 4                     |                         |
| bumetanide tab 0.5 mg, 1 mg                                                                                                                              | 2                     |                         |
| bumetanide tab 2 mg                                                                                                                                      | 3                     |                         |
| candesartan cilexetil tab 4 mg, 8 mg, 16 mg                                                                                                              | 3                     | QL (60 tablets/30 days) |
| candesartan cilexetil tab 32 mg                                                                                                                          | 3                     | QL (30 tablets/30 days) |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg                                                                           | 3                     | QL (30 tablets/30 days) |

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| Nombre del medicamento                                                                                 | Nivel del medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>captopril tab 12.5 mg</i>                                                                           | 2                     |                             |
| <i>captopril tab 25 mg, 50 mg, 100 mg</i>                                                              | 3                     |                             |
| <i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>                                                | 1                     |                             |
| <i>chlorthalidone tab 25 mg, 50 mg</i>                                                                 | 2                     |                             |
| <i>cholestyramine light powder packets 4 gm</i>                                                        | 3                     |                             |
| <i>cholestyramine light powder 4 gm/dose</i>                                                           | 3                     |                             |
| <i>cholestyramine powder packets 4 gm</i>                                                              | 3                     |                             |
| <i>cholestyramine powder 4 gm/dose</i>                                                                 | 3                     |                             |
| <i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>                                                        | 1                     |                             |
| <i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                                 | 4                     |                             |
| <i>colestipol hcl granule packets 5 gm</i>                                                             | 4                     |                             |
| <i>colestipol hcl granules 5 gm</i>                                                                    | 4                     |                             |
| <i>colestipol hcl tab 1 gm</i>                                                                         | 3                     |                             |
| CORLANOR - ivabradine hcl oral soln 5 mg/5ml                                                           | 4                     | PA, QL (600 mls/30 days)    |
| CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg                                                             | 4                     | PA, QL (60 tablets/30 days) |
| <i>digoxin oral soln 0.05 mg/ml#</i>                                                                   | 4                     | QL (150 mls/30 days)        |
| <i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>                                              | 2                     | QL (30 tablets/30 days)     |
| <i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>                                                  | 4                     |                             |
| <i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>                                                | 2                     |                             |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>                   | 2                     |                             |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2                     |                             |
| <i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>                        | 3                     |                             |
| <i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>                                                   | 2                     |                             |
| <i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>                          | 4                     |                             |
| <i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>                                                   | 2                     | QL (60 tablets/30 days)     |
| <i>droxidopa cap 100 mg, 200 mg, 300 mg</i>                                                            | 5                     | PA                          |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>                             | 2                     |                             |
| <i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>                                                | 2                     |                             |
| ENTRESTO - sacubitril-valsartan tab 24-26 mg                                                           | 3                     | QL (180 tablets/30 days)    |
| ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg                                                | 3                     | QL (60 tablets/30 days)     |
| <i>ezetimibe tab 10 mg</i>                                                                             | 3                     | QL (30 tablets/30 days)     |
| <i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                                | 4                     | QL (30 tablets/30 days)     |
| <i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>                                                      | 2                     |                             |
| <i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>                                                | 3                     | QL (30 capsules/30 days)    |

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| Nombre del medicamento                                                                     | Nivel del medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>fenofibrate tab 48 mg, 54 mg</i>                                                        | 3                     | QL (60 tablets/30 days)     |
| <i>fenofibrate tab 145 mg, 160 mg</i>                                                      | 3                     | QL (30 tablets/30 days)     |
| <i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>                                        | 2                     |                             |
| <i>fluvastatin sodium cap 20 mg, 40 mg</i>                                                 | 4                     | QL (60 capsules/30 days)    |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>              | 2                     |                             |
| <i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>                                           | 2                     |                             |
| <i>furosemide inj 10 mg/ml</i>                                                             | 4                     |                             |
| <i>furosemide oral soln 8 mg/ml</i>                                                        | 2                     |                             |
| <i>furosemide oral soln 10 mg/ml</i>                                                       | 2                     |                             |
| <i>furosemide tab 20 mg, 40 mg, 80 mg</i>                                                  | 1                     |                             |
| <i>gemfibrozil tab 600 mg</i>                                                              | 2                     | QL (60 tablets/30 days)     |
| <i>guanfacine hcl tab 1 mg, 2 mg#</i>                                                      | 3                     |                             |
| <i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>                                     | 2                     |                             |
| <i>hydrochlorothiazide cap 12.5 mg</i>                                                     | 1                     |                             |
| <i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>                                       | 1                     |                             |
| <i>icosapent ethyl cap 0.5 gm</i>                                                          | 3                     | QL (240 capsules/30 days)   |
| <i>icosapent ethyl cap 1 gm</i>                                                            | 4                     | QL (120 capsules/30 days)   |
| <i>indapamide tab 1.25 mg, 2.5 mg</i>                                                      | 2                     |                             |
| <i>irbesartan tab 75 mg, 150 mg, 300 mg</i>                                                | 1                     | QL (30 tablets/30 days)     |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>                         | 2                     | QL (30 tablets/30 days)     |
| <i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>                                  | 3                     |                             |
| <i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>                             | 2                     |                             |
| <i>isosorbide mononitrate tab 10 mg, 20 mg</i>                                             | 2                     |                             |
| <i>isradipine cap 2.5 mg, 5 mg</i>                                                         | 3                     |                             |
| KERENDIA - finerenone tab 10 mg, 20 mg                                                     | 3                     | PA, QL (30 tablets/30 days) |
| <i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>                                            | 2                     |                             |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>           | 1                     |                             |
| <i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>                             | 1                     |                             |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i> | 1                     | QL (30 tablets/30 days)     |
| <i>losartan potassium tab 25 mg, 50 mg</i>                                                 | 1                     | QL (60 tablets/30 days)     |
| <i>losartan potassium tab 100 mg</i>                                                       | 1                     | QL (30 tablets/30 days)     |
| <i>lovastatin tab 10 mg, 20 mg, 40 mg</i>                                                  | 1                     | QL (60 tablets/30 days)     |
| <i>methazolamide tab 25 mg, 50 mg</i>                                                      | 4                     |                             |
| <i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>                                                  | 3                     |                             |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>             | 2                     |                             |

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| Nombre del medicamento                                                                                                  | Nivel del medicamento | Requisitos/Límites      |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg</i>                                                    | 2                     |                         |
| <i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i>                                                                     | 1                     |                         |
| <i>metoprolol tartrate tab 37.5 mg, 75 mg</i>                                                                           | 2                     |                         |
| <i>metyrosine cap 250 mg</i>                                                                                            | 5                     |                         |
| <i>mexiletine hcl cap 150 mg</i>                                                                                        | 3                     |                         |
| <i>mexiletine hcl cap 200 mg, 250 mg</i>                                                                                | 4                     |                         |
| <i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>                                                                            | 4                     |                         |
| <i>minoxidil tab 2.5 mg, 10 mg</i>                                                                                      | 2                     |                         |
| <i>moexipril hcl tab 7.5 mg, 15 mg</i>                                                                                  | 2                     |                         |
| MULTAQ - dronedarone hcl tab 400 mg                                                                                     | 4                     |                         |
| <i>nadolol tab 20 mg, 40 mg</i>                                                                                         | 3                     |                         |
| <i>nadolol tab 80 mg</i>                                                                                                | 4                     |                         |
| <i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>                                                                     | 4                     |                         |
| <i>niacin tab er 500 mg</i>                                                                                             | 4                     | QL (30 tablets/30 days) |
| <i>niacin tab er 750 mg, 1000 mg</i>                                                                                    | 4                     | QL (60 tablets/30 days) |
| <i>nicardipine hcl cap 20 mg, 30 mg</i>                                                                                 | 4                     |                         |
| <i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>                                                                       | 3                     |                         |
| <i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>                                                       | 3                     |                         |
| <i>nimodipine cap 30 mg</i>                                                                                             | 4                     |                         |
| NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg                                                   | 4                     |                         |
| <i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>                                                                     | 4                     |                         |
| NITRO-BID - nitroglycerin oint 2%                                                                                       | 4                     |                         |
| <i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>                                                                      | 2                     |                         |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                                           | 2                     |                         |
| <i>olmesartan medoxomil tab 5 mg</i>                                                                                    | 2                     | QL (60 tablets/30 days) |
| <i>olmesartan medoxomil tab 20 mg, 40 mg</i>                                                                            | 2                     | QL (30 tablets/30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | 3                     | QL (30 tablets/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i> | 2                     | QL (30 tablets/30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                                                                               | 3                     |                         |
| <i>pentoxifylline tab er 400 mg</i>                                                                                     | 2                     |                         |
| <i>perindopril erbumine tab 2 mg, 4 mg, 8 mg</i>                                                                        | 2                     |                         |
| <i>phenoxybenzamine hcl cap 10 mg</i>                                                                                   | 5                     |                         |
| <i>pindolol tab 5 mg</i>                                                                                                | 2                     |                         |
| <i>pindolol tab 10 mg</i>                                                                                               | 3                     |                         |
| <i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>                                                                       | 1                     | QL (45 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                  | Nivel del medicamento | Requisitos/Límites          |
|-----------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| <i>pravastatin sodium tab 80 mg</i>                                                     | 1                     | QL (30 tablets/30 days)     |
| <i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>                                                | 2                     |                             |
| <i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>                               | 4                     |                             |
| <i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>                                       | 3                     |                             |
| <i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>                         | 4                     |                             |
| <i>propranolol hcl oral soln 20 mg/5ml</i>                                              | 2                     |                             |
| <i>propranolol hcl oral soln 40 mg/5ml</i>                                              | 2                     |                             |
| <i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                            | 2                     |                             |
| <i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>                                      | 1                     |                             |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg</i>                           | 2                     |                             |
| <i>quinidine sulfate tab 200 mg</i>                                                     | 2                     |                             |
| <i>quinidine sulfate tab 300 mg</i>                                                     | 2                     |                             |
| <i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>                                        | 1                     |                             |
| <i>ranolazine tab er 12hr 500 mg, 1000 mg</i>                                           | 4                     | QL (60 tablets/30 days)     |
| RECTIV - nitroglycerin oint 0.4%                                                        | 4                     |                             |
| REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml                      | 4                     | PA, QL (2 syringes/28 days) |
| REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml | 4                     | PA, QL (2 systems/28 days)  |
| REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml                | 4                     | PA, QL (2 pens/28 days)     |
| <i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>                                      | 2                     | QL (45 tablets/30 days)     |
| <i>rosuvastatin calcium tab 40 mg</i>                                                   | 2                     | QL (30 tablets/30 days)     |
| <i>simvastatin tab 5 mg, 10 mg, 40 mg</i>                                               | 1                     | QL (45 tablets/30 days)     |
| <i>simvastatin tab 20 mg</i>                                                            | 1                     | QL (60 tablets/30 days)     |
| <i>simvastatin tab 80 mg</i>                                                            | 1                     | QL (30 tablets/30 days)     |
| <i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>                                  | 2                     |                             |
| <i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>                                    | 2                     |                             |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>                            | 2                     |                             |
| <i>spironolactone tab 25 mg, 50 mg, 100 mg</i>                                          | 1                     |                             |
| <i>telmisartan tab 20 mg, 40 mg, 80 mg</i>                                              | 2                     | QL (30 tablets/30 days)     |
| <i>telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg</i>                  | 2                     | QL (30 tablets/30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>                         | 3                     | QL (30 tablets/30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>                                   | 3                     | QL (60 tablets/30 days)     |
| <i>terazosin hcl cap 1 mg</i>                                                           | 1                     | QL (90 capsules/30 days)    |
| <i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>                                              | 1                     | QL (60 capsules/30 days)    |
| <i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>                                           | 3                     |                             |
| <i>torsemide tab 5 mg, 10 mg, 20 mg, 100 mg</i>                                         | 2                     |                             |
| <i>trandolapril tab 1 mg, 2 mg, 4 mg</i>                                                | 1                     |                             |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.



