2019

Formulario completo de BlueMedicare℠

BlueMedicare Complete (HMO SNP)

H1035-027,028,029,030

Florida Blue

Este formulario fue actualizado el 07/18/2019. Si tiene preguntas o desea información más actualizada, comuníquese con Florida Blue al 1-800-926-6565 o, los usuarios de equipo teleescritor TTY deben llamar al 1-877-955-8773 de 8:00 a.m. a 8:00 p.m., hora local, siete días a la semana del 1 de octubre hasta el 31 de marzo, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 1 de abril hasta el 30 de septiembre, nuestro horario es de lunes a viernes de 8:00 a.m. a 8:00 p.m., hora local, excepto los días feriados. O visite **www.floridablue/medicare.**

Health Options, Inc., cuyo nombre comercial es Florida Blue HMO, una afiliada de Blue Cross and Blue Shield of Florida, Inc., ofrece cobertura HMO. Estas compañías son Licenciatarias Independientes de Blue Cross and Blue Shield Association.

Este documento es una traducción de su original escrito en inglés. Los términos en inglés prevalecerán en caso de alguna disputa con respecto al significado de este documento o sus términos.

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BlueMedicare Complete (HMO SNP)
Formulario 2019
(Lista de medicinas cubiertas)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACION SOBRE LAS MEDICINAS QUE ESTAN CUBIERTAS EN ESTE PLAN

Formulary ID 00019570, Version 13

Este formulario fue actualizado el 07/18/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para miembros de BlueMedicare Complete al 1-800-926-6565. Los usuarios de TTY pueden llamar al 1-877-955-8773. Nuestro horario es de 8:00 a.m. a 8:00 p.m. hora local, los siete días de la semana desde el 1 de octubre hasta el 31 de marzo, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 1 de abril hasta el 30 de septiembre, nuestro horario es de lunes a viernes de 8:00 a.m. a 8:00 p.m., hora local, excepto los días feriados. O visite **www.floridablue.com/medicare.**

Florida Blue HMO es un Plan HMO que tiene un contrato con Medicare. La inscripción en Florida Blue depende de la renovación del contrato.

If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-926-6565 (TTY: 1-800-955-8770).

Si habla español, tiene a su disposición servicios de traducción sin cargo. Llame al 1-800-926-6565 (TTY: 1-877-955-8773).

Este formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

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

Cuando esta lista de medicinas (formulario) dice “nosotros”, "nos" o “nuestro”, se refiere a Florida Blue HMO. Cuando se hace referencia a "plan" o "nuestro plan", se refiere a BlueMedicare Complete.

Este documento contiene una lista de las medicinas (formulario) para nuestro plan, la cual está actualizada al miércoles, 18 de julio de 2019. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, así como las fechas de actualización del formulario, aparece en la portada y contraportada.

Usted por lo general debe utilizar farmacias en la red para poder utilizar sus beneficios de medicinas recetadas. Los beneficios, la lista de medicinas cubiertas, la red de farmacias y/o copagos/coseguro pueden cambiar el 1 de enero de 2020, y periódicamente durante el año.

¿Qué es el Formulario de BlueMedicare Complete?

El formulario es una lista de las medicinas cubiertas seleccionadas por nuestro plan en conjunto con un equipo de proveedores de salud, los cuales representan las medicinas recetadas que se consideran como una parte necesaria de cualquier programa de tratamiento de calidad. Nuestro plan generalmente cubrirá las medicinas mencionadas en nuestro formulario, siempre y cuando la medicina sea médicamente necesaria, la receta sea surtida en una farmacia de la red de BlueMedicare Complete y se sigan las otras reglas del plan. Para más información sobre cómo surtir sus medicinas recetadas, consulte su *Constancia de cobertura*.

¿Puede cambiar al Formulario (lista de medicinas)?

Generalmente, si está tomando una medicina que se encuentra en nuestro formulario del 2019 que estaba cubierta al principio del año, no descontinuaremos o reduciremos la cobertura de la medicina durante el año de cobertura 2019, excepto cuando una medicina nueva, genérica, más económica esté disponible o cuando surja nueva información adversa acerca de la seguridad o la efectividad de la medicina, o cuando sea retirada del mercado. (Vea las viñetas de abajo para obtener más información o ver cambios que podrían afectar a los miembros que se encuentran tomando la medicina.) Otros tipos de cambios al formulario, tales como remover una medicina del formulario, no afectarán a los miembros que ya estén tomando la medicina. Estará aun disponible al mismo costo compartido para los miembros que ya la están tomando por el resto del año de la cobertura.

