BlueRI for Duals (HMO D-SNP)
BlueCHiP for Medicare Access (HMO-POS)
BlueCHiP for Medicare Enhanced (HMO)
BlueCHiP for Medicare Extra (HMO-POS)
BlueCHiP for Medicare Essential (HMO-POS)
BlueCHiP for Medicare Group Elite 2 (HMO-POS)
HealthMate Coast-to-Coast for Medicare Group Plan 10 (PPO)

Formulario 2027

(Lista de medicamentos cubiertos o "lista de medicamentos")

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN

SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Id. del formulario: 27053 Versión: 7

Este formulario se actualizó el 10/15/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Equipo de ayuda personalizada de BlueCHiP for Medicare de Blue Cross & Blue Shield of Rhode Island al (401) 277-2958 o al 1-800-267-0439 (los usuarios de TTY deben llamar al 711) del 1.º de octubre al 31 de marzo, los siete días de la semana, de 8:00 a. m. a 8:00 p. m.; del 1.º de abril al 30 de septiembre, puede llamar de lunes a viernes, de 8:00 a. m. a 8:00 p. m.; los sábados puede llamar desde las 8:00 a. m. hasta el mediodía, o visite bcbsri.com/Medicare. Fuera de este horario puede utilizar nuestro sistema de respuesta automatizada.

Este formulario se actualizó el 10/15/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Equipo de ayuda personalizada de HealthMate Coast-to-Coast for Medicare de Blue Cross & Blue Shield of Rhode Island al (401) 236-8245 o al (855) 200-8836 (los usuarios de TTY deben llamar al 711) del 1.º de octubre al 31 de marzo, los siete días de la semana, de 8:00 a. m. a 8:00 p. m.; del 1.º de abril al 30 de septiembre, puede llamar de lunes a viernes, de 8:00 a. m. a 8:00 p. m.; los sábados puede llamar desde las 8:00 a. m. hasta el mediodía, o visite bcbsri.com/Medicare. Fuera de este horario puede utilizar nuestro sistema de respuesta automatizada.

Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) hace referencia a “nosotros”, “nos” o “nuestro”, se refiere a Blue Cross & Blue Shield of Rhode Island. Cuando se refiere a “plan” o “nuestro plan”, significa BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan actualizado al 10/15/2026. Para obtener una lista de los medicamentos (formulario), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la lista de medicamentos (formulario), aparece en la portada y la contraportada.

Por lo general, usted debe usar las farmacias de la red para obtener sus beneficios de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros podrían cambiar el 1.º de enero de 2027 y de vez en cuando durante el año.

¿Qué es el formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10?

En este documento, los términos “Lista de medicamentos” y “formulario” se refieren a lo mismo. El formulario es una lista de los medicamentos cubiertos seleccionados por nuestro plan, en conjunto con un equipo de proveedores de atención médica, los cuales representan las terapias recetadas que se entienden son una parte necesaria de cualquier programa de tratamiento de calidad. Nuestro plan generalmente cubrirá los medicamentos mencionados en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta sea surtida en una farmacia de la red y se sigan las otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de cobertura.

¿Puede haber cambios en el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero podemos agregar o eliminar medicamentos del formulario durante el año, trasladarlos a niveles diferentes de costos compartidos o agregar nuevas restricciones. Al realizar estos cambios, debemos seguir las reglas de Medicare. Las actualizaciones de la lista de medicamentos se publican mensualmente en nuestro sitio web en https://www.bcbsri.com/medicare.

Cambios que pueden afectarle este año: En los siguientes casos, usted se verá afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar de inmediato un medicamento de nuestro formulario si lo reemplazamos por una nueva versión de ese medicamento que aparezca en el mismo nivel de costos compartidos o uno más bajo y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o producto biológico original en nuestro formulario, pero trasladarlo de inmediato a un nivel diferente de costos compartidos o agregar nuevas restricciones.

  Podemos realizar estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca o si agregamos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el vademécum (por ejemplo, agregamos un biosimilar intercambiable que puede sustituirse por un producto biológico original de una farmacia sin una receta nueva).

  Si actualmente toma ese medicamento de marca o producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hayamos realizado.

  Si hacemos dicho cambio, usted o la persona autorizada para extender recetas pueden solicitarnos que hagamos una excepción y que continuemos cubriendo el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10?".

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que un medicamento se retire por motivos de seguridad o eficacia, podemos retirar de inmediato el medicamento de nuestro vademécum y luego notificaremos a los miembros que lo usan.

- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario cuando se agrega un equivalente genérico o retirar un producto biológico original cuando se agrega un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original, o pasarlo a un nivel de costo compartido diferente, o ambas cosas. Podemos hacer cambios en función de nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, o trasladamos un medicamento a un nivel de costos compartidos más alto, debemos notificar a los miembros afectados acerca del cambio al menos 30 días antes de que el cambio entre en vigencia. O bien, cuando el miembro solicite resurtir el

medicamento, puede recibir un suministro del medicamento para 30 días y un aviso sobre el cambio.

Si hacemos estos cambios, usted o la persona autorizada para extender recetas pueden solicitarnos que hagamos una excepción y que continuemos cubriendo el medicamento que está tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10?".

Cambios que no lo afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento de nuestro formulario 2027 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura de dicho medicamento durante el año de cobertura 2027, excepto según lo descrito anteriormente. Esto significa que estos medicamentos permanecerán disponibles con los mismos costos compartidos y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No recibirá una notificación directa este año sobre cambios que no lo afectan a usted. Sin embargo, el 1.º de enero del año próximo, dichos cambios podrían afectarle, y es importante verificar el formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está actualizado al 10/15/2026. Para obtener información actualizada sobre los medicamentos cubiertos por BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Puede encontrar el formulario del plan más actualizado en bcbsri.com/medicare. Los formularios publicados se actualizan mensualmente y en el caso de un cambio de formulario de mitad de año que no sea de mantenimiento. También puede comunicarse con nuestro Equipo de ayuda personalizada de Medicare si tiene preguntas o para recibir una versión impresa del documento.

¿Cómo utilizo el formulario?

Hay dos maneras en las que puede encontrar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se enumeran en la categoría Agentes cardiovasculares. Si usted sabe para qué se utiliza el medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro bajo qué categoría buscar, puede buscar su medicamento en el índice que comienza en la página 103. El índice proporciona una lista alfabética de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como de marca aparecen en el índice. Busque en el índice hasta encontrar su medicamento. Al lado del nombre del medicamento, encontrará el número de la

página donde puede encontrar la información de la cobertura. Vaya a la página indicada en el índice y encuentre el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10 cubren tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como medicamento que contiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos son tan eficaces como los medicamentos de marca y normalmente cuestan menos. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una receta nueva, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos habituales. Por este motivo, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan igual de bien que los productos biológicos originales y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Sección 3.1 del Capítulo 5 de la Evidencia de cobertura, “La ‘lista de medicamentos’ contiene los medicamentos de la Parte D que están cubiertos”.

¿Existen restricciones en mi cobertura?

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

- **Autorización previa:** Nuestro plan requiere que usted o su médico que receta obtenga autorización previa para ciertos medicamentos en función de criterios específicos. Esto significa que deberá obtener aprobación por parte de nuestro plan antes de poder surtir sus medicamentos recetados. Si no obtiene aprobación, es posible que nuestro plan no cubra el medicamento.

- **Límites de cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 60 tabletas/30 días por receta para Losartan 25 mg. Esto puede ser adicional a un suministro normal de uno o tres meses.

- **Terapia escalonada:** En algunos casos, nuestro plan exige que primero pruebe con determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, nuestro plan puede que no cubra el medicamento B a menos que usted pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces el plan cubrirá el medicamento B.

Usted puede averiguar si el medicamento tiene algún requisito o límite adicional buscándolo en el formulario que comienza en la página VIII. Usted también puede obtener más información acerca de las restricciones que aplican a medicamentos específicos cubiertos al visitar nuestra página de Internet. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También nos puede pedir que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada y la contraportada.

Usted puede pedirle al plan que haga una excepción a estas restricciones o límites, o para obtener una lista de otros medicamentos similares que pueden tratar su afección de salud. Consulte la sección, "¿Cómo solicito una excepción al formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10?" en la página VI para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Equipo de ayuda personalizada de Medicare y preguntar si su medicamento está cubierto. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada y la contraportada.

Si efectivamente nuestro plan no cubre su medicamento, usted tiene dos opciones:

- Puede solicitarle al Equipo de ayuda personalizada de Medicare una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando usted reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.

- Puede solicitarle a nuestro plan que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10?

Puede solicitarle a nuestro plan que haga una excepción a las normas de cobertura. Existen muchos tipos de excepciones que usted puede solicitar.

- Nos puede solicitar que cubramos un medicamento aun si no está en el formulario. Si se aprueba, este medicamento será cubierto al nivel de costos compartidos predeterminado y usted no podrá solicitarnos que proporcionemos el medicamento a un nivel de costos compartidos más bajo.

- Puede solicitarnos la exención de una restricción de cobertura, como autorización previa, terapia escalonada o límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y cubramos una cantidad mayor.

- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costos compartidos más bajo, a menos que el medicamento se encuentre en el nivel de medicamentos especializados. Si se aprueba, se reducirá la cantidad que debe pagar por el medicamento.

Generalmente, nuestro plan solo aprobará su solicitud de excepción si, en el caso de los medicamentos alternativos incluidos en el formulario del plan, el medicamento con el menor costo compartido o las restricciones de utilización adicionales no serían tan efectivos para el tratamiento de su afección o le causarían efectos médicos adversos.