| Nombre del medicamento                                                                              | Nivel del medicamento | Requisitos/Límites                 |
|-----------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                                                   | 2                     |                                    |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                                                   | 3                     |                                    |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>                                                   | 3                     |                                    |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>                                                   | 3                     |                                    |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>                                         | 1                     |                                    |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>                               | 1                     |                                    |
| <i>valsartan tab 40 mg, 80 mg, 160 mg</i>                                                           | 2                     | QL (60 tablets/30 days)            |
| <i>valsartan tab 320 mg</i>                                                                         | 2                     | QL (30 tablets/30 days)            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i> | 2                     | QL (30 tablets/30 days)            |
| <i>VASCEPA - icosapent ethyl cap 0.5 gm</i>                                                         | 3                     | QL (240 capsules/30 days)          |
| <i>verapamil hcl cap er 24hr 100 mg</i>                                                             | 4                     |                                    |
| <i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>                                             | 3                     |                                    |
| <i>verapamil hcl cap er 24hr 200 mg</i>                                                             | 4                     |                                    |
| <i>verapamil hcl cap er 24hr 300 mg</i>                                                             | 4                     |                                    |
| <i>verapamil hcl cap er 24hr 360 mg</i>                                                             | 3                     |                                    |
| <i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>                                                  | 2                     |                                    |
| <i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>                                                       | 1                     |                                    |
| <b>Agentes del sistema nervioso central</b>                                                         |                       |                                    |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>                                               | 3                     | QL (30 capsules/30 days)           |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>                  | 4                     | QL (30 capsules/30 days)           |
| <i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>                 | 3                     | QL (60 tablets/30 days)            |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>                                                      | 3                     | QL (90 tablets/30 days)            |
| <i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>                                               | 4                     | QL (60 capsules/30 days)           |
| <i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>                                                     | 4                     | QL (30 capsules/30 days)           |
| <i>BETASERON - interferon beta-1b for inj kit 0.3 mg</i>                                            | 5                     | PA, QL (15 vials/syringes/30 days) |
| <i>clonidine hcl tab er 12hr 0.1 mg</i>                                                             | 4                     | QL (120 tablets/30 days)           |
| <i>COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml</i>                                | 5                     | PA, QL (30 syringes/30 days)       |
| <i>COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml</i>                                | 5                     | PA, QL (12 syringes/28 days)       |
| <i>dalfampridine tab er 12hr 10 mg†</i>                                                             | 3                     | PA                                 |
| <i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>                                               | 3                     | PA, QL (60 tablets/30 days)        |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>                                                   | 4                     | QL (90 capsules/30 days)           |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>                                           | 4                     | QL (120 capsules/30 days)          |
| <i>dextroamphetamine sulfate tab 5 mg</i>                                                           | 4                     | QL (90 tablets/30 days)            |
| <i>dextroamphetamine sulfate tab 10 mg</i>                                                          | 4                     | QL (180 tablets/30 days)           |
| <i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>                                     | 5                     | PA, QL (60 capsules/30 days)       |