Abajo están los cambios de la lista de la medicina que también afectará a los miembros que aún están tomando la medicina:

- **Nuevas medicinas genéricas.** Podemos eliminar de inmediato una medicina de marca de nuestra Lista de medicinas si la reemplazamos con una nueva medicina genérica que aparecerá en el mismo nivel de costos compartidos o en un nivel más bajo y con las mismas o menos restricciones. Además, al agregar la nueva medicina genérica, podemos decidir mantener la medicina de marca en nuestra Lista de medicinas, pero moverla inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando esa medicina de marca, podríamos no informarle con anticipación antes de hacer ese cambio, pero luego le brindaremos información sobre los cambios específicos que hemos realizado.
    - Si hacemos dicho cambio, o bien usted y su proveedor pueden solicitar que el plan haga una excepción y que continúe brindándole cobertura para la medicina de marca. La notificación que le proporcionemos también incluirá información en los pasos que podría tomar al solicitar la excepción, y también podrá encontrar información en la sección de abajo titulada "¿Cómo solicito una excepción al formulario de BlueMedicare Complete?”
- **Medicinas eliminadas del mercado.** Si la Administración de Alimentos y Medicinas (Food and Drug Administration) considera que una medicina en nuestro formulario no es segura o el fabricante de la medicina lo retira del mercado, nosotros eliminaremos inmediatamente la medicina de nuestro formulario y enviaremos una notificación a los miembros que toman esa medicina.

Otros cambios. Podríamos hacer otros cambios que afectan a los miembros que se encuentran tomando actualmente la medicina. Por ejemplo, podemos agregar una medicina genérica nueva para reemplazar una medicina de marca actualmente incluida en el formulario o agregar nuevas restricciones a la medicina de marca o moverla a un nivel diferente de costo compartido. Podríamos añadir una medicina genérica que no es nueva en el mercado, para remplazar una medicina de marca que se encuentra en el formulario o añadir nuevas restricciones a la medicina de marca o moverla a un nivel de costo compartido diferente. O podríamos hacer cambios en base a nuevos lineamientos clínicos. Si eliminamos medicinas del formulario, o añadimos el requerimiento de una autorización previa, límite de cantidad y/o restricciones de terapia escalonada en una medicina, o movemos la medicina a un nivel de costo más alto, debemos notificarle a los miembros del cambio con al menos 30 días antes de que el cambio entre en vigencia, o en el momento en el que el miembro solicite un reabastecimiento de la medicina, para el cual el miembro recibirá un suministro de 31 días de la medicina.

Esta lista está actualizada al miércoles, 18 de julio de 2019. Para obtener información actualizada sobre las medicinas cubiertas por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada.

BlueMedicare Complete proporciona actualizaciones mensuales del formulario en (**www.floridablue.com/medicare**) y en papel como sea necesario. El siguiente párrafo explicará cómo será notificado en el caso de ciertos cambios.

BlueMedicare Complete solo eliminará medicinas de la Parte D del formulario, moverá medicinas cubiertas por la Parte D a un nivel preferido menor o añadirá requisitos de manejo de utilización 60 días luego del comienzo del año del contrato asociado con el periodo de elección anual, y solamente si estos cambios son aprobados por CMS. Si BlueMedicare Complete debe hacer tales cambios al formulario, los miembros actuales que están tomando la medicina están exentos del cambio del formulario por el resto del año del contrato.

Antes de eliminar una medicina cubierta por la Parte D de este formulario, o hacer algún cambio en el nivel de costo compartido o nivel de preferencia de una medicina cubierta por la Parte D, BlueMedicare Complete:

- Proporcionará una notificación escrita a los miembros afectados con al menos 60 días antes de la fecha en que el cambio sea efectivo; o
- En el momento en que los miembros afectados soliciten un reabastecimiento de la medicina de la Parte D, le proporcionaremos al miembro con un suministro de 31 días de la medicina de la Parte D bajo los mismos términos que estaban permitidos anteriormente y una notificación escrita sobre el cambio al formulario.

¿Cómo utilizo el Formulario?

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

Condición médica

El formulario comienza en la página 1. Las medicinas en este formulario están agrupadas en categorías dependiendo del tipo de condición médica que estas medicinas tratan. Por ejemplo, las medicinas utilizadas para tratar una condición médica están listadas bajo la categoría de "Agentes cardiovasculares". Si usted sabe para qué se utiliza la medicina, busque el nombre de la categoría en la lista que comienza en la página 1. Después busque bajo el nombre de la categoría de su medicina.