Usted o la persona autorizada para extender recetas deben contactarnos para solicitar una excepción de nivel o al vademécum, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, la persona autorizada para extender recetas necesitará explicar los motivos médicos por los que necesita que le aprueben la excepción.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la obtención de la declaración de respaldo de la persona que receta. Puede solicitar una decisión acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría estar en grave peligro si espera las 72 horas por una decisión. Si estamos de acuerdo, o si la persona autorizada para extender recetas solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que obtengamos la declaración de respaldo de la persona autorizada para extender recetas.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o actual de nuestro plan, puede que usted esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté usando un medicamento que está en nuestra lista de medicamentos, pero tiene una restricción sobre la cobertura, como una autorización previa. Debe hablar con la persona autorizada para extender recetas sobre solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al vademécum para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en los que es miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro vademécum o tenga una restricción sobre la cobertura, cubriremos un suministro temporal de 30 días. Si su receta es por menos días, permitiremos resurtidos para brindarle un suministro máximo del medicamento de 30 días. Si la cobertura no se aprueba después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención de largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita una excepción al formulario.

Es posible que debido a cambios usted pase de un tipo 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 los procesos de excepción y apelaciones de su plan. Sin embargo, cuando sea admitido a un tipo de atención de largo plazo, o dado de alta de ella, es posible que no tenga acceso a los medicamentos que le administraban anteriormente. Puede obtener un resurtido en el momento de la admisión o el alta para evitar una interrupción de la atención.

Para obtener más información:

Para obtener información más detallada sobre su cobertura de medicamentos recetados de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta acerca de nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada y la contraportada.

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

Formulario de BlueRI for Duals, BlueCHiP for Medicare Access, BlueCHiP for Medicare Enhanced, BlueCHiP for Medicare Extra, BlueCHiP for Medicare Essential, BlueCHiP for Medicare Group Elite 2, y HealthMate Coast-to-Coast for Medicare Group Plan 10

El formulario que comienza en la página 1 proporciona información de cobertura relacionada con los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, vaya al índice que comienza en la página 103.

La primera columna de la tabla muestra el nombre del medicamento. Los nombres de los medicamentos de marca están en letras mayúsculas (p. ej., LANTUS), y los medicamentos genéricos están en letras minúsculas en cursiva (p. ej., *metformina*).

La información incluida en la columna Requisitos/Límites indica si su plan tiene requisitos especiales para la cobertura de su medicamento.

Todos los medicamentos incluidos en este formulario están disponibles a través del beneficio de pedido por correo. Comuníquese con su plan para obtener más detalles.

Nivel 1 = medicamentos genéricos preferidos
Nivel 2 = medicamentos genéricos
Nivel 3 = medicamentos de marca preferidos
Nivel 4 = medicamentos de marca no preferidos
Nivel 5 = medicamentos especializados

BD = medicamentos que pueden estar cubiertos por la Parte B o Parte D de Medicare según las circunstancias. Estos medicamentos requieren autorización previa para determinar la cobertura en función de la Parte B o la Parte D. Es posible que se requiera el aporte de información que describa el uso o el lugar en el que se recibe el medicamento para determinar la cobertura.
PA = Prior Authorization (Autorización previa)
QL = Quantity Limits (Límites de cantidad)
ST = Step Therapy (Terapia escalonada)

= Medicamento de alto riesgo (High Risk Medication, HRM). Medicamentos que pueden no ser seguros para pacientes de más de 65 años de edad. Nuestro formulario incluye cobertura para algunos de estos medicamentos, pero se pueden buscar otras alternativas en los niveles con copagos más bajos. Converse con su médico para ver si hay alternativas a estos medicamentos que podrían ser apropiadas para su uso.

***** = Medicamento de distribución limitada. Es posible que este medicamento recetado esté disponible solo en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame al Equipo de ayuda personalizada de Medicare. Los números de teléfono figuran en la portada y en la contraportada de este manual.

+ = Medicare proporciona cobertura mejorada sin costo para ciertas vacunas enumeradas en este formulario. Para obtener más información sobre las vacunas, consulte su Evidencia de cobertura (Evidence of Coverage, EOC).