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| Nombre del medicamento                                                                | Nivel del medicamento | Requisitos/Límites            |
|---------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>                  | 5                     | PA, QL (60 capsules/30 days)  |
| <i> fingolimod hcl cap 0.5 mg</i>                                                     | 5                     | PA, QL (30 capsules/30 days)  |
| <i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#</i>                             | 3                     | QL (30 tablets/30 days)       |
| MAYZENT - siponimod fumarate tab 0.25 mg                                              | 3                     | PA, QL (120 tablets/30 days)  |
| MAYZENT - siponimod fumarate tab 1 mg, 2 mg                                           | 5                     | PA, QL (30 tablets/30 days)   |
| MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack                | 3                     | PA, QL (1 pack/28 days)       |
| MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack               | 3                     | PA, QL (1 pack/28 days)       |
| <i>methylphenidate hcl tab er 10 mg, 20 mg</i>                                        | 4                     | PA, QL (90 tablets/30 days)   |
| <i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>                                     | 4                     | PA, QL (90 tablets/30 days)   |
| NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg                         | 3                     | PA, QL (60 capsules/30 days)  |
| <i>riluzole tab 50 mg</i>                                                             | 4                     |                               |
| <i>tetrabenazine tab 12.5 mg</i>                                                      | 5                     | PA, QL (240 tablets/30 days)  |
| <i>tetrabenazine tab 25 mg</i>                                                        | 5                     | PA, QL (120 tablets/30 days)  |
| VUMERITY - diroximel fumarate capsule delayed release 231 mg                          | 5                     | PA, QL (120 capsules/30 days) |
| <b>Agentes dentales y orales</b>                                                      |                       |                               |
| <i>cevimeline hcl cap 30 mg</i>                                                       | 4                     |                               |
| <i>chlorhexidine gluconate soln 0.12%</i>                                             | 2                     |                               |
| <i>pilocarpine hcl tab 5 mg, 7.5 mg</i>                                               | 4                     |                               |
| <i>triamcinolone acetonide dental paste 0.1%</i>                                      | 3                     |                               |
| <b>Agentes dermatológicos</b>                                                         |                       |                               |
| <i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>                                            | 4                     |                               |
| <i>azelaic acid gel 15%</i>                                                           | 4                     |                               |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                                         | 4                     |                               |
| BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05% | 3                     | QL (200 grams/28 days)        |
| <i>betamethasone dipropionate augmented cream 0.05%</i>                               | 3                     | QL (200 grams/28 days)        |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>                              | 3                     | QL (210 mls/30 days)          |
| <i>betamethasone dipropionate augmented oint 0.05%</i>                                | 3                     | QL (200 grams/28 days)        |
| <i>betamethasone dipropionate cream 0.05%</i>                                         | 3                     | QL (135 grams/30 days)        |
| <i>betamethasone dipropionate lotion 0.05%</i>                                        | 3                     | QL (120 mls/30 days)          |
| <i>betamethasone dipropionate oint 0.05%</i>                                          | 4                     | QL (135 grams/30 days)        |
| <i>betamethasone valerate cream 0.1%</i>                                              | 3                     | QL (135 grams/30 days)        |
| <i>betamethasone valerate lotion 0.1%</i>                                             | 3                     | QL (120 mls/30 days)          |
| <i>betamethasone valerate oint 0.1%</i>                                               | 3                     | QL (135 grams/30 days)        |
| <i>calcipotriene cream 0.005%</i>                                                     | 4                     | QL (120 grams/30 days)        |
| <i>calcipotriene oint 0.005%</i>                                                      | 4                     | QL (120 grams/30 days)        |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                          | Nivel del medicamento | Requisitos/Límites     |
|-----------------------------------------------------------------|-----------------------|------------------------|
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                    | 4                     | QL (120 mls/30 days)   |
| <i>clobetasol propionate cream 0.05%</i>                        | 4                     | QL (210 grams/28 days) |
| <i>clobetasol propionate emollient base cream 0.05%</i>         | 4                     | QL (210 grams/28 days) |
| <i>clobetasol propionate gel 0.05%</i>                          | 4                     | QL (210 grams/28 days) |
| <i>clobetasol propionate oint 0.05%</i>                         | 4                     | QL (210 grams/28 days) |
| <i>clobetasol propionate soln 0.05%</i>                         | 4                     | QL (200 mls/28 days)   |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>              | 2                     |                        |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i>             | 4                     |                        |
| <i>desonide cream 0.05%</i>                                     | 4                     | QL (120 grams/30 days) |
| <i>desonide lotion 0.05%</i>                                    | 4                     | QL (118 mls/30 days)   |
| <i>desonide oint 0.05%</i>                                      | 4                     | QL (120 grams/30 days) |
| <i>desoximetasone cream 0.05%, 0.25%</i>                        | 4                     | QL (120 grams/30 days) |
| <i>desoximetasone gel 0.05%</i>                                 | 4                     | QL (120 grams/30 days) |
| <i>desoximetasone oint 0.25%</i>                                | 4                     | QL (120 grams/30 days) |
| FINACEA - azelaic acid foam 15%                                 | 3                     |                        |
| <i>fluocinolone acetonide cream 0.01%</i>                       | 4                     | QL (120 grams/30 days) |
| <i>fluocinolone acetonide cream 0.025%</i>                      | 3                     | QL (120 grams/30 days) |
| <i>fluocinolone acetonide oint 0.025%</i>                       | 3                     | QL (120 grams/30 days) |
| <i>fluocinonide cream 0.05%</i>                                 | 3                     | QL (120 grams/30 days) |
| <i>fluocinonide emulsified base cream 0.05%</i>                 | 3                     | QL (120 grams/30 days) |
| <i>fluocinonide gel 0.05%</i>                                   | 4                     | QL (120 grams/30 days) |
| <i>fluocinonide oint 0.05%</i>                                  | 4                     | QL (120 grams/30 days) |
| <i>fluocinonide soln 0.05%</i>                                  | 4                     | QL (120 mls/30 days)   |
| FLUOROURACIL - fluorouracil cream 0.5%                          | 5                     |                        |
| FLUOROURACIL - fluorouracil soln 2%, 5%                         | 3                     |                        |
| <i>fluorouracil cream 5%</i>                                    | 4                     |                        |
| <i>fluticasone propionate cream 0.05%</i>                       | 2                     | QL (120 grams/30 days) |
| <i>fluticasone propionate oint 0.005%</i>                       | 2                     | QL (120 grams/30 days) |
| <i>gentamicin sulfate cream 0.1%</i>                            | 3                     |                        |
| <i>gentamicin sulfate oint 0.1%</i>                             | 3                     |                        |
| <i>halobetasol propionate cream 0.05%</i>                       | 4                     | QL (200 grams/28 days) |
| <i>halobetasol propionate oint 0.05%</i>                        | 4                     | QL (200 grams/28 days) |
| <i>hydrocortisone butyrate cream 0.1%</i>                       | 4                     | QL (135 grams/30 days) |
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> | 4                     | QL (135 grams/30 days) |
| <i>hydrocortisone butyrate oint 0.1%</i>                        | 3                     | QL (135 grams/30 days) |
| <i>hydrocortisone butyrate soln 0.1%</i>                        | 4                     | QL (120 mls/30 days)   |
| <i>hydrocortisone cream 1%</i>                                  | 2                     |                        |
| <i>hydrocortisone cream 2.5%</i>                                | 2                     | QL (454 grams/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                           | Nivel del medicamento | Requisitos/Límites     |
|------------------------------------------------------------------|-----------------------|------------------------|
| <i>hydrocortisone lotion 2.5%</i>                                | 2                     | QL (118 mls/30 days)   |
| <i>hydrocortisone oint 1%</i>                                    | 2                     |                        |
| <i>hydrocortisone oint 2.5%</i>                                  | 2                     | QL (454 grams/30 days) |
| <i>hydrocortisone valerate cream 0.2%</i>                        | 4                     | QL (120 grams/30 days) |
| <i>hydrocortisone valerate oint 0.2%</i>                         | 3                     | QL (120 grams/30 days) |
| <i>imiquimod cream 5%</i>                                        | 3                     | PA                     |
| <i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> | 4                     |                        |
| <i>ivermectin cream 1%</i>                                       | 3                     | PA                     |
| <i>lactic acid (ammonium lactate) cream 12%</i>                  | 2                     |                        |
| <i>lactic acid (ammonium lactate) lotion 12%</i>                 | 3                     |                        |
| <i>malathion lotion 0.5%</i>                                     | 4                     |                        |
| <i>metronidazole cream 0.75%</i>                                 | 4                     |                        |
| <i>metronidazole gel 0.75%</i>                                   | 3                     |                        |
| <i>metronidazole gel 1%</i>                                      | 4                     |                        |
| <i>metronidazole lotion 0.75%</i>                                | 4                     |                        |
| <i>mometasone furoate cream 0.1%</i>                             | 2                     | QL (135 grams/30 days) |
| <i>mometasone furoate oint 0.1%</i>                              | 2                     | QL (135 grams/30 days) |
| <i>mometasone furoate solution 0.1% (lotion)</i>                 | 2                     | QL (120 mls/30 days)   |
| <i>mupirocin calcium cream 2%</i>                                | 4                     | QL (30 grams/30 days)  |
| <i>mupirocin oint 2%</i>                                         | 2                     | QL (30 grams/30 days)  |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>         | 4                     |                        |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>          | 4                     |                        |
| <i>permethrin cream 5%</i>                                       | 3                     |                        |
| <i>pimecrolimus cream 1%</i>                                     | 4                     | PA                     |
| <i>podofilox soln 0.5%</i>                                       | 4                     |                        |
| <b>SANTYL - collagenase oint 250 unit/gm</b>                     | 3                     | QL (180 grams/30 days) |
| <i>selenium sulfide lotion 2.5%</i>                              | 2                     |                        |
| <i>silver sulfadiazine cream 1%</i>                              | 2                     |                        |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                    | 4                     |                        |
| <i>tacrolimus oint 0.03%, 0.1%</i>                               | 4                     | PA                     |
| <i>tazarotene cream 0.1%</i>                                     | 3                     | PA                     |
| <i>tazarotene gel 0.05%, 0.1%</i>                                | 4                     | PA                     |
| <b>TAZORAC - tazarotene cream 0.05%</b>                          | 4                     | PA                     |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i>                       | 4                     | PA                     |
| <i>tretinoin gel 0.01%, 0.025%</i>                               | 4                     | PA                     |
| <i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>          | 2                     | QL (454 grams/30 days) |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i>               | 3                     | QL (120 mls/30 days)   |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i>                 | 2                     | QL (454 grams/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                             | Nivel del medicamento | Requisitos/Límites       |
|------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>triamcinolone acetanide oint 0.5%</i>                                           | 2                     | QL (120 grams/30 days)   |
| <b>Electrolitos/Minerales/Metales/Vitaminas</b>                                    |                       |                          |
| <i>calcium acetate cap 667 mg (169 mg ca)</i>                                      | 3                     |                          |
| <i>calcium acetate tab 667 mg</i>                                                  | 3                     |                          |
| <i>carglumic acid soluble tab 200 mg</i>                                           | 5                     | PA                       |
| CHEMET - succimer cap 100 mg                                                       | 4                     |                          |
| <i>deferasirox granules packet 90 mg, 180 mg, 360 mg†</i>                          | 5                     | PA                       |
| <i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg†</i>                       | 5                     | PA                       |
| <i>deferasirox tab 90 mg, 180 mg, 360 mg†</i>                                      | 5                     | PA                       |
| <i>dextrose inj 5%, 10%</i>                                                        | 4                     |                          |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                                      | 4                     |                          |
| <i>dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%</i>                     | 4                     |                          |
| FOSRENOL - lanthanum carbonate oral powder pack 750 mg                             | 5                     | QL (180 packets/30 days) |
| FOSRENOL - lanthanum carbonate oral powder pack 1000 mg                            | 5                     | QL (120 packets/30 days) |
| INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%                        | 4                     | BD                       |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                                     | 4                     |                          |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                                      | 4                     |                          |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>                   | 4                     |                          |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>                     | 4                     |                          |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>                   | 4                     |                          |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>                    | 4                     |                          |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>                   | 4                     |                          |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                     | 4                     |                          |
| <i>magnesium sulfate inj 50%</i>                                                   | 4                     |                          |
| NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%                        | 4                     | BD                       |
| <i>potassium chloride cap er 8 meq, 10 meq</i>                                     | 2                     |                          |
| <i>potassium chloride inj 2 meq/ml</i>                                             | 4                     |                          |
| <i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>     | 2                     |                          |
| <i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>           | 4                     |                          |
| <i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>          | 2                     |                          |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                      | 4                     |                          |
| <i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i> | 4                     |                          |
| <i>sevelamer carbonate packet 0.8 gm</i>                                           | 4                     | QL (270 packets/30 days) |
| <i>sevelamer carbonate packet 2.4 gm</i>                                           | 4                     | QL (90 packets/30 days)  |
| <i>sevelamer carbonate tab 800 mg</i>                                              | 4                     |                          |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                        | Nivel del medicamento | Requisitos/Límites            |
|-------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>sodium chloride iv soln 0.45%, 0.9%</i>                                    | 4                     |                               |
| <i>sodium chloride preservative free inj 0.9%</i>                             | 4                     |                               |
| <i>sodium polystyrene sulfonate powder</i>                                    | 3                     |                               |
| SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml                       | 3                     |                               |
| <i>tolvaptan tab 15 mg, 30 mg</i>                                             | 5                     | PA                            |
| TRAVASOL - amino acid infusion 10%                                            | 4                     | BD                            |
| <i>trientine hcl cap 250 mg†</i>                                              | 5                     | PA, QL (240 capsules/30 days) |
| TROPHAMINE - amino acid infusion 10%                                          | 4                     | BD                            |
| VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm | 3                     |                               |
| <b>Agentes gastrointestinales</b>                                             |                       |                               |
| <i>alosetron hcl tab 0.5 mg</i>                                               | 4                     | PA, QL (60 tablets/30 days)   |
| <i>alosetron hcl tab 1 mg</i>                                                 | 5                     | PA, QL (60 tablets/30 days)   |
| CHENODAL - chenodiol tab 250 mg*                                              | 5                     | PA                            |
| <i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>                       | 4                     | QL (30 capsules/30 days)      |
| <i>dicyclomine hcl cap 10 mg#</i>                                             | 2                     | PA (>=65 yr)                  |
| <i>dicyclomine hcl oral soln 10 mg/5ml#</i>                                   | 4                     | PA (>=65 yr)                  |
| <i>dicyclomine hcl tab 20 mg#</i>                                             | 2                     | PA (>=65 yr)                  |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>                            | 3                     | PA (>=65 yr)                  |
| <i>esomeprazole magnesium cap delayed release 20 mg, 40 mg</i>                | 3                     | QL (30 capsules/30 days)      |
| <i>famotidine for susp 40 mg/5ml</i>                                          | 4                     |                               |
| <i>famotidine tab 20 mg, 40 mg</i>                                            | 2                     |                               |
| GATTEX - teduglutide (rdna) for inj kit 5 mg*                                 | 5                     | PA                            |
| GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm           | 2                     |                               |
| <i>glycopyrrolate tab 1 mg, 2 mg</i>                                          | 3                     |                               |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>                         | 2                     |                               |
| <i>lactulose solution 10 gm/15ml</i>                                          | 2                     |                               |
| <i>lansoprazole cap delayed release 15 mg, 30 mg</i>                          | 3                     | QL (30 capsules/30 days)      |
| LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg                            | 3                     | QL (30 capsules/30 days)      |
| <i>loperamide hcl cap 2 mg</i>                                                | 2                     |                               |
| <i>lubiprostone cap 8 mcg</i>                                                 | 4                     | QL (120 capsules/30 days)     |
| <i>lubiprostone cap 24 mcg</i>                                                | 4                     | QL (60 capsules/30 days)      |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>                          | 3                     |                               |
| <i>metoclopramide hcl tab 5 mg, 10 mg</i>                                     | 1                     |                               |
| <i>misoprostol tab 100 mcg, 200 mcg</i>                                       | 3                     |                               |
| MOVANTI-K - naloxegol oxalate tab 12.5 mg, 25 mg                              | 3                     |                               |
| MYALEPT - metreleptin for subcutaneous inj 11.3 mg*                           | 5                     | PA                            |

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| Nombre del medicamento                                                                                                                                             | Nivel del medicamento | Requisitos/Límites           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| NIZATIDINE - nizatidine cap 150 mg                                                                                                                                 | 4                     |                              |
| <i>nizatidine cap 300 mg</i>                                                                                                                                       | 3                     |                              |
| OICALIVA - obeticholic acid tab 5 mg, 10 mg†*                                                                                                                      | 5                     | PA, QL (30 tablets/30 days)  |
| <i>omeprazole cap delayed release 10 mg</i>                                                                                                                        | 1                     | QL (30 capsules/30 days)     |
| <i>omeprazole cap delayed release 20 mg, 40 mg</i>                                                                                                                 | 1                     | QL (60 capsules/30 days)     |
| <i>pantoprazole sodium ec tab 20 mg</i>                                                                                                                            | 2                     | QL (30 tablets/30 days)      |
| <i>pantoprazole sodium ec tab 40 mg</i>                                                                                                                            | 2                     | QL (60 tablets/30 days)      |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>                                                                                                      | 2                     |                              |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                                                                                                                | 2                     |                              |
| <i>rabeprazole sodium ec tab 20 mg</i>                                                                                                                             | 3                     | QL (30 tablets/30 days)      |
| <i>sucralfate susp 1 gm/10ml</i>                                                                                                                                   | 4                     |                              |
| <i>sucralfate tab 1 gm</i>                                                                                                                                         | 2                     |                              |
| SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml                                                                               | 4                     |                              |
| SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg                                                                                                    | 4                     |                              |
| <i>ursodiol cap 300 mg</i>                                                                                                                                         | 3                     |                              |
| <i>ursodiol tab 250 mg</i>                                                                                                                                         | 3                     |                              |
| <i>ursodiol tab 500 mg</i>                                                                                                                                         | 4                     |                              |
| XIFAXAN - rifaximin tab 550 mg                                                                                                                                     | 5                     | PA, QL (90 tablets/30 days)  |
| <b>Trastorno genético o relacionado con las enzimas o las proteínas: Reemplazo, modificadores, tratamiento</b>                                                     |                       |                              |
| <i>betaine powder for oral solution</i>                                                                                                                            | 5                     |                              |
| CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit | 3                     |                              |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>                                                                                                                        | 4                     |                              |
| CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*                                                                                                                | 4                     | PA                           |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>                                                                                                                     | 4                     |                              |
| <i>levocarnitine tab 330 mg</i>                                                                                                                                    | 4                     |                              |
| <i>miglustat cap 100 mg*</i>                                                                                                                                       | 5                     | PA, QL (90 capsules/30 days) |
| <i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>                                                                                                                     | 5                     |                              |
| ORFADIN - nitisinone cap 20 mg*                                                                                                                                    | 5                     |                              |
| ORFADIN - nitisinone susp 4 mg/ml*                                                                                                                                 | 5                     |                              |
| PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml                                                                      | 5                     | PA                           |
| PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*                                                                                             | 5                     | PA                           |
| PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*                                                                                                | 5                     | PA                           |
| REVCovi - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)                                                                                                      | 5                     |                              |
| <i>sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>                                                                                                   | 5                     | PA                           |