Lista alfabética

Si no está seguro bajo qué categoría buscar, puede buscar la medicina en el índice que comienza en la página 130. El índice proporciona una lista alfabética de todas las medicinas que se incluyen en este documento. Tanto el nombre de marca como el genérico aparecen en el índice. Busque en el índice hasta encontrar su medicina. Al lado del nombre de la medicina, 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 de la medicina en la primera columna de la lista.

¿Qué son las medicinas genéricas?

Nuestro plan cubre tanto las medicinas de marca como las genéricas. Una medicina genérica es aprobada por la Administración de medicinas y alimentos de los Estados Unidos (U.S. Food and Drug Administration, FDA) e indica que contiene el mismo ingrediente activo que la medicina de marca. Por lo general, las medicinas genéricas son menos costosas que las de marca.

¿Existen restricciones en mi cobertura?

Algunas medicinas cubiertas pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan requiere que usted o su médico obtenga autorización previa para ciertas medicinas. Esto significa que deberá obtener aprobación por parte de nuestro plan antes de poder surtir sus medicinas recetadas. Si no obtiene aprobación, nuestro plan puede que no cubra la medicina.
- **Límites de cantidad:** Por ejemplo, para ciertas medicinas, nuestro plan limita la cantidad de la medicina que nuestro plan puede cubrir. Por ejemplo, nuestro plan proporciona 30 tabletas por receta médica para Januvia. Esto puede ser adicional a un suministro normal para uno o tres meses.
- **Terapia Escalonada:** En algunos casos, nuestro plan le pedirá que primero pruebe ciertas medicinas para tratar su condición médica, antes de que cubramos otra medicina para esa condición. Por ejemplo, si la Medicina A y la Medicina B tratan su condición médica, nuestro plan puede que no cubra la medicina B hasta que usted pruebe la medicina A primero. Si la Medicina A no le funciona, entonces el plan puede cubrir la Medicina B.

Usted puede averiguar si la medicina tiene algún requisito adicional o límite buscándolo en el formulario que comienza en la página 1. También puede obtener más información acerca de las restricciones que aplican a medicinas específicas cubiertas al visitar nuestra página de Internet. Tenemos un documento en la página de Internet que explica nuestras restricciones de autorización previa y de terapia escalonada. También nos puede pedir que le enviemos una copia. Nuestra información de contacto, así como las fechas de actualización del formulario, aparece en la portada y contraportada.

Usted puede preguntarle al plan que haga una excepción a estas restricciones o límites, o para obtener una lista de otras medicinas similares que pueden tratar su condición de salud. Vea la sección, "¿Cómo puedo solicitar una excepción al formulario de BlueMedicare Complete?" en la página iv para obtener información acerca de cómo solicitar una excepción.

¿Qué sucede si mi medicina no está en el Formulario?

Si su medicina no está incluida en el Formulario (lista de medicinas cubiertas), debe primero comunicarse con Servicios para miembros y preguntar si su medicina está cubierta.

Si se entera de que nuestro plan no cubre su medicina, usted tendrá dos opciones:

- Puede solicitarle a Servicios para miembros un listado de las medicinas similares que están cubiertas por su plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete una medicina similar que esté cubierta por nuestro plan.
- Puede solicitarle a nuestro plan que haga una excepción y cubra su medicina. Lea a continuación para obtener más información acerca de cómo solicitar una excepción.

¿Cómo puedo solicitar una excepción al formulario de BlueMedicare Complete?

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 su medicina aun si no está en nuestro formulario. Si es aprobada, esta medicina será cubierta el nivel de costo compartido pre determinado y usted no podrá solicitarnos que proporcionemos la medicina a un nivel de costo compartido más bajo.
- Nos puede solicitar que cubramos una medicina del formulario a un nivel de costo compartido más bajo (si esta medicina no se encuentra en el nivel de medicinas especializadas). Si es aprobada, esto reducirá la cantidad que debe pagar por la medicina.
- Nos puede solicitar que se le exima de esta restricción o límite en su medicina. Por ejemplo, para ciertas medicinas, nuestro plan limita la cantidad de la medicina que nuestro plan puede cubrir. Si su medicina tiene un límite de cantidad, puede solicitarnos que se le exima de este límite y que se cubra una cantidad mayor.