$ = Insulinas del formulario con cobertura mejorada según la Ley de Reducción de la Inflación (Inflation Reduction Act, IRA)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos analgésicos		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tablets/30 days)
bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
celecoxib cap 50 mg	2	QL (60 capsules/30 days)
celecoxib cap 100 mg	2	QL (60 capsules/30 days)
celecoxib cap 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	3	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	3	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%	3	PA
diclofenac sodium tab delayed release 25 mg	3	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	2	QL (60 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
etodolac cap 200 mg	3	QL (150 capsules/30 days)
etodolac cap 300 mg	3	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg	4	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg	4	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	4	QL (30 tablets/30 days)
etodolac tab 400 mg	3	QL (60 tablets/30 days)
etodolac tab 500 mg	3	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr	4	PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	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
hydromorphone hcl tab 2 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	2	QL (240 capsules/30 days)
indomethacin cap 50 mg#	2	QL (120 capsules/30 days)
JOURNAVX - suzetrigine tab 50 mg	3	QL (29 tablets/90 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	3	QL (180 tablets/30 days)
methadone hcl tab 10 mg	3	QL (360 tablets/30 days)
morphine sulfate tab er 15 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 60 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab er 200 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	3	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	3	QL (180 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	3	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	3	QL (90 tablets/30 days)
naproxen tab ec 375 mg	3	QL (120 tablets/30 days)
naproxen tab ec 500 mg	3	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg	3	QL (180 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
piroxicam cap 10 mg	3	QL (60 capsules/30 days)
piroxicam cap 20 mg	3	QL (30 capsules/30 days)
sulindac tab 150 mg	2	QL (60 tablets/30 days)
sulindac tab 200 mg	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	PA, QL (240 capsules/30 days)
Medicamentos anestésicos		
lidocaine hcl viscous soln 2%	2	
lidocaine patch 5%	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	4	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
Agentes contra las adicciones y para tratar el abuso de sustancias		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	3	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	3	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	QL (60 tablets/30 days)
disulfiram tab 250 mg	3	
disulfiram tab 500 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	3	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	4	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	
varenicline tartrate tab 0.5 mg (base equiv)	4	
varenicline tartrate tab 1 mg (base equiv)	4	
Medicamentos antibacteriales		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg	2	
amoxicillin (trihydrate) cap 500 mg	2	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	2	
amoxicillin (trihydrate) for susp 200 mg/5ml	2	
amoxicillin (trihydrate) for susp 250 mg/5ml	2	
amoxicillin (trihydrate) for susp 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg	2	
amoxicillin (trihydrate) tab 875 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for iv soln 1 gm	4	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	3	
azithromycin for susp 100 mg/5ml	3	
azithromycin for susp 200 mg/5ml	3	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 600 mg	2	
aztreonam for inj 1 gm	4	
aztreonam for inj 2 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	3	
cefadroxil for susp 500 mg/5ml	3	
cefazolin sodium for inj 500 mg	4	
cefazolin sodium for inj 1 gm	4	
cefazolin sodium for inj 10 gm	4	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	3	
cefdinir for susp 250 mg/5ml	3	
cefepime hcl for inj 1 gm	4	
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm	4	
cefepime hcl iv soln 1 gm/50ml	4	
cefepime hcl iv soln 2 gm/100ml	4	
cefixime cap 400 mg	4	
cefoxitin sodium for iv soln 1 gm	4	
cefoxitin sodium for iv soln 2 gm	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil tab 100 mg	4	
cefpodoxime proxetil tab 200 mg	4	
cefprozil tab 250 mg	3	
cefprozil tab 500 mg	3	
ceftaroline fosamil for iv soln 400 mg	5	
ceftaroline fosamil for iv soln 600 mg	5	
ceftazidime for inj 6 gm	4	
ceftazidime for inj 1 gm	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg	4	
ceftriaxone sodium for inj 500 mg	4	
ceftriaxone sodium for inj 1 gm	4	
ceftriaxone sodium for inj 2 gm	4	
ceftriaxone sodium for inj 10 gm	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
ceftriaxone sodium for iv soln 2 gm	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
ceftriaxone sodium in dextrose inj 20 mg/ml	4	
ceftriaxone sodium in dextrose inj 40 mg/ml	4	
cefuroxime axetil tab 250 mg	3	
cefuroxime axetil tab 500 mg	3	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg	2	
cephalexin cap 500 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
ciprofloxacin hcl tab 250 mg (base equiv)	2	
ciprofloxacin hcl tab 500 mg (base equiv)	2	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	3	
clarithromycin tab 500 mg	3	
clindamycin hcl cap 75 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate gel 1% (twice-daily)	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
clindamycin phosphate inj 300 mg/2ml	4	
clindamycin phosphate inj 600 mg/4ml	4	
clindamycin phosphate inj 900 mg/6ml	4	
clindamycin phosphate soln 1%	3	
clindamycin phosphate vaginal cream 2%	3	
colistimethate sod for inj 150 mg (colistin base activity)	4	
daptomycin for iv soln 500 mg	4	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	3	
doxycycline hyclate cap 50 mg	3	
doxycycline hyclate cap 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	3	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	
doxycycline monohydrate tab 100 mg	3	
doxy 100 - doxycycline hyclate for inj 100 mg	4	
ertapenem sodium for inj 1 gm (base equivalent)	4	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
erythromycin soln 2%	2	
erythromycin tab delayed release 250 mg	4	
erythromycin tab delayed release 333 mg	4	
erythromycin tab delayed release 500 mg	4	
erythromycin tab 250 mg	4	
erythromycin tab 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	4	
gentamicin sulfate inj 40 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
imipenem-cilastatin intravenous for soln 500 mg	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
levofloxacin in d5w iv soln 250 mg/50ml	4	
levofloxacin in d5w iv soln 500 mg/100ml	4	
levofloxacin in d5w iv soln 750 mg/150ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	2	
levofloxacin tab 500 mg	2	
levofloxacin tab 750 mg	2	
linezolid for susp 100 mg/5ml	5	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	4	
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	3	
meropenem iv for soln 500 mg	3	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	3	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	3	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
minocycline hcl tab 50 mg	4	
minocycline hcl tab 75 mg	4	
mondoxyne nl - doxycycline monohydrate cap 100 mg	2	
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
moxifloxacin hcl tab 400 mg (base equiv)	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	
neomycin sulfate tab 500 mg	2	
nitrofurantoin macrocrystalline cap 50 mg#	3	
nitrofurantoin macrocrystalline cap 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	3	
penicillin g potassium for inj 5000000 unit	4	
penicillin g potassium for inj 20000000 unit	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
pfizerpen - penicillin g potassium for inj 5000000 unit	4	
pfizerpen - penicillin g potassium for inj 20000000 unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml	4	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	5	
sulfadiazine tab 500 mg	5	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	4	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
TAZICEF - ceftazidime for iv soln 6 gm	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tazicef - ceftazidime for inj 1 gm	4	
tazicef - ceftazidime for iv soln 1 gm	4	
tazicef - ceftazidime for iv soln 2 gm	4	
tetracycline hcl cap 250 mg	4	
tetracycline hcl cap 500 mg	4	
tigecycline for iv soln 50 mg	4	
tinidazole tab 250 mg	3	
tinidazole tab 500 mg	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
tobramycin sulfate for inj 1.2 gm	4	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	4	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	4	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 100 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
XIFAXAN - rifaximin tab 200 mg	3	PA, QL (9 tablets/30 days)
Medicamentos anticonvulsantes		
brivaracetam oral soln 10 mg/ml	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg	4	QL (60 tablets/30 days)
brivaracetam tab 25 mg	4	QL (60 tablets/30 days)
brivaracetam tab 50 mg	4	QL (60 tablets/30 days)
brivaracetam tab 75 mg	4	QL (60 tablets/30 days)
brivaracetam tab 100 mg	4	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg	4	
carbamazepine cap er 12hr 200 mg	4	
carbamazepine cap er 12hr 300 mg	4	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg	4	
carbamazepine tab er 12hr 200 mg	4	
carbamazepine tab er 12hr 400 mg	4	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
carbamazepine tab 200 mg	3	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg	4	PA, QL (60 tablets/30 days)
clobazam tab 20 mg	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	PA, QL (360 capsules/30 days)
DIACOMIT - stiripentol cap 500 mg*	5	PA, QL (180 capsules/30 days)
DIACOMIT - stiripentol packet 250 mg*	5	PA, QL (6 boxes/30 days)
DIACOMIT - stiripentol packet 500 mg*	5	PA, QL (3 boxes/30 days)
diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	4	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	3	
divalproex sodium tab er 24 hr 500 mg	3	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
epitol - carbamazepine tab 200 mg	3	
eslicarbazepine acetate tab 200 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 400 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg	4	QL (60 tablets/30 days)
eslicarbazepine acetate tab 800 mg	4	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
gabapentin cap 100 mg	2	QL (1080 capsules/30 days)
gabapentin cap 300 mg	2	QL (360 capsules/30 days)
gabapentin cap 400 mg	2	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 mls/30 days)
lacosamide tab 50 mg	4	QL (240 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
lacosamide tab 100 mg	4	QL (120 tablets/30 days)
lacosamide tab 150 mg	4	QL (60 tablets/30 days)
lacosamide tab 200 mg	4	QL (60 tablets/30 days)
lamotrigine tab chewable dispersible 5 mg	3	
lamotrigine tab chewable dispersible 25 mg	3	
lamotrigine tab 25 mg	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab er 24hr 500 mg	3	
levetiracetam tab er 24hr 750 mg	3	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
methsuximide cap 300 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	PA, QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	3	
oxcarbazepine tab 300 mg	3	
oxcarbazepine tab 600 mg	3	
perampanel susp 0.5 mg/ml	4	QL (2 bottles/28 days)
perampanel tab 2 mg	4	QL (30 tablets/30 days)
perampanel tab 4 mg	4	QL (30 tablets/30 days)
perampanel tab 6 mg	4	QL (30 tablets/30 days)
perampanel tab 8 mg	4	QL (30 tablets/30 days)
perampanel tab 10 mg	4	QL (30 tablets/30 days)
perampanel tab 12 mg	4	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital tab 15 mg#	4	
phenobarbital tab 16.2 mg#	4	
phenobarbital tab 30 mg#	4	
phenobarbital tab 32.4 mg#	4	
phenobarbital tab 60 mg#	4	
phenobarbital tab 64.8 mg#	4	
phenobarbital tab 97.2 mg#	4	
phenobarbital tab 100 mg#	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
phenytek - phenytoin sodium extended cap 200 mg	3	
phenytek - phenytoin sodium extended cap 300 mg	3	
phenytoin chew tab 50 mg	3	
phenytoin infatabs - phenytoin chew tab 50 mg	3	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	3	
phenytoin sodium extended cap 300 mg	3	
phenytoin susp 125 mg/5ml	3	
pregabalin cap 25 mg	3	QL (90 capsules/30 days)
pregabalin cap 50 mg	3	QL (90 capsules/30 days)
pregabalin cap 75 mg	3	QL (90 capsules/30 days)
pregabalin cap 100 mg	3	QL (90 capsules/30 days)
pregabalin cap 150 mg	3	QL (90 capsules/30 days)
pregabalin cap 200 mg	3	QL (90 capsules/30 days)
pregabalin cap 225 mg	3	QL (60 capsules/30 days)
pregabalin cap 300 mg	3	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
roweepra - levetiracetam tab 500 mg	2	
rufinamide susp 40 mg/ml	5	PA, QL (2400 mls/30 days)
rufinamide tab 200 mg	4	PA, QL (480 tablets/30 days)
rufinamide tab 400 mg	5	PA, QL (240 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	QL (360 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	QL (180 tablets/30 days)
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	QL (1500 mls/30 days)
subvenite - lamotrigine tab 25 mg	2	
subvenite - lamotrigine tab 100 mg	2	
subvenite - lamotrigine tab 150 mg	2	
subvenite - lamotrigine tab 200 mg	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
topiramate oral soln 25 mg/ml	4	QL (480 mls/30 days)
topiramate sprinkle cap 15 mg	3	
topiramate sprinkle cap 25 mg	3	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
*vigadrone - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
*vigpoder - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab 25 mg	5	QL (480 tablets/30 days)
XCOPRI - cenobamate tab 50 mg	5	QL (240 tablets/30 days)
XCOPRI - cenobamate tab 100 mg	5	QL (120 tablets/30 days)
XCOPRI - cenobamate tab 150 mg	5	QL (60 tablets/30 days)
XCOPRI - cenobamate tab 200 mg	5	QL (60 tablets/30 days)
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	QL (6 bottles/30 days)
zonisamide cap 25 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Agentes contra la demencia		
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg	2	
galantamine hydrobromide cap er 24hr 16 mg	2	
galantamine hydrobromide cap er 24hr 24 mg	2	
galantamine hydrobromide tab 4 mg	2	
galantamine hydrobromide tab 8 mg	2	
galantamine hydrobromide tab 12 mg	2	
memantine hcl oral solution 2 mg/ml	4	PA (<=29 yr), QL (300 mls/30 days)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA (<=29 yr), QL (1 pack/28 days)
memantine hcl tab 5 mg	2	PA (<=29 yr), QL (60 tablets/30 days)
memantine hcl tab 10 mg	2	PA (<=29 yr), QL (60 tablets/30 days)
rivastigmine tartrate cap 1.5 mg (base equivalent)	4	
rivastigmine tartrate cap 3 mg (base equivalent)	4	
rivastigmine tartrate cap 4.5 mg (base equivalent)	4	
rivastigmine tartrate cap 6 mg (base equivalent)	4	
rivastigmine td patch 24hr 4.6 mg/24hr	4	
rivastigmine td patch 24hr 9.5 mg/24hr	4	
rivastigmine td patch 24hr 13.3 mg/24hr	4	
Medicamentos antidepresivos		
amitriptyline hcl tab 10 mg#	4	
amitriptyline hcl tab 25 mg#	4	
amitriptyline hcl tab 50 mg#	4	
amitriptyline hcl tab 75 mg#	4	
amitriptyline hcl tab 100 mg#	4	
amitriptyline hcl tab 150 mg#	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
amoxapine tab 25 mg#	4	
amoxapine tab 50 mg#	4	
amoxapine tab 100 mg#	4	
amoxapine tab 150 mg#	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
AUVELITY TITRATION PACK - dextromethorphan-bupropion tab er pack 30-105 & 45-105 mg	5	QL (1 box/28 days)
bupropion hcl tab er 12hr 100 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	3	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	3	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	3	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	3	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	3	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	4	
clomipramine hcl cap 50 mg#	4	
clomipramine hcl cap 75 mg#	4	
desipramine hcl tab 10 mg#	3	
desipramine hcl tab 25 mg#	3	
desipramine hcl tab 50 mg#	3	
desipramine hcl tab 75 mg#	3	
desipramine hcl tab 100 mg#	3	
desipramine hcl tab 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	4	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	4	
doxepin hcl cap 25 mg#	4	
doxepin hcl cap 50 mg#	4	
doxepin hcl cap 75 mg#	4	
doxepin hcl cap 100 mg#	4	
doxepin hcl cap 150 mg#	4	
doxepin hcl conc 10 mg/ml#	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	4	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 10 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 18.2 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 36.3 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 54.5 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 72.6 mg	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	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)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	3	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3	QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
imipramine hcl tab 10 mg#	4	
imipramine hcl tab 25 mg#	4	
imipramine hcl tab 50 mg#	4	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg	4	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
mirtazapine tab 30 mg	2	QL (30 tablets/30 days)
mirtazapine tab 45 mg	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4	
nortriptyline hcl cap 10 mg#	4	
nortriptyline hcl cap 25 mg#	4	
nortriptyline hcl cap 50 mg#	4	
nortriptyline hcl cap 75 mg#	4	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
paroxetine hcl tab 10 mg#	2	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	2	QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg#	4	
protriptyline hcl tab 10 mg#	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
sertraline hcl tab 25 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
trazodone hcl tab 300 mg	3	
trimipramine maleate cap 25 mg#	4	
trimipramine maleate cap 50 mg#	4	
trimipramine maleate cap 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4	QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg (base equivalent)	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Medicamentos antieméticos		
aprepitant capsule therapy pack 80 & 125 mg	4	BD
aprepitant capsule 40 mg	4	BD
aprepitant capsule 80 mg	4	BD
aprepitant capsule 125 mg	4	BD
chlorpromazine hcl conc 30 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl conc 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 25 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 50 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 100 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 200 mg	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	4	
dronabinol cap 2.5 mg	4	BD
dronabinol cap 5 mg	4	BD
dronabinol cap 10 mg	4	BD
meclizine hcl tab 12.5 mg#	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
meclizine hcl tab 25 mg#	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron orally disintegrating tab 4 mg	3	
ondansetron orally disintegrating tab 8 mg	3	
perphenazine tab 2 mg	4	PA (>=65 yr)
perphenazine tab 4 mg	4	PA (>=65 yr)
perphenazine tab 8 mg	4	PA (>=65 yr)
perphenazine tab 16 mg	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	4	
promethazine hcl oral soln 6.25 mg/5ml#	3	
promethazine hcl tab 12.5 mg#	3	
promethazine hcl tab 25 mg#	3	
promethazine hcl tab 50 mg#	3	
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr), QL (10 patches/30 days)
Medicamentos antimicóticos		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg	5	BD
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	
ciclodan - ciclopirox solution 8%	3	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	3	QL (100 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	3	QL (90 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	3	QL (60 mls/30 days)
ciclopirox solution 8%	3	QL (6.6 mls/30 days)
clotrimazole cream 1%	3	
clotrimazole troche 10 mg	3	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
econazole nitrate cream 1%	4	QL (85 grams/30 days)
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml	4	
fluconazole in nacl 0.9% inj 400 mg/200ml	4	
fluconazole tab 50 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
flucytosine cap 250 mg	5	PA
flucytosine cap 500 mg	5	PA
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg	4	
griseofulvin ultramicrosize tab 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	2	QL (60 grams/30 days)
ketoconazole shampoo 2%	2	QL (120 mls/30 days)
ketoconazole tab 200 mg	2	
klayesta - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
micafungin sodium for iv soln 100 mg	4	
micafungin sodium for iv soln 50 mg	4	
nyamyc - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
nystatin cream 100000 unit/gm	2	QL (60 grams/30 days)
nystatin oint 100000 unit/gm	2	QL (60 grams/30 days)
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	3	
nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
nystop - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
posaconazole tab delayed release 100 mg	4	PA
terbinafine hcl tab 250 mg	2	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%	3	
terconazole vaginal cream 0.8%	3	
terconazole vaginal suppos 80 mg	3	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 mg/ml	5	PA
voriconazole tab 50 mg	4	PA
voriconazole tab 200 mg	4	PA
Agentes contra la gota		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	3	QL (120 tablets/30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid tab 500 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
Agentes contra las migrañas		
dihydroergotamine mesylate nasal spray 4 mg/ml	4	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	5	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl tab 1 mg (base equiv)	3	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg (base equiv)	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	4	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	4	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	3	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 20 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg	2	QL (18 tablets/30 days)
Agentes antimiasténicos		
pyridostigmine bromide tab 60 mg	3	
Medicamentos antimicobacteriales		
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	
ethambutol hcl tab 100 mg	3	
ethambutol hcl tab 400 mg	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	2	
PRETOMANID - pretomanid tab 200 mg	4	
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg	3	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
rifampin cap 300 mg	3	
rifampin for inj 600 mg	4	
rifapentine tab 150 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	5	PA
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	5	PA
Medicamentos antineoplásicos		
abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	3	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	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*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 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)
BEQALZI - sonrotoclax tab 1 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 5 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 20 mg	5	PA, QL (14 tablets/28 days)
BEQALZI - sonrotoclax tab 80 mg	5	PA, QL (120 tablets/30 days)
BEQALZI STARTER PACK - sonrotoclax tab therapy starter pack 1 & 5 & 20 & 80 mg	5	PA, QL (1 pack/28 days)
bexarotene cap 75 mg	5	PA
bexarotene gel 1%	5	PA, QL (60 grams/30 days)
bicalutamide tab 50 mg	3	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 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
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
bosutinib tab 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)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)*	5	PA, QL (30 tablets/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)
CAVHANZA - nilotinib tab disint 60 mg	5	PA, QL (112 tablets/28 days)
CAVHANZA - nilotinib tab disint 80 mg	5	PA, QL (112 tablets/28 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*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent)	5	PA, QL (112 tablets/28 days)
DANZITEN - nilotinib tartrate tab 95 mg (base equivalent)	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	PA, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
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)
erlotinib hcl tab 25 mg (base equivalent)	4	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent)	4	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg (base equivalent)	4	PA, QL (30 tablets/30 days)
ETCAMAH - camizestrant tab 75 mg	5	PA, QL (28 tablets/28 days)
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
exemestane tab 25 mg	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	2	
HYRNUO - sevabertinib tab 10 mg	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 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
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)	3	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)	3	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 (90 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (2 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	5	PA, QL (60 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)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)*	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)
JIDEYTRO - zidesamtinib tab 25 mg	5	PA, QL (90 tablets/30 days)
JIDEYTRO - zidesamtinib tab 100 mg	5	PA, QL (30 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)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 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)
lapatinib ditosylate tab 250 mg (base equiv)	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
lederle leucovorin - leucovorin calcium tab 5 mg	3	
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 20 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 25 mg	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	2	
leucovorin calcium tab 5 mg	3	
leucovorin calcium tab 10 mg	3	
leucovorin calcium tab 15 mg	4	
leucovorin calcium tab 25 mg	4	
LEUKERAN - chlorambucil tab 2 mg	5	