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| Nombre del medicamento                                                                                                                                                                                               | Nivel del medicamento | Requisitos/Límites            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>sapropterin dihydrochloride tab 100 mg†</i>                                                                                                                                                                       | 5                     | PA                            |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>                                                                                                                                                            | 5                     | PA                            |
| <i>sodium phenylbutyrate tab 500 mg</i>                                                                                                                                                                              | 5                     | PA                            |
| VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg                                                                                                                                                                   | 5                     | PA, QL (120 capsules/30 days) |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit | 3                     |                               |
| ZOKINVY - lonafarnib cap 50 mg, 75 mg                                                                                                                                                                                | 5                     | PA, QL (120 capsules/30 days) |
| <b>Agentes genitourinarios</b>                                                                                                                                                                                       |                       |                               |
| <i>alfuzosin hcl tab er 24hr 10 mg</i>                                                                                                                                                                               | 2                     | QL (30 tablets/30 days)       |
| <i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>                                                                                                                                                            | 3                     |                               |
| <i>dutasteride cap 0.5 mg</i>                                                                                                                                                                                        | 2                     | QL (30 capsules/30 days)      |
| <i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg</i>                                                                                                                                                                  | 3                     | QL (30 tablets/30 days)       |
| <i>finasteride tab 5 mg</i>                                                                                                                                                                                          | 2                     | QL (30 tablets/30 days)       |
| MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml                                                                                                                                               | 3                     | QL (3 bottles/28 days)        |
| MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg                                                                                                                                                                     | 3                     | QL (30 tablets/30 days)       |
| <i>oxybutynin chloride solution 5 mg/5ml</i>                                                                                                                                                                         | 3                     | QL (600 mls/30 days)          |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                                                                                                                                                                          | 3                     | QL (30 tablets/30 days)       |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                                                                                                                                                                         | 3                     | QL (90 tablets/30 days)       |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                                                                                                                                                                         | 3                     | QL (60 tablets/30 days)       |
| <i>oxybutynin chloride tab 5 mg</i>                                                                                                                                                                                  | 2                     | QL (120 tablets/30 days)      |
| <i>penicillamine tab 250 mg</i>                                                                                                                                                                                      | 5                     |                               |
| <i>tamsulosin hcl cap 0.4 mg</i>                                                                                                                                                                                     | 2                     | QL (60 capsules/30 days)      |
| <i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>                                                                                                                                                                   | 4                     | QL (30 capsules/30 days)      |
| <i>tolterodine tartrate tab 1 mg, 2 mg</i>                                                                                                                                                                           | 4                     | QL (60 tablets/30 days)       |
| <i>trospium chloride tab 20 mg</i>                                                                                                                                                                                   | 3                     | QL (60 tablets/30 days)       |
| <b>Agentes hormonales, estimulantes/sustitutos/modificadores (suprarrenal)</b>                                                                                                                                       |                       |                               |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                                                                                                                                                                               | 3                     |                               |
| <i>dexamethasone soln 0.5 mg/5ml</i>                                                                                                                                                                                 | 3                     |                               |
| <i>dexamethasone tab therapy pack 1.5 mg (21)</i>                                                                                                                                                                    | 2                     |                               |
| <i>dexamethasone tab therapy pack 1.5 mg (35)</i>                                                                                                                                                                    | 2                     |                               |
| <i>dexamethasone tab therapy pack 1.5 mg (51)</i>                                                                                                                                                                    | 2                     |                               |
| <i>dexamethasone tab 0.5 mg</i>                                                                                                                                                                                      | 2                     |                               |
| <i>dexamethasone tab 0.75 mg</i>                                                                                                                                                                                     | 2                     |                               |
| <i>dexamethasone tab 1 mg</i>                                                                                                                                                                                        | 2                     |                               |
| <i>dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                                                                                                                                                    | 2                     |                               |
| <i>fludrocortisone acetate tab 0.1 mg</i>                                                                                                                                                                            | 2                     |                               |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.



| Nombre del medicamento                                                                                                     | Nivel del medicamento | Requisitos/Límites          |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| HEMADY - dexamethasone tab 20 mg                                                                                           | 4                     |                             |
| hydrocortisone tab 5 mg, 10 mg, 20 mg                                                                                      | 2                     |                             |
| methylprednisolone tab therapy pack 4 mg (21)                                                                              | 2                     |                             |
| methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg                                                                            | 2                     |                             |
| prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)                                                               | 3                     |                             |
| prednisolone sod phosphate oral soln 15 mg/5ml                                                                             | 3                     |                             |
| prednisolone sodium phosphate oral soln 25 mg/5ml                                                                          | 3                     |                             |
| prednisolone soln 15 mg/5ml                                                                                                | 3                     |                             |
| prednisone oral soln 5 mg/5ml                                                                                              | 4                     |                             |
| prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)                                                   | 2                     |                             |
| prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg                                                                     | 2                     |                             |
| <b>Agentes hormonales, estimulantes/sustitutos/modificadores (pituitarios)</b>                                             |                       |                             |
| desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%                                                          | 4                     |                             |
| desmopressin acetate tab 0.1 mg, 0.2 mg                                                                                    | 3                     |                             |
| INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*                                                                            | 5                     |                             |
| OMNITROPE - somatropin for inj 5.8 mg                                                                                      | 5                     | PA                          |
| OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml                                                          | 5                     | PA                          |
| <b>Agentes hormonales, estimulantes/sustitutos/modificadores (hormonas/modificadores sexuales)</b>                         |                       |                             |
| ANDRODERM - testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr                                                                | 3                     | PA, QL (30 patches/30 days) |
| COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#                                       | 4                     |                             |
| danazol cap 50 mg, 100 mg, 200 mg                                                                                          | 4                     | PA                          |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)                                                               | 4                     |                             |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg                                                                         | 4                     |                             |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg                                                               | 4                     |                             |
| drospirenone-ethinyl estradiol tab 3-0.02 mg                                                                               | 4                     |                             |
| drospirenone-ethinyl estradiol tab 3-0.03 mg#                                                                              | 4                     |                             |
| DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#                                                                 | 4                     |                             |
| estradiol & norethindrone acetate tab 1-0.5 mg#                                                                            | 4                     |                             |
| estradiol tab 0.5 mg, 1 mg, 2 mg#                                                                                          | 2                     |                             |
| estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)# | 4                     |                             |
| estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#                   | 3                     |                             |

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| Nombre del medicamento                                                                                                                  | Nivel del medicamento | Requisitos/Límites |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| <i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i> | 3                     |                    |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                                                                                                | 3                     |                    |
| <i>estradiol vaginal tab 10 mcg</i>                                                                                                     | 4                     |                    |
| <i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                                        | 3                     |                    |
| <b>ESTRING</b> - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)                                                                            | 4                     |                    |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>                                                        | 4                     |                    |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>                                                                  | 4                     |                    |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>                                                                 | 4                     |                    |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>                                                         | 4                     |                    |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>                                                                     | 4                     |                    |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>                                                                      | 4                     |                    |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>                                                                                    | 4                     |                    |
| <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>                                                                              | 2                     |                    |
| <i>megestrol acetate susp 40 mg/ml#</i>                                                                                                 | 4                     |                    |
| <i>megestrol acetate tab 20 mg, 40 mg#</i>                                                                                              | 2                     |                    |
| <b>MENEST</b> - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#                                                             | 4                     |                    |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>                                                           | 4                     |                    |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>                                                                           | 4                     |                    |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>                                                                  | 4                     |                    |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>                                                                     | 4                     |                    |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>                                                         | 4                     |                    |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>                                                      | 4                     |                    |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>                                                                      | 4                     |                    |
| <i>norethindrone acetate tab 5 mg</i>                                                                                                   | 3                     |                    |
| <i>norethindrone tab 0.35 mg</i>                                                                                                        | 4                     |                    |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>                                            | 4                     |                    |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                                                                          | 4                     |                    |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</i>                                     | 4                     |                    |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>                                                                             | 4                     |                    |
| <b>PREMARIN</b> - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#                                                 | 3                     |                    |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                      | Nivel del medicamento | Requisitos/Límites              |
|-------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|
| PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm                                                  | 3                     |                                 |
| PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#                                    | 3                     |                                 |
| PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg# | 3                     |                                 |
| progesterone cap 100 mg, 200 mg                                                                             | 2                     |                                 |
| raloxifene hcl tab 60 mg                                                                                    | 3                     |                                 |
| testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml                                                   | 3                     | PA                              |
| TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml                                     | 3                     | PA                              |
| testosterone td gel 25 mg/2.5gm (1%)                                                                        | 4                     | PA, QL (90 packets/30 days)     |
| testosterone td gel 50 mg/5gm (1%)                                                                          | 4                     | PA, QL (60 units/30 days)       |
| testosterone td gel 12.5 mg/act (1%)                                                                        | 4                     | PA, QL (4 pump bottles/30 days) |
| testosterone td gel 20.25 mg/1.25gm (1.62%)                                                                 | 4                     | PA, QL (30 packets/30 days)     |
| testosterone td gel 40.5 mg/2.5gm (1.62%)                                                                   | 4                     | PA, QL (60 packets/30 days)     |
| testosterone td gel 20.25 mg/act (1.62%)                                                                    | 4                     | PA, QL (2 pump bottles/30 days) |
| VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg                                      | 4                     |                                 |
| <b>Agentes hormonales, estimulantes/sustitutos/modificadores (tiroides)</b>                                 |                       |                                 |
| levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)                                      | 1                     |                                 |
| levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)                                      | 1                     |                                 |
| levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)                                      | 1                     |                                 |
| levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)                                      | 1                     |                                 |
| levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |
| levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)                                     | 1                     |                                 |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                                                              | Nivel del medicamento | Requisitos/Límites           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>                                                                                         | 1                     |                              |
| <i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>                                                                                                | 2                     |                              |
| <b>Agentes hormonales, supresores (suprarrenal)</b>                                                                                                 |                       |                              |
| KORLYM - mifepristone tab 300 mg*                                                                                                                   | 5                     | PA, QL (120 tablets/30 days) |
| LYSODREN - mitotane tab 500 mg                                                                                                                      | 5                     |                              |
| <b>Agentes hormonales, supresores (pituitarios)</b>                                                                                                 |                       |                              |
| <i>cabergoline tab 0.5 mg</i>                                                                                                                       | 3                     |                              |
| ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg                                                                              | 4                     | PA                           |
| ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg                                                                               | 4                     | PA                           |
| ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg                                                                               | 4                     | PA                           |
| ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg                                                                                        | 4                     | PA                           |
| FIRMAGON - degarelix acetate for inj 80 mg                                                                                                          | 4                     |                              |
| FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)                                                                                      | 5                     |                              |
| LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg                                                                                   | 4                     | PA                           |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>                                                                                              | 4                     | PA                           |
| LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg                                                                             | 5                     | PA                           |
| LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg                                                                 | 5                     | PA                           |
| LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg                                                                             | 5                     | PA                           |
| LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg                                                                             | 5                     | PA                           |
| LUPRON DEPOT-PED - leuprolide acet (6 month) for im inj pediatric kit 45 mg                                                                         | 5                     | PA                           |
| LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg                                                       | 5                     | PA                           |
| LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg                                                     | 5                     | PA                           |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i> | 4                     | PA                           |
| <i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>                                                                                     | 4                     | PA                           |
| <i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>                                                                                      | 4                     | PA                           |
| <i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>                                                                                     | 4                     | PA                           |
| ORGOVYX - relugolix tab 120 mg*                                                                                                                     | 5                     | PA, QL (90 tablets/30 days)  |
| SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*                                                                             | 5                     | PA                           |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                  | Nivel del medicamento | Requisitos/Límites          |
|-------------------------------------------------------------------------|-----------------------|-----------------------------|
| SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*       | 5                     | PA                          |
| SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)            | 5                     |                             |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg    | 4                     | PA                          |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg              | 5                     | PA                          |
| <b>Agentes hormonales, supresores (tiroides)</b>                        |                       |                             |
| <i>methimazole tab 5 mg, 10 mg</i>                                      | 1                     |                             |
| <i>propylthiouracil tab 50 mg</i>                                       | 2                     |                             |
| <b>Agentes inmunológicos</b>                                            |                       |                             |
| ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml     | 3                     |                             |
| ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj         | 3                     |                             |
| ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)* | 5                     | PA                          |
| ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml     | 3                     |                             |
| ARCALYST - rilonacept for inj 220 mg*                                   | 5                     | PA                          |
| AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml   | 3                     |                             |
| <i>azathioprine tab 50 mg</i>                                           | 2                     | BD                          |
| BCG VACCINE - bcg vaccine for inj soln 50 mg                            | 3                     |                             |
| BENLYSTA - belimumab for iv soln 120 mg, 400 mg                         | 5                     | PA                          |
| BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml      | 5                     | PA                          |
| BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml  | 5                     | PA                          |
| BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml    | 5                     | PA, QL (2 syringes/28 days) |
| BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe  | 3                     |                             |
| BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml | 3                     |                             |
| BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml   | 3                     |                             |
| CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*            | 5                     | PA, QL (20 vials/30 days)   |
| COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*   | 5                     | PA                          |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml  | 5                     | PA                          |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*   | 5                     | PA                          |

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| Nombre del medicamento                                                                                                               | Nivel del medicamento | Requisitos/Límites |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*                                                 | 5                     | PA                 |
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*                                                     | 5                     | PA                 |
| COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*                                                          | 5                     | PA                 |
| <i>cyclosporine cap 25 mg, 100 mg</i>                                                                                                | 4                     | BD                 |
| <i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>                                                                                | 4                     | BD                 |
| <i>cyclosporine modified oral soln 100 mg/ml</i>                                                                                     | 4                     | BD                 |
| CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.8ml                                                                              | 5                     | PA                 |
| CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml                                                | 5                     | PA                 |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.8ml                                     | 5                     | PA                 |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml                                                | 5                     | PA                 |
| DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml                                                                | 3                     |                    |
| DENGVAIXIA - dengue virus vaccine live tetravalent for subcutaneous susp                                                             | 3                     |                    |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml                          | 3                     |                    |
| DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml                                                        | 5                     | PA                 |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml                                    | 5                     | PA                 |
| ENBREL - etanercept subcutaneous inj 25 mg/0.5ml                                                                                     | 5                     | PA                 |
| ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml                                                        | 5                     | PA                 |
| ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml                                                                    | 5                     | PA                 |
| ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml                                                           | 5                     | PA                 |
| ENGRIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml                                                   | 3                     | BD                 |
| ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml                                                                          | 3                     | BD                 |
| <i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                                                                                 | 5                     | BD                 |
| GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml | 5                     | BD, PA             |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp                                                                  | 3                     |                    |

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| Nombre del medicamento                                                                                                 | Nivel del medicamento | Requisitos/Límites          |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr                                              | 3                     |                             |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*                                               | 5                     | PA, QL (24 vials/30 days)   |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*                                               | 5                     | PA, QL (16 vials/30 days)   |
| HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml                                               | 3                     |                             |
| HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml                                               | 3                     | BD                          |
| HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg                                                    | 3                     |                             |
| HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml                           | 5                     | PA                          |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml | 5                     | PA                          |
| HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml                                         | 5                     | PA                          |
| HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml                                     | 5                     | PA                          |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml                                         | 5                     | PA                          |
| HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml                          | 5                     | PA                          |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>                                                          | 5                     | PA, QL (6 syringes/30 days) |
| IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp                                                      | 3                     | BD                          |
| INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml                                                 | 3                     |                             |
| IPOLO INACTIVATED IPV - poliovirus vaccine, ipv injection                                                              | 3                     |                             |
| IXIARO - japanese encephalitis vaccine inactivated adsorbed inj                                                        | 3                     |                             |
| JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml                                                   | 3                     | BD                          |
| KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml                                                  | 3                     |                             |
| <i>leflunomide tab 10 mg, 20 mg</i>                                                                                    | 3                     |                             |
| M-M-R II - measles-mumps-rubella virus vaccines for inj soln                                                           | 3                     |                             |
| MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine                                                 | 3                     |                             |
| MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine                                               | 3                     |                             |

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| Nombre del medicamento                                                                           | Nivel del medicamento | Requisitos/Límites |
|--------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj                               | 3                     |                    |
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln                               | 3                     |                    |
| methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml) | 3                     |                    |
| methotrexate sodium inj 250 mg/10ml (25 mg/ml)                                                   | 3                     |                    |
| methotrexate sodium inj 50 mg/2ml (25 mg/ml)                                                     | 3                     |                    |
| methotrexate sodium tab 2.5 mg                                                                   | 2                     |                    |
| mycophenolate mofetil cap 250 mg                                                                 | 3                     | BD                 |
| mycophenolate mofetil for oral susp 200 mg/ml                                                    | 5                     | BD                 |
| mycophenolate mofetil tab 500 mg                                                                 | 3                     | BD                 |
| mycophenolate sodium tab dr 180 mg, 360 mg                                                       | 4                     | BD                 |
| PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr                             | 3                     |                    |
| PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml                        | 3                     |                    |
| PEGASYS - peginterferon alfa-2a inj 180 mcg/ml                                                   | 5                     | PA                 |
| PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml                                 | 5                     | PA                 |
| PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp                          | 3                     |                    |
| PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml                          | 3                     | BD                 |
| PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp                             | 3                     |                    |
| PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg                                                | 4                     | BD                 |
| PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp                                | 3                     |                    |
| QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj                            | 3                     |                    |
| QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml                         | 3                     |                    |
| RABAVERT - rabies vaccine, pcec for inj                                                          | 3                     | BD                 |
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml           | 3                     | BD                 |
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml         | 3                     | BD                 |
| RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg                                            | 5                     | PA                 |
| ROTARIX - rotavirus vaccine, live for oral susp                                                  | 3                     |                    |
| ROTARIX - rotavirus vaccine, live oral susp                                                      | 3                     |                    |
| ROTATEQ - rotavirus vaccine, live oral pentavalent soln                                          | 3                     |                    |

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| Nombre del medicamento                                                                | Nivel del medicamento | Requisitos/Límites                |
|---------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| SANDIMMUNE - cyclosporine oral soln 100 mg/ml                                         | 4                     | BD                                |
| SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml                  | 3                     | QL (2 vaccines/lifetime; >=18 yr) |
| <i>sirolimus oral soln 1 mg/ml</i>                                                    | 4                     | BD                                |
| <i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>                                               | 4                     | BD                                |
| SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)                            | 5                     | PA                                |
| SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml                          | 5                     | PA                                |
| SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml    | 5                     | PA                                |
| SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml                          | 5                     | PA                                |
| STAMARIL - yellow fever vaccine for inj suspension                                    | 3                     |                                   |
| STELARA - ustekinumab inj 45 mg/0.5ml                                                 | 5                     | PA                                |
| STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)                 | 5                     | PA                                |
| STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml                    | 5                     | PA                                |
| <i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>                                              | 4                     | BD                                |
| TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml                              | 3                     | BD                                |
| TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu                                 | 3                     | BD                                |
| TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml | 3                     |                                   |
| TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr                   | 3                     |                                   |
| TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml                         | 3                     |                                   |
| TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml              | 3                     |                                   |
| TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml              | 3                     |                                   |
| VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml                        | 3                     |                                   |
| VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml                | 3                     |                                   |
| XATMEP - methotrexate oral soln 2.5 mg/ml                                             | 4                     | BD                                |
| XELJANZ - tofacitinib citrate oral soln 1 mg/ml                                       | 5                     | PA                                |
| XELJANZ - tofacitinib citrate tab 5 mg, 10 mg                                         | 5                     | PA                                |
| XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg                             | 5                     | PA                                |
| XOLAIR - omalizumab for inj 150 mg*                                                   | 5                     | PA                                |
| XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*       | 5                     | PA                                |
| YF-VAX - yellow fever vaccine subcutaneous inj                                        | 3                     |                                   |
| <b>Agentes para tratar la enfermedad inflamatoria intestinal</b>                      |                       |                                   |
| <i>balsalazide disodium cap 750 mg</i>                                                | 4                     |                                   |