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
lomustine cap 10 mg	4	
lomustine cap 40 mg	4	
lomustine cap 100 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 240 mg*	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
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)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	
mercaptopurine tab 50 mg	3	
mesna tab 400 mg	4	
MIMRYLO - rusfertide acetate for subcutaneous soln 9.5 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 19 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 28 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 41 mg	5	PA, QL (8 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 54 mg	5	PA, QL (8 vials/28 days)
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*	5	PA, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 150 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	PA, QL (3 capsules/28 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
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	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 (base equivalent)*	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg	5	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 150 mg	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 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, QL (60 grams/30 days)
pazopanib hcl tab 200 mg (base equiv)	5	PA, QL (120 tablets/30 days)
PAZOPANIB HYDROCHLORIDE - pazopanib hcl tab 400 mg (base equiv)	5	PA, QL (60 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 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)
pomalidomide cap 1 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 2 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 3 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 4 mg	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RASONQUE - daraxonrasib tab 100 mg	5	PA, QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
RASONQUE - daraxonrasib tab 150 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 120 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 160 mg	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 20 mg	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 30 mg	5	PA, QL (8 capsules/28 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)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)*	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 (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
sorafenib tosylate tab 200 mg (base equivalent)	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 37.5 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 50 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (112 tablets/28 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent)	2	
tamoxifen citrate tab 20 mg (base equivalent)	2	
TEPMETKO - tepotinib hcl tab 225 mg*	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	4	
torpenz - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg	5	PA, QL (60 tablets/30 days)
torpenz - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
tretinoin cap 10 mg	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab therapy pack 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
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 (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg*	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 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)
VEPPANU - vepdegestrant tab 100 mg	5	PA, QL (30 tablets/30 days)
VEPPANU - vepdegestrant tab 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 50 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 80 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	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)
YONSA - abiraterone acetate micronized tab 125 mg*	5	PA, QL (120 tablets/30 days)
yulithira - everolimus tab 2.5 mg	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg	4	PA, QL (60 tablets/30 days)
yulithira - everolimus tab 7.5 mg	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 10 mg	4	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZENBEXUS - iberdomide hydrochloride cap 0.75 mg	5	PA, QL (21 capsules/28 days)
ZENBEXUS - iberdomide hydrochloride cap 1 mg	5	PA, QL (21 capsules/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
Medicamentos antiparasitarios		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate tab 250 mg	4	
chloroquine phosphate tab 500 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	3	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg	4	
LAMPIT - nifurtimox tab 120 mg	4	
mefloquine hcl tab 250 mg	3	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	4	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg	4	PA
Agentes contra la enfermedad de Parkinson		
amantadine hcl cap 100 mg	3	
amantadine hcl soln 50 mg/5ml	3	
benztropine mesylate tab 0.5 mg#	3	PA (>=65 yr)
benztropine mesylate tab 1 mg#	3	PA (>=65 yr)
benztropine mesylate tab 2 mg#	3	PA (>=65 yr)
bromocriptine mesylate cap 5 mg (base equivalent)	4	
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa & levodopa tab 10-100 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv)	4	
rasagiline mesylate tab 1 mg (base equiv)	4	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
Medicamentos antipsicóticos		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
aripiprazole tab 2 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 5 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 15 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 20 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 30 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 5 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 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
clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 50 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 100-20 mg	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 125-30 mg	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg	4	PA (>=65 yr)
fluphenazine hcl tab 2.5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 10 mg	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	3	PA (>=65 yr)
haloperidol tab 0.5 mg	2	PA (>=65 yr)
haloperidol tab 1 mg	2	PA (>=65 yr)
haloperidol tab 2 mg	2	PA (>=65 yr)
haloperidol tab 5 mg	2	PA (>=65 yr)
haloperidol tab 10 mg	2	PA (>=65 yr)
haloperidol tab 20 mg	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg	3	PA (>=65 yr)
loxapine succinate cap 10 mg	3	PA (>=65 yr)
loxapine succinate cap 25 mg	3	PA (>=65 yr)
loxapine succinate cap 50 mg	3	PA (>=65 yr)
lurasidone hcl tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 40 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 60 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
lurasidone hcl tab 120 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
olanzapine tab 2.5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 7.5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg	5	PA (>=65 yr), QL (90 films/30 days)
OPIPZA - aripiprazole oral film 10 mg	5	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
pimozide tab 1 mg	4	PA (>=65 yr)
pimozide tab 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg	2	PA (>=65 yr), QL (120 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
quetiapine fumarate tab 50 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 100 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 2 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg	2	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
risperidone tab 0.5 mg	2	QL (60 tablets/30 days)
risperidone tab 1 mg	2	QL (60 tablets/30 days)
risperidone tab 2 mg	2	QL (60 tablets/30 days)
risperidone tab 3 mg	2	QL (60 tablets/30 days)
risperidone tab 4 mg	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg	3	PA (>=65 yr)
thioridazine hcl tab 25 mg	3	PA (>=65 yr)
thioridazine hcl tab 50 mg	3	PA (>=65 yr)
thioridazine hcl tab 100 mg	3	PA (>=65 yr)
thiothixene cap 1 mg	4	PA (>=65 yr)
thiothixene cap 2 mg	4	PA (>=65 yr)
thiothixene cap 5 mg	4	PA (>=65 yr)
thiothixene cap 10 mg	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 2 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 5 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 10 mg (base equivalent)	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 0.75 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg	4	QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg	4	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg	4	QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg	4	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
Agentes antiespasmódicos		
baclofen tab 10 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
baclofen tab 20 mg	2	
dantrolene sodium cap 25 mg	4	
dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 100 mg	4	
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
Medicamentos antivirales		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	2	
acyclovir oint 5%	4	PA, QL (30 grams/30 days)
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv)	4	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
BIXLENVO - bictegravir sodium-lenacapavir sodium tab 75-50 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
darunavir tab 600 mg	4	QL (60 tablets/30 days)
darunavir tab 800 mg	4	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	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5	QL (180 tablets/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg	4	
entecavir tab 1 mg	4	
etravirine tab 100 mg	4	QL (60 tablets/30 days)
etravirine tab 200 mg	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
famciclovir tab 125 mg	3	
famciclovir tab 250 mg	3	
famciclovir tab 500 mg	3	
fosamprenavir calcium tab 700 mg (base equiv)	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg	5	QL (60 tablets/30 days)
maraviroc tab 300 mg	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tablets/30 days)
nevirapine tab 200 mg	3	QL (60 tablets/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)
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate cap 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
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)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ribavirin tab 200 mg	4	
rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
ritonavir tab 100 mg	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf 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)
SUNLENCA - lenacapavir sodium tab 300 mg	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	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	4	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg	3	
valacyclovir hcl tab 1 gm	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
valganciclovir hcl tab 450 mg (base equivalent)	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	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	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 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	3	QL (60 tablets/30 days)
Medicamentos ansiolíticos		
alprazolam tab 0.25 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 0.5 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 1 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 2 mg	2	PA, QL (150 tablets/30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 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
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 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	2	QL (120 tablets/30 days)
clonazepam tab 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	4	PA, QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 5 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 10 mg	2	PA, QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg#	4	PA (>=65 yr)
hydroxyzine hcl tab 25 mg#	4	PA (>=65 yr)
hydroxyzine hcl tab 50 mg#	4	PA (>=65 yr)
lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
Agentes bipolares		
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	2	
lithium carbonate cap 600 mg	2	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium carbonate tab 300 mg	2	
lithium oral solution 8 meq/5ml	4	
Reguladores de la glucosa en sangre		
acarbose tab 25 mg	2	QL (360 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	3	QL (30 tablets/30 days)
dapagliflozin tab 5 mg	1	QL (30 tablets/30 days)
dapagliflozin tab 10 mg	1	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FARXIGA - dapagliflozin tab 5 mg	3	QL (30 tablets/30 days)
FARXIGA - dapagliflozin tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
glimepiride tab 1 mg#	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide xl - glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tablets/30 days)
glyburide tab 1.25 mg#	2	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	2	QL (240 tablets/30 days)
glyburide tab 5 mg#	2	QL (120 tablets/30 days)
glyburide-metformin tab 1.25-250 mg#	1	QL (240 tablets/30 days)
glyburide-metformin tab 2.5-500 mg#	1	QL (120 tablets/30 days)
glyburide-metformin tab 5-500 mg#	1	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	3	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/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
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/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)$	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml $	3	QL (20 pens/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)
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 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 LISPRO - insulin lispro inj soln 100 unit/ml$	3	QL (60 mls/30 days)
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)$	3	QL (20 pens/30 days)
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)$	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
JARDIANCE - empagliflozin tab 10 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	3	QL (60 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
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 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)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 7.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 10 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 12.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	3	QL (180 tablets/30 days)
nateglinide tab 120 mg	3	QL (90 tablets/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml$	4	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml$	4	QL (20 pens/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 4 mg	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 9 mg	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv)	1	QL (30 tablets/30 days)
pioglitazone hcl tab 45 mg (base equiv)	1	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
pioglitazone hcl-glimepiride tab 30-2 mg#	3	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-4 mg#	3	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	3	QL (90 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	3	QL (90 tablets/30 days)
repaglinide tab 0.5 mg	1	QL (960 tablets/30 days)
repaglinide tab 1 mg	1	QL (480 tablets/30 days)
repaglinide tab 2 mg	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 50 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 100 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml$	3	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 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)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 1.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml	3	PA, QL (4 pens/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TRULICITY - dulaglutide soln auto-injector 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
Hemoderivados y modificadores		
anagrelide hcl cap 0.5 mg	3	
anagrelide hcl cap 1 mg	3	
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3	QL (120 capsules/30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3	QL (60 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 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)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	5	PA
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	PA
eltrombopag olamine tab 12.5 mg (base equiv)	5	PA
eltrombopag olamine tab 25 mg (base equiv)	5	PA
eltrombopag olamine tab 50 mg (base equiv)	5	PA
eltrombopag olamine tab 75 mg (base equiv)	5	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 100 mg/ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 150 mg/ml	4	QL (30 syringes/90 days)
heparin sodium (porcine) inj 1000 unit/ml	3	
heparin sodium (porcine) inj 5000 unit/ml	3	
heparin sodium (porcine) inj 10000 unit/ml	3	
heparin sodium (porcine) inj 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg	1	
jantoven - warfarin sodium tab 2 mg	1	
jantoven - warfarin sodium tab 2.5 mg	1	
jantoven - warfarin sodium tab 3 mg	1	
jantoven - warfarin sodium tab 4 mg	1	
jantoven - warfarin sodium tab 5 mg	1	
jantoven - warfarin sodium tab 6 mg	1	
jantoven - warfarin sodium tab 7.5 mg	1	
jantoven - warfarin sodium tab 10 mg	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
prasugrel hcl tab 5 mg (base equiv)	3	
prasugrel hcl tab 10 mg (base equiv)	3	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg	4	
ticagrelor tab 90 mg	4	
tranexamic acid tab 650 mg	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
XARELTO - rivaroxaban tab 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)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5	PA
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5	PA
Agentes cardiovasculares		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg	3	
acetazolamide tab 250 mg	3	
aliskiren fumarate tab 150 mg (base equivalent)	3	QL (30 tablets/30 days)
aliskiren fumarate tab 300 mg (base equivalent)	3	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 200 mg	2	
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	3	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	3	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	3	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	3	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	3	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 20 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
betaxolol hcl tab 10 mg	3	
betaxolol hcl tab 20 mg	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
bumetanide tab 2 mg	1	
candesartan cilexetil tab 4 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	1	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	3	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	3	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	3	QL (30 tablets/30 days)
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg	2	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
cholestyramine light powder packets 4 gm	4	
cholestyramine light powder 4 gm/dose	4	
cholestyramine powder packets 4 gm	4	
cholestyramine powder 4 gm/dose	4	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	4	
clonidine td patch weekly 0.2 mg/24hr	4	
clonidine td patch weekly 0.3 mg/24hr	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
digoxin tab 125 mcg (0.125 mg)#	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg	2	
dilt-xr - diltiazem hcl cap er 24hr 180 mg	2	
dilt-xr - diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab er 24hr 120 mg	3	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
dofetilide cap 125 mcg (0.125 mg)	4	
dofetilide cap 250 mcg (0.25 mg)	4	
dofetilide cap 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg	2	QL (60 tablets/30 days)
droxidopa cap 100 mg	4	PA
droxidopa cap 200 mg	4	PA
droxidopa cap 300 mg	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	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
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg	2	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
fenofibrate micronized cap 67 mg	3	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg	3	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg	3	QL (30 capsules/30 days)
fenofibrate tab 48 mg	3	QL (60 tablets/30 days)
fenofibrate tab 54 mg	3	QL (60 tablets/30 days)
fenofibrate tab 145 mg	3	QL (30 tablets/30 days)
fenofibrate tab 160 mg	3	QL (30 tablets/30 days)
FILSPARI - sparsentan tab 200 mg	5	PA, QL (30 tablets/30 days)
FILSPARI - sparsentan tab 400 mg	5	PA, QL (60 tablets/30 days)
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
fluvastatin sodium cap 20 mg (base equivalent)	3	QL (60 capsules/30 days)
fluvastatin sodium cap 40 mg (base equivalent)	3	QL (60 capsules/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
gemfibrozil tab 600 mg	2	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg#	3	
guanfacine hcl tab 2 mg#	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
irbesartan tab 75 mg	1	QL (30 tablets/30 days)
irbesartan tab 150 mg	1	QL (30 tablets/30 days)
irbesartan tab 300 mg	1	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg	3	
isosorbide dinitrate tab 10 mg	3	
isosorbide dinitrate tab 20 mg	3	
isosorbide dinitrate tab 30 mg	3	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
ivabradine hcl tab 5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
ivabradine hcl tab 7.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg	4	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	4	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 40 mg	4	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	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
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg	1	QL (60 tablets/30 days)
losartan potassium tab 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg	1	QL (60 tablets/30 days)
lovastatin tab 20 mg	1	QL (60 tablets/30 days)
lovastatin tab 40 mg	1	QL (60 tablets/30 days)
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
metolazone tab 2.5 mg	4	
metolazone tab 5 mg	4	
metolazone tab 10 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
metyrosine cap 250 mg	5	PA, QL (480 capsules/30 days)
midodrine hcl tab 2.5 mg	4	
midodrine hcl tab 5 mg	4	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
nebivolol hcl tab 2.5 mg (base equivalent)	4	
nebivolol hcl tab 5 mg (base equivalent)	4	
nebivolol hcl tab 10 mg (base equivalent)	4	
nebivolol hcl tab 20 mg (base equivalent)	4	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	2	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
niacin tab er 1000 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg	3	
nifedipine tab er 24hr 60 mg	3	
nifedipine tab er 24hr 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg	3	
nifedipine tab er 24hr osmotic release 60 mg	3	
nifedipine tab er 24hr osmotic release 90 mg	3	
nimodipine cap 30 mg	4	
nitro-bid - nitroglycerin oint 2%	4	
nitroglycerin oint 0.4%	4	
nitroglycerin oint 2%	4	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	3	
nitroglycerin td patch 24hr 0.2 mg/hr	3	
nitroglycerin td patch 24hr 0.4 mg/hr	3	
nitroglycerin td patch 24hr 0.6 mg/hr	3	
olmesartan medoxomil tab 5 mg	1	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil tab 40 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	3	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	3	QL (120 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
pacerone - amiodarone hcl tab 200 mg	2	
pentoxifylline tab er 400 mg	2	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg	3	
pindolol tab 10 mg	3	
pravastatin sodium tab 10 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
prevalite - cholestyramine light powder packets 4 gm	4	
prevalite - cholestyramine light powder 4 gm/dose	4	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	3	
propafenone hcl tab 225 mg	3	
propafenone hcl tab 300 mg	3	
propranolol hcl cap er 24hr 60 mg	4	
propranolol hcl cap er 24hr 80 mg	4	
propranolol hcl cap er 24hr 120 mg	4	
propranolol hcl cap er 24hr 160 mg	4	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	4	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
ranolazine tab er 12hr 500 mg	4	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	1	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
simvastatin tab 5 mg	1	QL (45 tablets/30 days)
simvastatin tab 10 mg	1	QL (45 tablets/30 days)
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 40 mg	1	QL (45 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
telmisartan tab 20 mg	1	QL (30 tablets/30 days)
telmisartan tab 40 mg	1	QL (30 tablets/30 days)
telmisartan tab 80 mg	1	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	3	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	2	
timolol maleate tab 5 mg	4	
timolol maleate tab 10 mg	4	
timolol maleate tab 20 mg	4	
torsemide tab 5 mg	2	
torsemide tab 10 mg	2	
torsemide tab 20 mg	2	
torsemide tab 100 mg	2	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
trandolapril-verapamil hcl tab er 4-240 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
valsartan tab 40 mg	1	QL (60 tablets/30 days)
valsartan tab 80 mg	1	QL (60 tablets/30 days)
valsartan tab 160 mg	1	QL (60 tablets/30 days)
valsartan tab 320 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 180 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg	4	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	4	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	4	QL (30 tablets/30 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 4 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 9 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	3	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml	3	PA, QL (4 pens/28 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml	3	PA, QL (4 pens/28 days)
Agentes del sistema nervioso central		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv)	4	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg (base equiv)	4	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg (base equiv)	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
clonidine hcl tab er 12hr 0.1 mg	4	QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dalfampridine tab er 12hr 10 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 2.5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	4	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 4 mg (base equiv)#	3	QL (30 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab er 20 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	3	PA, QL (90 tablets/30 days)
riluzole tab 50 mg	4	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	4	PA, QL (120 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
Agentes dentales y orales		
chlorhexidine gluconate soln 0.12%	2	
kourzeq - triamcinolone acetonide dental paste 0.1%	3	
oralone dental paste - triamcinolone acetonide dental paste0.1%	3	
periogard - chlorhexidine gluconate soln 0.12%	2	
pilocarpine hcl tab 5 mg	4	
pilocarpine hcl tab 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	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
Agentes dermatológicos		
accutane - isotretinoin cap 10 mg	4	PA
accutane - isotretinoin cap 20 mg	4	PA
accutane - isotretinoin cap 30 mg	4	PA
accutane - isotretinoin cap 40 mg	4	PA
acitretin cap 10 mg	4	PA
acitretin cap 17.5 mg	4	PA
acitretin cap 25 mg	4	PA
ala-cort - hydrocortisone cream 1%	2	
alclometasone dipropionate cream 0.05%	3	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg	4	PA
amnesteem - isotretinoin cap 20 mg	4	PA
amnesteem - isotretinoin cap 30 mg	4	PA
amnesteem - isotretinoin cap 40 mg	4	PA
azelaic acid gel 15%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
calcitrene - calcipotriene oint 0.005%	4	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg	4	PA
claravis - isotretinoin cap 20 mg	4	PA
claravis - isotretinoin cap 30 mg	4	PA
claravis - isotretinoin cap 40 mg	4	PA
clobetasol propionate cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	4	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	4	QL (210 grams/28 days)
clobetasol propionate soln 0.05%	4	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	
desonide oint 0.05%	4	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	4	PA
EUCRISA - crisaborole oint 2%	4	PA, QL (120 grams/30 days)
fluocinolone acetonide cream 0.01%	4	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025%	4	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	4	QL (120 mls/30 days)
fluocinonide cream 0.05%	3	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)
fluocinonide oint 0.05%	3	QL (120 grams/30 days)
fluocinonide soln 0.05%	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	QL (10 mls/30 days)
fluorouracil cream 5%	3	QL (40 grams/30 days)
fluorouracil soln 5%	3	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	2	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	4	
gentamicin sulfate oint 0.1%	4	
halobetasol propionate cream 0.05%	4	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	4	QL (200 grams/28 days)
hydrocortisone cream 1%	2	
hydrocortisone cream 2.5%	2	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	QL (454 grams/30 days)
imiquimod cream 5%	3	PA
isotretinoin cap 10 mg	4	PA
isotretinoin cap 20 mg	4	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
isotretinoin cap 25 mg	4	PA
isotretinoin cap 30 mg	4	PA
isotretinoin cap 35 mg	4	PA
isotretinoin cap 40 mg	4	PA
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	3	
malathion lotion 0.5%	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	2	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA, QL (1 pack/180 days)
permethrin cream 5%	3	
podofilox soln 0.5%	4	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	2	
ssd - silver sulfadiazine cream 1%	2	
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%	4	PA, QL (120 grams/30 days)
tacrolimus oint 0.1%	4	PA, QL (120 grams/30 days)
tazarotene cream 0.1%	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%	4	PA, QL (45 grams/30 days)
tretinoin cream 0.05%	4	PA, QL (45 grams/30 days)
tretinoin cream 0.1%	4	PA, QL (45 grams/30 days)