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| Nombre del medicamento                                                                         | Nivel del medicamento | Requisitos/Límites            |
|------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>budesonide delayed release particles cap 3 mg</i>                                           | 4                     | PA, QL (90 capsules/30 days)  |
| <i>budesonide tab er 24hr 9 mg</i>                                                             | 5                     | PA, QL (30 tablets/30 days)   |
| DIPENTUM - olsalazine sodium cap 250 mg                                                        | 5                     |                               |
| <i>hydrocortisone enema 100 mg/60ml</i>                                                        | 4                     |                               |
| <i>hydrocortisone perianal cream 1%</i>                                                        | 2                     |                               |
| <i>hydrocortisone perianal cream 2.5%</i>                                                      | 2                     | QL (454 grams/30 days)        |
| <i>mesalamine cap er 24hr 0.375 gm</i>                                                         | 4                     | QL (120 capsules/30 days)     |
| <i>mesalamine enema 4 gm</i>                                                                   | 4                     |                               |
| <i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>                                    | 4                     |                               |
| <i>mesalamine suppos 1000 mg</i>                                                               | 4                     |                               |
| <i>mesalamine tab delayed release 800 mg</i>                                                   | 4                     | QL (180 tablets/30 days)      |
| <i>mesalamine tab delayed release 1.2 gm</i>                                                   | 4                     | QL (120 tablets/30 days)      |
| <i>sulfasalazine tab delayed release 500 mg</i>                                                | 3                     |                               |
| <i>sulfasalazine tab 500 mg</i>                                                                | 2                     |                               |
| <b>Agentes para tratar la enfermedad ósea metabólica</b>                                       |                       |                               |
| <i>alendronate sodium tab 10 mg</i>                                                            | 1                     | QL (120 tablets/30 days)      |
| <i>alendronate sodium tab 35 mg, 70 mg</i>                                                     | 1                     | QL (4 tablets/28 days)        |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>                                             | 3                     |                               |
| <i>calcitriol cap 0.25 mcg, 0.5 mcg</i>                                                        | 2                     |                               |
| <i>calcitriol oral soln 1 mcg/ml</i>                                                           | 4                     |                               |
| <i>cinacalcet hcl tab 30 mg</i>                                                                | 4                     | PA                            |
| <i>cinacalcet hcl tab 60 mg, 90 mg</i>                                                         | 5                     | PA                            |
| FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml                                 | 5                     | PA                            |
| <i>ibandronate sodium tab 150 mg</i>                                                           | 2                     | QL (1 tablet/28 days)         |
| NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg* | 5                     | PA, QL (2 cartridges/28 days) |
| <i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>                                                    | 4                     |                               |
| PROLIA - denosumab inj soln prefilled syringe 60 mg/ml                                         | 4                     | PA                            |
| <i>risedronate sodium tab delayed release 35 mg</i>                                            | 4                     | QL (4 tablets/28 days)        |
| <i>risedronate sodium tab 5 mg, 30 mg</i>                                                      | 4                     | QL (30 tablets/30 days)       |
| <i>risedronate sodium tab 35 mg</i>                                                            | 3                     | QL (4 tablets/28 days)        |
| <i>risedronate sodium tab 150 mg</i>                                                           | 4                     | QL (1 tablet/28 days)         |
| TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml                          | 5                     | PA                            |
| XGEVA - denosumab inj 120 mg/1.7ml                                                             | 5                     | PA                            |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>                                       | 4                     |                               |
| <b>Agentes oftálmicos</b>                                                                      |                       |                               |
| ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%                                       | 3                     |                               |
| <i>atropine sulfate ophth soln 1%</i>                                                          | 3                     |                               |

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| Nombre del medicamento                                                       | Nivel del medicamento | Requisitos/Límites  |
|------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>azelastine hcl ophth soln 0.05%</i>                                       | 3                     |                     |
| BACITRACIN - bacitracin ophth oint 500 unit/gm                               | 4                     |                     |
| <i>bacitracin-polymyxin b ophth oint</i>                                     | 2                     |                     |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>                        | 3                     |                     |
| BESIVANCE - besifloxacin hcl ophth susp 0.6%                                 | 3                     |                     |
| <i>betaxolol hcl ophth soln 0.5%</i>                                         | 2                     |                     |
| <i>bimatoprost ophth soln 0.03%</i>                                          | 4                     | QL (15 mls/75 days) |
| <i>brimonidine tartrate ophth soln 0.15%</i>                                 | 4                     |                     |
| <i>brimonidine tartrate ophth soln 0.2%</i>                                  | 2                     |                     |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>              | 3                     |                     |
| <i>carteolol hcl ophth soln 1%</i>                                           | 2                     |                     |
| <i>ciprofloxacin hcl ophth soln 0.3%</i>                                     | 2                     |                     |
| <i>cromolyn sodium ophth soln 4%</i>                                         | 2                     |                     |
| CYSTADROPS - cysteamine hcl ophth soln 0.37%*                                | 5                     | PA                  |
| CYSTARAN - cysteamine hcl ophth soln 0.44%*                                  | 5                     | PA                  |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i>                        | 3                     |                     |
| <i>diclofenac sodium ophth soln 0.1%</i>                                     | 2                     |                     |
| <i>difluprednate ophth emulsion 0.05%</i>                                    | 3                     |                     |
| <i>dorzolamide hcl ophth soln 2%</i>                                         | 2                     |                     |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>                     | 2                     |                     |
| <i>epinastine hcl ophth soln 0.05%</i>                                       | 3                     |                     |
| <i>erythromycin ophth oint 5 mg/gm</i>                                       | 2                     |                     |
| <i>fluorometholone ophth susp 0.1%</i>                                       | 3                     |                     |
| <i>flurbiprofen sodium ophth soln 0.03%</i>                                  | 3                     |                     |
| <i>gentamicin sulfate ophth soln 0.3%</i>                                    | 2                     |                     |
| <i>ketorolac tromethamine ophth soln 0.4%</i>                                | 3                     |                     |
| <i>ketorolac tromethamine ophth soln 0.5%</i>                                | 2                     |                     |
| LACRISERT - artificial tear ophth insert                                     | 4                     |                     |
| <i>latanoprost ophth soln 0.005%</i>                                         | 1                     | QL (15 mls/75 days) |
| <i>levobunolol hcl ophth soln 0.5%</i>                                       | 2                     |                     |
| LUMIGAN - bimatoprost ophth soln 0.01%                                       | 3                     | QL (15 mls/75 days) |
| <i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>                | 3                     |                     |
| <i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i> | 3                     |                     |
| NATACYN - natamycin ophth susp 5%                                            | 4                     |                     |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>          | 3                     |                     |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>                      | 2                     |                     |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>                      | 2                     |                     |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                              | Nivel del medicamento | Requisitos/Límites          |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml     | 3                     |                             |
| <i>ofloxacin ophth soln 0.3%</i>                                                                    | 2                     |                             |
| <i>olopatadine hcl ophth soln 0.1%, 0.2%</i>                                                        | 3                     |                             |
| <i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>                                                        | 2                     |                             |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>                                       | 2                     |                             |
| <i>prednisolone acetate ophth susp 1%</i>                                                           | 3                     |                             |
| <i>prednisolone sodium phosphate ophth soln 1%</i>                                                  | 3                     |                             |
| PROLENSA - bromfenac sodium ophth soln 0.07%                                                        | 3                     |                             |
| RESTASIS - cyclosporine (ophth) emulsion 0.05%                                                      | 3                     | QL (60 vials/30 days)       |
| RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%                                            | 3                     | QL (2 bottles/30 days)      |
| RHOPRESSA - netarsudil dimesylate ophth soln 0.02%                                                  | 3                     | PA                          |
| ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%                                | 3                     | PA                          |
| SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%                                     | 3                     |                             |
| SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%                                          | 3                     |                             |
| <i>sulfacetamide sodium ophth soln 10%</i>                                                          | 2                     |                             |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>                                  | 2                     |                             |
| <i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>                                           | 4                     |                             |
| <i>timolol maleate ophth soln 0.25%, 0.5%</i>                                                       | 1                     |                             |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i>                                                 | 2                     |                             |
| <i>tobramycin ophth soln 0.3%</i>                                                                   | 2                     |                             |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                                                 | 3                     |                             |
| <i>travoprost ophth soln 0.004%</i>                                                                 | 3                     | QL (15 mls/75 days)         |
| TRIFLURIDINE - trifluridine ophth soln 1%                                                           | 3                     |                             |
| <b>Agentes óticos</b>                                                                               |                       |                             |
| <i>acetic acid otic soln 2%</i>                                                                     | 2                     |                             |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                                                      | 4                     |                             |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                                                 | 4                     |                             |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                                                           | 3                     |                             |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>                                   | 3                     |                             |
| <i>ofloxacin otic soln 0.3%</i>                                                                     | 3                     |                             |
| <b>Agentes para el tracto respiratorio/pulmonar</b>                                                 |                       |                             |
| <i>acetylcysteine inhal soln 10%, 20%</i>                                                           | 3                     | BD                          |
| ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*                                         | 5                     | PA, QL (90 tablets/30 days) |
| ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 3                     | QL (1 inhaler/30 days)      |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento                                                                                   | Nivel del medicamento | Requisitos/Límites          |
|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act          | 3                     | QL (1 canister/30 days)     |
| <i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>              | 3                     | QL (36 grams/30 days)       |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>                                                   | 2                     | BD                          |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>                              | 3                     | BD                          |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                                                                  | 2                     |                             |
| <i>albuterol sulfate tab 2 mg, 4 mg</i>                                                                  | 4                     |                             |
| <i>ambrisentan tab 5 mg, 10 mg*</i>                                                                      | 5                     | PA, QL (30 tablets/30 days) |
| ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act                                     | 3                     | QL (1 package/30 days)      |
| ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act   | 3                     | QL (30 blisters/30 days)    |
| ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act           | 3                     | QL (1 canister/30 days)     |
| ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act                         | 3                     | QL (1 canister/30 days)     |
| ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act                          | 3                     | QL (1 canister/30 days)     |
| ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act, 220 mcg/act             | 3                     | QL (1 canister/30 days)     |
| ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act                          | 3                     | QL (1 canister/30 days)     |
| ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act                                          | 4                     | QL (2 canisters/30 days)    |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>                                                   | 2                     | QL (2 bottles/30 days)      |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>                                                | 3                     | QL (2 bottles/30 days)      |
| <i>bosentan tab 62.5 mg, 125 mg*</i>                                                                     | 4                     | PA, QL (60 tablets/30 days) |
| BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act | 3                     | QL (1 package/30 days)      |
| <i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                                      | 4                     | BD                          |
| CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#                                                   | 4                     | PA (>=65 yr)                |
| COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act                             | 4                     | QL (2 canisters/30 days)    |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                                                               | 4                     | BD                          |
| <i>cyproheptadine hcl syrup 2 mg/5ml#</i>                                                                | 3                     | PA (>=65 yr)                |
| <i>cyproheptadine hcl tab 4 mg#</i>                                                                      | 3                     | PA (>=65 yr)                |
| DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act       | 3                     | QL (1 canister/30 days)     |
| EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)                                 | 3                     |                             |

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| Nombre del medicamento                                                                                                    | Nivel del medicamento | Requisitos/Límites           |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | 3                     |                              |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>                                                          | 3                     |                              |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>                                | 3                     |                              |
| FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act                                                | 3                     | QL (1 inhaler/30 days)       |
| FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act                                                            | 3                     | QL (4 inhalers/30 days)      |
| FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)                                                 | 3                     | QL (1 canister/30 days)      |
| FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)                                                | 3                     | QL (1 canister/30 days)      |
| FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)                                                | 3                     | QL (2 canisters/30 days)     |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                                                                         | 3                     | QL (3 bottles/30 days)       |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>                                                                       | 2                     | QL (1 bottle/30 days)        |
| FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act    | 3                     | QL (1 inhaler/30 days)       |
| INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act                                                       | 3                     | QL (30 blisters/30 days)     |
| <i>ipratropium bromide inhal soln 0.02%</i>                                                                               | 2                     | BD                           |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>                                                                | 2                     | QL (2 bottles/30 days)       |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>                                                                | 2                     | QL (3 bottles/30 days)       |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>                                                                  | 2                     | BD                           |
| KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*                                                         | 5                     | PA, QL (60 packets/30 days)  |
| KALYDECO - ivacaftor tab 150 mg*                                                                                          | 5                     | PA, QL (60 tablets/30 days)  |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                                                                            | 2                     |                              |
| <i>mometasone furoate nasal susp 50 mcg/act</i>                                                                           | 4                     | QL (2 bottles/30 days)       |
| <i>montelukast sodium chew tab 4 mg, 5 mg</i>                                                                             | 2                     |                              |
| <i>montelukast sodium oral granules packet 4 mg</i>                                                                       | 4                     |                              |
| <i>montelukast sodium tab 10 mg</i>                                                                                       | 2                     |                              |
| OFEV - nintedanib esylate cap 100 mg, 150 mg†*                                                                            | 5                     | PA, QL (60 capsules/30 days) |
| <i>olopatadine hcl nasal soln 0.6%</i>                                                                                    | 4                     | QL (1 bottle/30 days)        |
| OPSUMIT - macitentan tab 10 mg*                                                                                           | 5                     | PA, QL (30 tablets/30 days)  |
| ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*                                          | 5                     | PA, QL (60 packets/30 days)  |
| ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*                                                                | 5                     | PA, QL (120 tablets/30 days) |