tretinoin gel 0.01%	4	PA, QL (45 grams/30 days)
tretinoin gel 0.025%	4	PA, QL (45 grams/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
triamcinolone acetonide cream 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%	3	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%	3	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg	4	PA
zenatane - isotretinoin cap 20 mg	4	PA
zenatane - isotretinoin cap 30 mg	4	PA
zenatane - isotretinoin cap 40 mg	4	PA
Electrolitos/Minerales/Metales/Vitaminas		
calcium acetate (phosphate binder) tab 667 mg	3	
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox tab for oral susp 500 mg	5	PA
deferasirox tab 90 mg	3	PA
deferasirox tab 180 mg	4	PA
deferasirox tab 360 mg	4	PA
dextrose inj 10%	4	
dextrose inj 5%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	3	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	2	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	2	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	2	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	2	
klor-con 10 - potassium chloride tab er 10 meq	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3	QL (90 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3	QL (34 packets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	4	
potassium chloride oral soln 20% (40 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
potassium citrate tab er 5 meq (540 mg)	4	
potassium citrate tab er 10 meq (1080 mg)	4	
potassium citrate tab er 15 meq (1620 mg)	4	
sevelamer carbonate tab 800 mg	4	
sodium chloride iv soln 0.9%	4	
sodium chloride iv soln 0.45%	4	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp 15 gm/60ml	3	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	3	
tolvaptan tab 15 mg	5	PA, QL (120 tablets/30 days)
tolvaptan tab 30 mg	5	PA, QL (120 tablets/30 days)
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Agentes gastrointestinales		
alosetron hcl tab 0.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg (base equiv)	4	PA, QL (60 tablets/30 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
cimetidine tab 200 mg	3	
cimetidine tab 300 mg	3	
cimetidine tab 400 mg	3	
cimetidine tab 800 mg	3	
constulose - lactulose solution 10 gm/15ml	2	
CTEXLI - chenodiol (basds) tab 250 mg	5	PA, QL (90 tablets/30 days)
dicyclomine hcl cap 10 mg#	4	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	4	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	2	
esomeprazole magnesium cap delayed release 20 mg (base eq)	3	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	3	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml	4	
famotidine tab 20 mg	2	
famotidine tab 40 mg	2	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	2	
glycopyrrolate tab 1 mg	3	
glycopyrrolate tab 2 mg	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	3	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	3	QL (60 capsules/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
misoprostol tab 100 mcg	3	
misoprostol tab 200 mcg	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	3	QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
nizatidine cap 150 mg	4	
nizatidine cap 300 mg	4	
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tablets/30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
rabeprazole sodium ec tab 20 mg	3	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate tab 1 gm	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	4	
ursodiol tab 500 mg	4	
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Trastorno genético o relacionado con las enzimas o las proteínas: Reemplazo, modificadores,tratamien		
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	5	PA, QL (112 tablets/28 days)
betaine powder for oral solution	5	
cromolyn sodium oral conc 100 mg/5ml	4	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
glutamine (sickle cell) powd pack 5 gm	5	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
levocarnitine tab 330 mg	4	
nitisinone cap 2 mg	5	PA
nitisinone cap 5 mg	5	PA
nitisinone cap 10 mg	5	PA
nitisinone cap 20 mg	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 20 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg*	5	PA, QL (14 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	PA
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA, QL (3 bottles/30 days)
sodium phenylbutyrate tab 500 mg	5	PA, QL (1200 tablets/30 days)
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg*	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 75 mg*	5	PA, QL (120 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Agentes genitourinarios		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg	3	
bethanechol chloride tab 10 mg	3	
bethanechol chloride tab 25 mg	3	
bethanechol chloride tab 50 mg	3	
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
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	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg	2	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg	4	PA, QL (30 tablets/30 days)
tadalafil tab 5 mg	4	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	2	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg	4	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg	4	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg	4	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg	4	QL (60 tablets/30 days)
Agentes hormonales, estimulantes/sustitutos/modificadores (suprarrenal)		
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	4	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	4	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3	
prednisolone soln 15 mg/5ml	4	
prednisone oral soln 5 mg/5ml	4	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	2	
prednisone tab 5 mg	2	
prednisone tab 10 mg	2	
prednisone tab 20 mg	2	
prednisone tab 50 mg	2	
TARPEYO - budesonide delayed release cap 4 mg*	5	PA
Agentes hormonales, estimulantes/sustitutos/modificadores (pituitarios)		
desmopressin acetate nasal spray soln 0.01%	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	
desmopressin acetate tab 0.1 mg	3	
desmopressin acetate tab 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	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
Agentes hormonales, estimulantes/sustitutos/modificadores (hormonas/modificadores sexuales)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg#	3	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	3	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	3	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	3	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	3	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
camila - norethindrone tab 0.35 mg	3	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	QL (8 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	QL (8 patches/28 days)
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	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
danazol cap 50 mg	4	PA
danazol cap 100 mg	4	PA
danazol cap 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
deblitane - norethindrone tab 0.35 mg	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
dotti - estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	3	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
errin - norethindrone tab 0.35 mg	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	3	
estradiol & norethindrone acetate tab 1-0.5 mg#	3	
estradiol tab 0.5 mg#	1	
estradiol tab 1 mg#	1	
estradiol tab 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	3	QL (30 packets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
estradiol td gel 0.5 mg/0.5gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 0.75 mg/0.75gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 1 mg/gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 1.25 mg/1.25gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.05 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.06 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.075 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.1 mg/24hr#	3	QL (4 patches/28 days)
estradiol vaginal cream 0.01%	3	QL (6 tubes/365 days)
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 10 mg/ml	4	
estradiol valerate im in oil 20 mg/ml	4	
estradiol valerate im in oil 40 mg/ml	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
gallifrey - norethindrone acetate tab 5 mg	3	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	3	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
heather - norethindrone tab 0.35 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
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
incassia - norethindrone tab 0.35 mg	3	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	3	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
jencycla - norethindrone tab 0.35 mg	3	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	3	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	3	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
lyleq - norethindrone tab 0.35 mg	3	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
lyza - norethindrone tab 0.35 mg	3	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg	2	
medroxyprogesterone acetate tab 5 mg	2	
medroxyprogesterone acetate tab 10 mg	2	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg#	3	
megestrol acetate tab 40 mg#	3	
meleya - norethindrone tab 0.35 mg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	3	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
nora-be - norethindrone tab 0.35 mg	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
norethindrone acetate tab 5 mg	3	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
norlyroc - norethindrone tab 0.35 mg	3	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	3	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
orquidea - norethindrone tab 0.35 mg	3	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
progesterone cap 100 mg	2	
progesterone cap 200 mg	2	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
sharobel - norethindrone tab 0.35 mg	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (1 vial/28 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/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)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
yuvafem - estradiol vaginal tab 10 mcg	4	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	3	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
Agentes hormonales, estimulantes/sustitutos/modificadores (tiroides)		
levo-t - levothyroxine sodium tab 25 mcg	3	
levo-t - levothyroxine sodium tab 50 mcg	3	
levo-t - levothyroxine sodium tab 75 mcg	3	
levo-t - levothyroxine sodium tab 88 mcg	3	
levo-t - levothyroxine sodium tab 100 mcg	3	
levo-t - levothyroxine sodium tab 112 mcg	3	
levo-t - levothyroxine sodium tab 125 mcg	3	
levo-t - levothyroxine sodium tab 137 mcg	3	
levo-t - levothyroxine sodium tab 150 mcg	3	
levo-t - levothyroxine sodium tab 175 mcg	3	
levo-t - levothyroxine sodium tab 200 mcg	3	
levo-t - levothyroxine sodium tab 300 mcg	3	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg	3	
levoxyl - levothyroxine sodium tab 50 mcg	3	
levoxyl - levothyroxine sodium tab 75 mcg	3	
levoxyl - levothyroxine sodium tab 88 mcg	3	
levoxyl - levothyroxine sodium tab 100 mcg	3	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
levoxyl - levothyroxine sodium tab 112 mcg	3	
levoxyl - levothyroxine sodium tab 125 mcg	3	
levoxyl - levothyroxine sodium tab 137 mcg	3	
levoxyl - levothyroxine sodium tab 150 mcg	3	
levoxyl - levothyroxine sodium tab 175 mcg	3	
levoxyl - levothyroxine sodium tab 200 mcg	3	
liomny - liothyronine sodium tab 5 mcg	2	
liomny - liothyronine sodium tab 25 mcg	2	
liomny - liothyronine sodium tab 50 mcg	2	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	
liothyronine sodium tab 50 mcg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 mcg	4	
SYNTHROID - levothyroxine sodium tab 88 mcg	4	
SYNTHROID - levothyroxine sodium tab 100 mcg	4	
SYNTHROID - levothyroxine sodium tab 112 mcg	4	
SYNTHROID - levothyroxine sodium tab 125 mcg	4	
SYNTHROID - levothyroxine sodium tab 137 mcg	4	
SYNTHROID - levothyroxine sodium tab 150 mcg	4	
SYNTHROID - levothyroxine sodium tab 175 mcg	4	
SYNTHROID - levothyroxine sodium tab 200 mcg	4	
SYNTHROID - levothyroxine sodium tab 300 mcg	4	
unithroid - levothyroxine sodium tab 25 mcg	3	
unithroid - levothyroxine sodium tab 50 mcg	3	
unithroid - levothyroxine sodium tab 75 mcg	3	
unithroid - levothyroxine sodium tab 88 mcg	3	
unithroid - levothyroxine sodium tab 100 mcg	3	
unithroid - levothyroxine sodium tab 112 mcg	3	
unithroid - levothyroxine sodium tab 125 mcg	3	
unithroid - levothyroxine sodium tab 137 mcg	3	
unithroid - levothyroxine sodium tab 150 mcg	3	
unithroid - levothyroxine sodium tab 175 mcg	3	
unithroid - levothyroxine sodium tab 200 mcg	3	
unithroid - levothyroxine sodium tab 300 mcg	3	
Agentes hormonales, supresores (suprarrenales o hipofisiarios)		
cabergoline tab 0.5 mg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA, QL (2 kits/28 days)
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	5	PA, QL (27 capsules/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (18 vials/30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	PA, QL (90 vials/30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 15 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 25 mg (as protein)*	5	PA, QL (30 vials/30 days)
Agentes hormonales, supresores (tiroides)		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Agentes inmunológicos		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml+	1	QL (1 vaccine/lifetime)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
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 +	1	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml +	1	
ARCALYST - rilonacept for inj 220 mg*	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml+	1	QL (1 vaccine/ lifetime; >=18 yr)
azathioprine tab 50 mg	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg+	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe+	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml+	1	
CIBINQO - abrocitinib tab 50 mg	5	PA, QL (30 tablets/30 days)
CIBINQO - abrocitinib tab 100 mg	5	PA, QL (30 tablets/30 days)
CIBINQO - abrocitinib tab 200 mg	5	PA, QL (30 tablets/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg	4	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
cyclosporine cap 100 mg	4	BD
cyclosporine modified cap 25 mg	4	BD
cyclosporine modified cap 50 mg	4	BD
cyclosporine modified cap 100 mg	4	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml+	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml+	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml+	1	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp+	1	
everolimus tab 0.25 mg	4	BD
everolimus tab 0.5 mg	5	BD
everolimus tab 0.75 mg	5	BD
everolimus tab 1 mg	5	BD
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA

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GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp+	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr+	1	
gengraf - cyclosporine modified cap 25 mg	4	BD
gengraf - cyclosporine modified cap 100 mg	4	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	4	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	4	PA, QL (6 pens/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	4	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	1	
HAVRIX - hepatitis a vaccine susp prefilled syr 1440 el unit/ml+	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml+	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp+	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp+	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj+	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml+	1	BD

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
leflunomide tab 10 mg	3	QL (30 tablets/30 days)
leflunomide tab 20 mg	3	QL (30 tablets/30 days)
M-M-R II - measles-mumps-rubella virus vaccines for inj soln+	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine+	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj+	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln+	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml +	1	QL (1 vaccine/ lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	4	BD
mycophenolate mofetil tab 500 mg	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	BD
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	BD
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	5	PA, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	5	PA, QL (2 syringes/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	5	PA, QL (1 syringe/28 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days)
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj+	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj+	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp+	1	
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj+	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml+	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml+	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml+	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml+	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml+	1	BD
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	3	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml+	1	QL (2 vaccines/ lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml+	1	QL (2 vaccines/ lifetime; >=18 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	4	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	PA, QL (4 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	5	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
sirolimus oral soln 1 mg/ml	4	BD
sirolimus tab 0.5 mg	4	BD
sirolimus tab 1 mg	4	BD
sirolimus tab 2 mg	4	BD
tacrolimus cap 0.5 mg	4	BD
tacrolimus cap 1 mg	4	BD
tacrolimus cap 5 mg	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml+	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	1	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml+	1	
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	PA, QL (1 bottle/24 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tablets/30 days)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	PA, QL (30 tablets/30 days)
tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tablets/30 days)
tofacitinib citrate tab 10 mg (base equivalent)	5	PA, QL (60 tablets/30 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr+	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml+	1	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml+	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml+	1	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml	1	
VAQTA - hepatitis a vaccine susp prefilled syr 50 unit/ml+	1	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml+	1	
VAXCHORA - cholera vaccine live attenuated for oral susp+	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VELSIPITY - etrasimod arginine tab 2 mg	5	PA, QL (30 tablets/30 days)
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml+	1	
VIVOTIF - typhoid vaccine cap delayed release+	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	5	PA
YESINTEK - ustekinumab-kfce iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
YF-VAX - yellow fever vaccine for subcutaneous suspension+	1	
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	5	PA, QL (2 syringes/28 days)
Agentes para tratar la enfermedad inflamatoria intestinal		
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	4	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	4	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	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
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Agentes para tratar la enfermedad ósea metabólica		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg	1	QL (4 tablets/28 days)
BILDYOS - denosumab-nxxp inj soln prefilled syringe 60 mg/ml	4	PA, QL (1 syringe/180 days)
BILPREVDA - denosumab-nxxp inj 120 mg/1.7ml	5	PA, QL (3 vials/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
calcitonin (salmon) nasal soln 200 unit/act	3	
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 60 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	PA, QL (120 tablets/30 days)
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
paricalcitol cap 1 mcg	4	
paricalcitol cap 2 mcg	4	
paricalcitol cap 4 mcg	4	
risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
risedronate sodium tab 5 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 30 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	3	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
Agentes oftálmicos		
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
betaxolol hcl ophth soln 0.5%	3	
bimatoprost ophth soln 0.03%	3	QL (15 mls/75 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
brimonidine tartrate ophth soln 0.15%	4	
brimonidine tartrate ophth soln 0.2%	2	
carteolol hcl ophth soln 1%	2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
cromolyn sodium ophth soln 4%	2	
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	2	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	3	
erythromycin ophth oint 5 mg/gm	2	
fluorometholone ophth susp 0.1%	3	
flurbiprofen sodium ophth soln 0.03%	3	
gentamicin sulfate ophth soln 0.3%	2	
ketorolac tromethamine ophth soln 0.4%	3	
ketorolac tromethamine ophth soln 0.5%	2	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	4	
NATACYN - natamycin ophth susp 5%	4	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
pilocarpine hcl ophth soln 1%	3	
pilocarpine hcl ophth soln 2%	3	
pilocarpine hcl ophth soln 4%	3	
polycin - bacitracin-polymyxin b ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
RESTASIS - cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
sulfacetamide sodium ophth soln 10%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%	3	
timolol maleate ophth gel forming soln 0.5%	3	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%	5	PA
Agentes óticos		
acetic acid otic soln 2%	2	
flac - fluocinolone acetonide (otic) oil 0.01%	4	
fluocinolone acetonide (otic) oil 0.01%	4	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	3	
Agentes para el tracto respiratorio/pulmonar		
acetylcysteine inhal soln 10%	3	BD
acetylcysteine inhal soln 20%	3	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	3	BD
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	3	BD
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	3	BD
albuterol sulfate syrup 2 mg/5ml	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
albuterol sulfate tab 2 mg	4	
albuterol sulfate tab 4 mg	4	
*ambrisentan tab 5 mg**	4	PA, QL (30 tablets/30 days)
*ambrisentan tab 10 mg**	4	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	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
budesonide inhalation susp 0.25 mg/2ml	4	BD
budesonide inhalation susp 0.5 mg/2ml	4	BD
budesonide inhalation susp 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA, QL (84 vials/56 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
desloratadine tab 5 mg	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick 0.3 mg/0.3 ml)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)	3	QL (4 pens/28 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	2	QL (2 inhalers/30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	2	QL (1 inhaler/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 inhaler/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	3	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	BD
KALYDECO - ivacaftor packet 5.8 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg	2	
montelukast sodium chew tab 4 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium chew tab 5 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium oral granules packet 4 mg (base equiv)	4	QL (30 packets/30 days)
montelukast sodium tab 10 mg (base equiv)	2	QL (30 tablets/30 days)
nintedanib esylate cap 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
nintedanib esylate cap 150 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
NUCALA - mepolizumab for inj 100 mg*	5	PA, QL (3 vials/28 days)
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*	5	PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml*	5	PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml*	5	PA, QL (3 syringes/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
pirfenidone cap 267 mg	3	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	3	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 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)
tadalafil tab 20 mg (pah)	4	PA, QL (60 tablets/30 days)
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab er 24hr 400 mg	3	
theophylline tab er 24hr 600 mg	3	
tiotropium bromide inhal cap 18 mcg (base equiv)	3	QL (30 capsules/30 days)
TOBI PODHALER - tobramycin inhal cap 28 mg	5	PA, QL (224 capsules/56 days)
tobramycin nebu soln 300 mg/5ml	5	BD, PA, QL (56 ampules/56 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 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)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg	5	PA, QL (1 kit/21 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 60 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 45 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 60 mg	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 inhaler/30 days)
zafirlukast tab 10 mg	4	QL (60 tablets/30 days)
zafirlukast tab 20 mg	4	QL (60 tablets/30 days)
Relajantes de los músculos esqueléticos		
cyclobenzaprine hcl tab 5 mg#	2	
cyclobenzaprine hcl tab 10 mg#	2	
methocarbamol tab 500 mg#	3	
methocarbamol tab 750 mg#	3	
Agentes para tratar los trastornos del sueño		
armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	4	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	4	QL (30 tablets/30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	4	QL (30 tablets/30 days)
eszopiclone tab 1 mg#	3	QL (30 tablets/30 days)
eszopiclone tab 2 mg#	3	QL (30 tablets/30 days)
eszopiclone tab 3 mg#	3	QL (30 tablets/30 days)
modafinil tab 100 mg	3	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	4	QL (30 tablets/30 days)
sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	5	PA, QL (30 capsules/30 days)
zaleplon cap 5 mg#	3	QL (30 capsules/30 days)
zaleplon cap 10 mg#	3	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg#	2	QL (30 tablets/30 days)
zolpidem tartrate tab 10 mg#	2	QL (30 tablets/30 days)