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| Nombre del medicamento                                                                              | Nivel del medicamento | Requisitos/Límites            |
|-----------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>pirfenidone cap 267 mg</i>                                                                       | 5                     | PA, QL (270 capsules/30 days) |
| <i>pirfenidone tab 267 mg</i>                                                                       | 5                     | PA, QL (270 tablets/30 days)  |
| <i>pirfenidone tab 801 mg</i>                                                                       | 5                     | PA, QL (90 tablets/30 days)   |
| PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml                                                    | 5                     | BD                            |
| <i>roflumilast tab 250 mcg, 500 mcg</i>                                                             | 4                     | PA, QL (30 tablets/30 days)   |
| SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act                                        | 3                     | QL (1 inhaler/30 days)        |
| <i>sildenafil citrate tab 20 mg</i>                                                                 | 3                     | PA, QL (90 tablets/30 days)   |
| SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg                                | 3                     | QL (30 capsules/30 days)      |
| SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act           | 3                     | QL (1 inhaler/30 days)        |
| STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act                         | 3                     | QL (1 canister/30 days)       |
| SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk                                  | 5                     | PA, QL (60 tablets/30 days)   |
| SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk                               | 5                     | PA, QL (60 tablets/30 days)   |
| <i>tadalafil tab 20 mg (pah)</i>                                                                    | 4                     | PA, QL (60 tablets/30 days)   |
| <i>terbutaline sulfate tab 2.5 mg, 5 mg</i>                                                         | 4                     |                               |
| <i>theophylline tab er 12hr 300 mg, 450 mg</i>                                                      | 4                     |                               |
| <i>theophylline tab er 24hr 400 mg, 600 mg</i>                                                      | 3                     |                               |
| <i>tobramycin nebu soln 300 mg/5ml</i>                                                              | 5                     | BD, PA                        |
| TRACLEER - bosentan tab for oral susp 32 mg*                                                        | 5                     | PA, QL (120 tablets/30 days)  |
| TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act | 3                     | QL (60 blisters/30 days)      |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran                             | 5                     | PA, QL (60 packets/30 days)   |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran                              | 5                     | PA, QL (60 packets/30 days)   |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk                             | 5                     | PA, QL (90 tablets/30 days)   |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk                             | 5                     | PA, QL (90 tablets/30 days)   |
| VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml                                        | 5                     | BD, PA, QL (270 mls/30 days)  |
| VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act                                             | 3                     | QL (36 grams/30 days)         |
| <i>zafirlukast tab 10 mg, 20 mg</i>                                                                 | 4                     |                               |
| <b>Relajantes de los músculos esqueléticos</b>                                                      |                       |                               |
| <i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>                                                         | 2                     |                               |
| <i>methocarbamol tab 500 mg, 750 mg#</i>                                                            | 2                     |                               |

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| Nombre del medicamento                                               | Nivel del medicamento | Requisitos/Límites           |
|----------------------------------------------------------------------|-----------------------|------------------------------|
| <b>Agentes para tratar los trastornos del sueño</b>                  |                       |                              |
| <i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>                 | 3                     | PA, QL (30 tablets/30 days)  |
| <i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>                            | 3                     | QL (30 tablets/30 days)      |
| <i>modafinil tab 100 mg, 200 mg</i>                                  | 3                     | PA, QL (30 tablets/30 days)  |
| <i>ramelteon tab 8 mg</i>                                            | 4                     | QL (30 tablets/30 days)      |
| <i>tasimelteon capsule 20 mg</i>                                     | 5                     | PA, QL (30 capsules/30 days) |
| <i>temazepam cap 7.5 mg</i>                                          | 4                     | QL (30 capsules/30 days)     |
| <i>temazepam cap 15 mg, 30 mg</i>                                    | 2                     | QL (30 capsules/30 days)     |
| WAKIX - pitolisant hcl tab 4.45 mg, 17.8 mg                          | 5                     | PA, QL (60 tablets/30 days)  |
| XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml* | 5                     | PA, QL (540 mls/30 days)     |
| <i>zaleplon cap 5 mg#</i>                                            | 2                     | QL (30 capsules/30 days)     |
| <i>zaleplon cap 10 mg#</i>                                           | 2                     | QL (60 capsules/30 days)     |
| <i>zolpidem tartrate tab 5 mg, 10 mg#</i>                            | 2                     | QL (30 tablets/30 days)      |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.



# ÍNDICE

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| <i>betamethasone dipropionate augmented lotion</i>           |    | <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>        |    |
| 0.05%.....                                                   | 40 | <i>mg</i> .....                                           | 3  |
| <i>betamethasone dipropionate augmented oint</i>             |    | <i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>          |    |
| 0.05%.....                                                   | 40 | <i>mg</i> .....                                           | 3  |
| <i>betamethasone dipropionate cream</i>                      |    | <i>buprenorphine hcl sl tab 2 mg, 8 mg</i> .....          | 2  |
| 0.05%.....                                                   | 40 | <i>bupropion hcl (smoking deterrent) tab er 12hr 150</i>  |    |
| <i>betamethasone dipropionate lotion</i>                     |    | <i>mg</i> .....                                           | 3  |
| 0.05%.....                                                   | 40 | <i>bupropion hcl tab 100 mg</i> .....                     | 11 |
| <i>betamethasone dipropionate oint</i>                       |    | <i>bupropion hcl tab 75 mg</i> .....                      | 11 |
| 0.05%.....                                                   | 40 | <i>bupropion hcl tab er 12hr 100 mg</i> .....             | 11 |
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| <i>betamethasone valerate lotion 0.1%</i> .....              | 40 | <i>mg</i> .....                                           | 11 |
| <i>betamethasone valerate oint 0.1%</i> .....                | 40 | <i>bupropion hcl tab er 24hr 150 mg</i> .....             | 11 |
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| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg,</i> |    | <i>calcipotriene oint 0.005%</i> .....                    | 40 |
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| calcitonin (salmon) nasal soln 200 unit/<br>act.....                                   | 56 | cefazolin sodium for iv soln 1 gm and dextrose 4%<br>(50 ml).....    | 4 |
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| calcitriol oral soln 1 mcg/ml.....                                                     | 56 | cefdinir for susp 125 mg/5ml, 250<br>mg/5ml.....                     | 4 |
| calcium acetate cap 667 mg (169 mg<br>ca).....                                         | 43 | cefepime hcl for inj 1 gm.....                                       | 4 |
| calcium acetate tab 667 mg.....                                                        | 43 | cefepime hcl for iv soln 1 gm and dextrose 5% (50<br>ml).....        | 4 |
| CALQUENCE.....                                                                         | 16 | cefepime hcl for iv soln 2 gm.....                                   | 4 |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5<br>mg, 32-12.5 mg, 32-25 mg..... | 34 | cefepime hcl for iv soln 2 gm and dextrose 5% (50<br>ml).....        | 4 |
| candesartan cilexetil tab 32 mg.....                                                   | 34 | cefepime hcl iv soln 1 gm/50ml.....                                  | 4 |
| candesartan cilexetil tab 4 mg, 8 mg, 16<br>mg.....                                    | 34 | cefepime hcl iv soln 2 gm/100ml.....                                 | 4 |
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| carbamazepine chew tab 100 mg.....                                                     | 8  | cefpodoxime proxetil tab 100 mg, 200<br>mg.....                      | 4 |
| carbamazepine susp 100 mg/5ml.....                                                     | 8  | cefprozil tab 250 mg, 500 mg.....                                    | 4 |
| carbamazepine tab 200 mg.....                                                          | 8  | ceftazidime for inj 1 gm, 6 gm.....                                  | 4 |
| carbamazepine tab er 12hr 100 mg, 200 mg, 400<br>mg.....                               | 8  | ceftazidime for iv soln 1 gm and dextrose 5%<br>(50ml).....          | 4 |
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| carbidopa & levodopa orally disintegrating tab<br>25-100 mg.....                       | 22 | ceftazidime for iv soln 2 gm and dextrose 5%<br>(50ml).....          | 4 |
| carbidopa & levodopa orally disintegrating tab<br>25-250 mg.....                       | 22 | ceftriaxone sodium (bulk) for inj 100 gm.....                        | 4 |
| carbidopa & levodopa tab 10-100 mg, 25-100 mg,<br>25-250 mg.....                       | 22 | ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2<br>gm, 10 gm..... | 4 |
| carbidopa & levodopa tab er 25-100 mg, 50-200<br>mg.....                               | 22 | ceftriaxone sodium for iv soln 1 gm, 2<br>gm.....                    | 5 |
| carglumic acid soluble tab 200 mg.....                                                 | 43 | ceftriaxone sodium for iv soln 1 gm and dextrose<br>3.74% 50 ml..... | 4 |
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| caspofungin acetate for iv soln 50 mg, 70<br>mg.....                                   | 13 | ceftriaxone sodium in dextrose inj 40 mg/<br>ml.....                 | 5 |
| cefaclor cap 250 mg.....                                                               | 4  | cefuroxime axetil tab 250 mg, 500 mg.....                            | 5 |
| cefaclor cap 500 mg.....                                                               | 4  | cefuroxime sodium for inj 750 mg.....                                | 5 |
| cefadroxil cap 500 mg.....                                                             | 4  | cefuroxime sodium for iv soln 1.5 gm.....                            | 5 |
| cefadroxil for susp 250 mg/5ml, 500<br>mg/5ml.....                                     | 4  | celecoxib cap 400 mg.....                                            | 1 |
| CEFAZOLIN.....                                                                         | 4  | celecoxib cap 50 mg, 100 mg, 200 mg.....                             | 1 |
| cefazolin sodium-dextrose iv solution 1<br>gm/50ml-4%.....                             | 4  | CELONTIN.....                                                        | 8 |
| cefazolin sodium for inj 2 gm.....                                                     | 4  | cephalexin cap 250 mg, 500 mg.....                                   | 5 |
| cefazolin sodium for inj 500 mg, 1 gm.....                                             | 4  | cephalexin cap 750 mg.....                                           | 5 |
| cefazolin sodium for iv soln 1 gm.....                                                 | 4  |                                                                      |   |