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abacavir sulfate-lamivudine tab 600-300 mg....42
abacavir sulfate soln 20 mg/ml (base equiv)....42
abacavir sulfate tab 300 mg (base equiv)....42
abigale - estradiol & norethindrone acetate tab 1-0.5 mg....76
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Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-639-2227 (TTY/TDD: 711).

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-639-2227 (TTY/TDD: 711).

Khmer សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសា តតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយតតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-639-2227 (TTY/TDD: 711).

French ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-639-2227 (TTY/TDD: 711).

Italian ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-800-639-2227 (TTY/TDD: 711) .

Laos ຊຶ່ນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-639-2227 (TTY/TDD: 711).

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-639-2227 (TTY/TDD: 711).

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-639-2227 (TTY/TDD: 711).

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-639-2227 (Người khuyết tật: TTY/TDD: 711).

Liberian Bassa DYÉ-GBO-DÈ-ĐÈ: Ɔ jù ké m̀ dyi Ɓăsɔ́ɔ̀-wùdù Bassa po-nyɔ̀ jùìn, wuɖu-xwíníín-mú-zà-zà ɓě nì ɓó m̀ bìì. Gbo-kpá-sɔ̰̀ tɔ̀ɔ̀ ɓě ɓó bɔ̰̌ ɓě tò jè ɖé céè-dyèɖè kò-kò ɓě múɛɛ nì ɓó ɖekè, ké ɔ se wíɖí-péè-péè ɖò kɔ̰̀. Đá 1-800-639-2227 (TTY/TDD: 711).

Ibo IHE ỊLEBA-ANYA: Ọ bụrụ na ị na-asụ igbo, ị ga-enweta enyemaka asụsụ n'efu. A ga-enyekwa gi enyemaka na ọrụ ndị ọzọ kwesịrị ekwesị iji nye gi ihe ọmụma n'ụdị ndị dị mfe ma nweta ya n'efu. Kpọọ 1-800-639-2227 (TTY/TDD: 711).

Yoruba KÉRE O: Bí o bá sọ Yorùbá, àwọn iṣẹ èdè ọlọ́fẹ wà fún ẹ. Àwọn amúgbálẹ́gbẹ̀ẹ́ ìrànlọ́wọ́ àti iṣẹ́ láti pèsè àlàyé ní ọ̀nà alárọ̀wọ́tó wà lọ́fẹ́-lófo. Pe 1-800-639-2227 (TTY/TDD: 711).

Polish UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-639-2227 (TTY/TDD: 711).

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-639-2227 (TTY/TDD: 711).

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-639-2227 (TTY/TDD: 711).

Blue Cross Blue Shield of Rhode Island

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Este formulario se actualizó el 10/15/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Equipo de ayuda personalizada de BlueCHiP for Medicare de Blue Cross & Blue Shield of Rhode Island al (401) 277-2958 o al 1-800-267-0439 (los usuarios de TTY deben llamar al 711) del 1.º de octubre al 31 de marzo, los siete días de la semana, de 8:00 a. m. a 8:00 p. m.; del 1.º de abril al 30 de septiembre, puede llamar de lunes a viernes, de 8:00 a. m. a 8:00 p. m.; los sábados puede llamar desde las 8:00 a. m. hasta el mediodía, o visite bcbsri.com/Medicare. Fuera de este horario puede utilizar nuestro sistema de respuesta automatizada.

Este formulario se actualizó el 10/15/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Equipo de ayuda personalizada de HealthMate Coast-to-Coast for Medicare de Blue Cross & Blue Shield of Rhode Island al (401) 236-8245 o al (855) 200-8836 (los usuarios de TTY deben llamar al 711) del 1.º de octubre al 31 de marzo, los siete días de la semana, de 8:00 a. m. a 8:00 p. m.; del 1.º de abril al 30 de septiembre, puede llamar de lunes a viernes, de 8:00 a. m. a 8:00 p. m.; los sábados puede llamar desde las 8:00 a. m. hasta el mediodía, o visite bcbsri.com/Medicare. Fuera de este horario puede utilizar nuestro sistema de respuesta automatizada.



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