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| <i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i> .....                              | 5  | <i>clindamycin phosphate vaginal cream 2%</i> .....                               | 5  |
| <i>cevimeline hcl cap 30 mg</i> .....                                                | 40 | <i>clobazam suspension 2.5 mg/ml</i> .....                                        | 8  |
| CHEMET.....                                                                          | 43 | <i>clobazam tab 10 mg, 20 mg</i> .....                                            | 8  |
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| <i>chlorhexidine gluconate soln 0.12%</i> .....                                      | 40 | <i>clobetasol propionate emollient base cream 0.05%</i> .....                     | 41 |
| <i>chloroquine phosphate tab 250 mg</i> .....                                        | 21 | <i>clobetasol propionate gel 0.05%</i> .....                                      | 41 |
| <i>chloroquine phosphate tab 500 mg</i> .....                                        | 21 | <i>clobetasol propionate oint 0.05%</i> .....                                     | 41 |
| <i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i> .....              | 13 | <i>clobetasol propionate soln 0.05%</i> .....                                     | 41 |
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| <i>chlorthalidone tab 25 mg, 50 mg</i> .....                                         | 35 | <i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> ..... | 29 |
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| <i>cholestyramine light powder packets 4 gm</i> .....                                | 35 | <i>clonazepam tab 0.5 mg, 1 mg</i> .....                                          | 29 |
| <i>cholestyramine powder 4 gm/dose</i> .....                                         | 35 | <i>clonazepam tab 2 mg</i> .....                                                  | 29 |
| <i>cholestyramine powder packets 4 gm</i> .....                                      | 35 | <i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i> .....                             | 35 |
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| <i>ciclopirox olamine susp 0.77%</i> .....                                           | 13 | <i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> .....      | 35 |
| <i>ciclopirox solution 8%</i> .....                                                  | 13 | <i>clopidogrel bisulfate tab 75 mg</i> .....                                      | 33 |
| <i>cilostazol tab 50 mg, 100 mg</i> .....                                            | 33 | <i>clorazepate dipotassium tab 15 mg</i> .....                                    | 29 |
| CIMDUO.....                                                                          | 26 | <i>clorazepate dipotassium tab 3.75 mg</i> .....                                  | 29 |
| <i>cinacalcet hcl tab 30 mg</i> .....                                                | 56 | <i>clorazepate dipotassium tab 7.5 mg</i> .....                                   | 29 |
| <i>cinacalcet hcl tab 60 mg, 90 mg</i> .....                                         | 56 | <i>clotrimazole cream 1%</i> .....                                                | 13 |
| CINRYZE.....                                                                         | 51 | <i>clotrimazole troche 10 mg</i> .....                                            | 13 |
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| <i>ciprofloxacin 400 mg/200ml in d5w</i> .....                                       | 5  | <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....                         | 41 |
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| <i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i> .....                            | 5  | <i>clozapine orally disintegrating tab 200 mg</i> .....                           | 23 |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....                             | 11 | <i>clozapine orally disintegrating tab 25 mg, 100 mg</i> .....                    | 23 |
| <i>citalopram hydrobromide tab 10 mg, 20 mg</i> .....                                | 11 | <i>clozapine tab 100 mg</i> .....                                                 | 23 |
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| <i>clindamycin palmitate hcl for soln 75 mg/5ml</i> .....                            | 5  | <i>colestipol hcl granule packets 5 gm</i> .....                                  | 35 |
| <i>clindamycin phosphate gel 1%</i> .....                                            | 5  | <i>colestipol hcl granules 5 gm</i> .....                                         | 35 |
| <i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i> ..... | 5  | <i>colestipol hcl tab 1 gm</i> .....                                              | 35 |
| <i>clindamycin phosphate lotion 1%</i> .....                                         | 5  | <i>colistimethate sod for inj 150 mg (colistin base activity)</i> .....           | 5  |
| <i>clindamycin phosphate soln 1%</i> .....                                           | 5  |                                                                                   |    |
| <i>clindamycin phosphate swab 1%</i> .....                                           | 5  |                                                                                   |    |

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| COMBIPATCH.....                                        | 47 | deferasirox tab 90 mg, 180 mg, 360 mg.....                             | 43 |
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| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> .....                          | 50 | <i>linezolid tab 600 mg</i> .....                                                      | 6  |
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| <i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i> .....      | 6  | <i>lithium carbonate tab 300 mg</i> .....                                              | 29 |
| <i>levofloxacin iv soln 25 mg/ml</i> .....                                            | 6  | <i>lithium carbonate tab er 300 mg, 450 mg</i> .....                                   | 29 |
| <i>levofloxacin oral soln 25 mg/ml</i> .....                                          | 6  | LONSURF.....                                                                           | 18 |
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| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i> ..... | 48 | <i>lopinavir-ritonavir tab 100-25 mg</i> .....                                         | 27 |
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| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....          | 48 | <i>lorazepam conc 2 mg/ml</i> .....                                                    | 29 |
| <i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> .....  | 49 | <i>lorazepam tab 0.5 mg, 1 mg</i> .....                                                | 29 |
| <i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> .....  | 49 | <i>lorazepam tab 2 mg</i> .....                                                        | 29 |
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| <i>mg</i>                                            | 36 |
| <i>losartan potassium tab 100 mg</i>                 | 36 |
| <i>losartan potassium tab 25 mg, 50 mg</i>           | 36 |
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| <i>mg</i>                                            | 23 |
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| LUPRON DEPOT (3-MONTH)                               | 50 |
| LUPRON DEPOT (4-MONTH)                               | 50 |
| LUPRON DEPOT (6-MONTH)                               | 50 |
| LUPRON DEPOT-PED                                     | 50 |
| LUPRON DEPOT-PED (1-MONTH)                           | 50 |
| LUPRON DEPOT-PED (3-MONTH)                           | 50 |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120</i>   |    |
| <i>mg</i>                                            | 23 |
| <i>lurasidone hcl tab 80 mg</i>                      | 24 |
| LYBALVI                                              | 24 |
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| <i>maraviroc tab 300 mg</i>                              | 27 |
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| MATULANE                                                 | 18 |
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| <i>medroxyprogesterone acetate im susp 150 mg/</i>       |    |
| <i>ml</i>                                                | 48 |
| <i>medroxyprogesterone acetate im susp prefilled syr</i> |    |
| <i>150 mg/ml</i>                                         | 48 |
| <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10</i>  |    |
| <i>mg</i>                                                | 48 |
| <i>mefloquine hcl tab 250 mg</i>                         | 21 |
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| <i>megestrol acetate tab 20 mg, 40 mg</i>                | 48 |
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| <i>meloxicam tab 7.5 mg</i>                                   | 1  |
| <i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28</i>       |    |
| <i>mg</i>                                                     | 11 |
| <i>memantine hcl oral solution 2 mg/ml</i>                    | 11 |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration</i> |    |
| <i>pack</i>                                                   | 11 |
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| MENEST                                                        | 48 |
| MENQUADFI                                                     | 53 |
| MENVEO                                                        | 54 |
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| <i>gm/50ml</i>                                                | 6  |
| <i>meropenem &amp; sodium chloride 0.9% for iv soln 500</i>   |    |
| <i>mg/50ml</i>                                                | 6  |
| <i>meropenem iv for soln 500 mg, 1 gm</i>                     | 6  |
| <i>mesalamine cap er 24hr 0.375 gm</i>                        | 56 |
| <i>mesalamine enema 4 gm</i>                                  | 56 |
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| <i>kit</i>                                                    | 56 |
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| <i>metformin hcl tab 500 mg</i>                               | 32 |
| <i>metformin hcl tab 850 mg</i>                               | 32 |
| <i>metformin hcl tab er 24hr 500 mg</i>                       | 32 |
| <i>metformin hcl tab er 24hr 750 mg</i>                       | 32 |
| <i>methadone hcl tab 10 mg</i>                                | 2  |
| <i>methadone hcl tab 5 mg</i>                                 | 1  |
| <i>methazolamide tab 25 mg, 50 mg</i>                         | 36 |
| <i>methenamine hippurate tab 1 gm</i>                         | 6  |
| <i>methimazole tab 5 mg, 10 mg</i>                            | 51 |
| <i>methocarbamol tab 500 mg, 750 mg</i>                       | 61 |
| <i>methotrexate sodium inj 250 mg/10ml (25 mg/</i>            |    |
| <i>ml)</i>                                                    | 54 |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/</i>              |    |
| <i>ml)</i>                                                    | 54 |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml),</i>       |    |
| <i>250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/</i>           |    |
| <i>ml)</i>                                                    | 54 |
| <i>methotrexate sodium tab 2.5 mg</i>                         | 54 |
| <i>methsuximide cap 300 mg</i>                                | 9  |
| <i>methylphenidate hcl tab 5 mg, 10 mg, 20</i>                |    |
| <i>mg</i>                                                     | 40 |
| <i>methylphenidate hcl tab er 10 mg, 20</i>                   |    |
| <i>mg</i>                                                     | 40 |

|                                                                          |    |
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| methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....                     | 47 |
| methylprednisolone tab therapy pack 4 mg (21).....                       | 47 |
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml).....                       | 44 |
| metoclopramide hcl tab 5 mg, 10 mg.....                                  | 44 |
| metolazone tab 2.5 mg, 5 mg, 10 mg.....                                  | 36 |
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**BlueCross BlueShield  
of Illinois**

Blue Cross and Blue Shield of Illinois cumple con las leyes de derechos civiles federales aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo. Blue Cross and Blue Shield of state} no excluye a las personas ni las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad o sexo.

Blue Cross and Blue Shield of state}:

- Proporciona apoyo y servicios gratuitos a personas con discapacidades para que se comuniquen con nosotros de manera efectiva, tales como los que se indican a continuación:
  - Intérpretes capacitados en lengua de señas.
  - Materiales escritos en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es inglés, como los que se indican a continuación:
  - Intérpretes calificados.
  - Información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con un Coordinador de Derechos Civiles.

Si cree que Blue Cross and Blue Shield of Illinois no le proporcionó estos servicios o lo discriminó de otra manera en función de su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una inconformidad ante la siguiente entidad: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. Puede presentar una inconformidad por teléfono, correo o fax. Si necesita ayuda para presentar una inconformidad, un Coordinador de Derechos Civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina para los Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través del Portal de Quejas de la Oficina para los Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono mediante la siguiente información de contacto:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington D. C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Hay formularios de quejas disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-285-2249 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-285-2249 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-285-2249 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-285-2249 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-285-2249 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-285-2249 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-285-2249 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-285-2249 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-285-2249 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-285-2249 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول 1-888-285-2249 (TTY/TDD: 711). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-285-2249 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-285-2249 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-285-2249 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-285-2249 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-285-2249 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-285-2249 (TTY/TDD: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield  
of Illinois**

Esta lista de medicamentos se actualizó el 11/13/2023. Para obtener información más reciente o para hacer otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Blue Cross MedicareRx al 1-888-285-2249 o, para los usuarios de TTY, al 711, de 8:00 a. m. a 8:00 p. m., hora local, los 7 días de la semana. Si llama desde el 1 de abril hasta el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los días feriados, o visite [www.getblueil.com/pdp/druglist](http://www.getblueil.com/pdp/druglist).

Los planes de medicamentos con receta son proporcionados por HCSC Insurance Services Company (HISC), una licenciataria independiente de Blue Cross and Blue Shield Association. Un patrocinador de Parte D aprobado por Medicare. La inscripción en los planes de HISC depende de la renovación del contrato.