Generalmente, nuestros planes solamente aprueban su solicitud para una excepción si las medicinas alternativas incluidas en el formulario del plan, la medicina del nivel de costo compartido más bajo o las restricciones de utilización adicional no son un tratamiento efectivo para su condición y/o le puede causar efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión inicial sobre la cobertura, en el caso de una excepción a las restricciones de un formulario, de uso o de nivel. **Cuando solicite una excepción a las restricciones de un formulario, de uso o de nivel, debe adjuntar una declaración de su médico o persona autorizada que apoye su solicitud.** Generalmente, luego de recibir la declaración de su médico que apoye su solicitud, debemos tomar nuestra decisión dentro de 72 horas. Usted puede solicitar una excepción acelerada (rápida) si usted o su médico entienden que su salud puede estar en serio peligro si espera las 72 horas para tomar una decisión. Si se le aprueba la excepción acelerada, debemos tomar una decisión no más tardar de 24 horas después de recibir las declaraciones de apoyo de su médico.

¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mi medicina o solicitar una excepción?

Como un nuevo o actual miembro de nuestro plan, usted puede que esté tomando medicinas que no están en nuestro formulario. O, puede ser que esté tomando una medicina que está en nuestro formulario pero sólo puede recibir una cantidad limitada. Por ejemplo, puede que necesite una autorización previa de nuestra parte para surtir su medicina recetada. Debe hablar con su médico para decidir si debe cambiar a una medicina apropiada que esté cubierta o solicitar una excepción al formulario para que podamos cubrir la medicina que necesita. Mientras habla con su médico para determinar el curso de acción correcto para usted, puede ser que cubramos su medicina en ciertos casos durante los primeros 90 días en los que usted es miembro de nuestro plan.

Por cada una de sus medicinas que no se encuentre en nuestro formulario o si la cantidad que puede recibir es limitada, le cubriremos un suministro temporal de 31 días. Si su receta es por menos días, permitiremos que se reabastezca la medicina hasta proporcionar un máximo de 30 días de suministro de la medicina. Luego de su primer suministro de un mes, no pagaremos por estas medicinas, incluso si usted ha sido miembro del plan por menos de 90 días.

Si reside en un establecimiento de cuidados a largo plazo y necesita una medicina que no está en nuestro formulario o si su capacidad para recibir la medicina es limitada, pero ya pasaron los primeros 90 días de la inscripción a nuestro plan, le cubriremos un suministro de emergencia de 31- días de esa medicina mientras usted consigue una excepción al formulario.

Existen circunstancias en las cuales pueden ocurrir transiciones no planificadas para los miembros actuales y en los cuales el régimen de la medicina recetada puede que no aparezcan en el formulario. Estas circunstancias usualmente envuelven un cambio en el nivel de cuidado en el cual cambian a un miembro de un tratamiento a otro. Para estas transiciones inesperadas, usted debe utilizar nuestro proceso de excepción y apelación. Las determinaciones y re determinaciones de cobertura serán procesadas tan rápido como lo requiera su condición.

Cuando un miembro es admitido o dado de alta de un establecimiento de cuidados a largo plazo (Long Term Care, LTC), este no tendrá acceso al remanente de la medicina recetada reabastecida anteriormente. Nos aseguraremos de que tenga un reabastecimiento al momento de la admisión o de alta. Se proporcionará una anulación única para el "reabastecimiento temprano" para cada medicina que se vea afectada debido a que el miembro fue admitido o dado de alta de un establecimiento de cuidados a largo plazo. No se utilizan los cambios a los reabastecimientos tempranos para limitar el acceso apropiado o necesario a los beneficios de la Parte D del miembro, y estos miembros pueden obtener un reabastecimiento al momento de la admisión o de alta.

Para más información

Para obtener información más detallada acerca de su cobertura de medicinas recetadas con BlueMedicare Complete, consulte su *Constancia de cobertura* y los demás materiales del plan.

Si tiene preguntas acerca de su plan, comuníquese con nosotros. Nuestra información de contacto, así como las fechas de actualización del formulario, aparece en las portada y contraportada.

Si tiene preguntas generales acerca de la cobertura de medicinas recetadas 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.**

El Formulario de Nuestro Plan

El formulario que comienza en la página 1 proporciona información de cobertura de las medicinas cubiertas por nuestro plan. Si tiene problemas encontrando su medicina en el formulario, vaya al índice que comienza en la página 130.

La primera columna de la tabla lista el nombre de la medicina. Los nombres de las medicinas de marca están en letras mayúsculas (por ejemplo, LANTUS) y las medicinas genéricas están en letras minúsculas en cursiva (por ejemplo, *metformin*).

La información en la columna Requisitos/Límites indica si su plan tiene algún requisito especial para cubrir su medicina.

La información en la segunda columna de la tabla indica a qué nivel de cobertura se encuentra la medicina.

La tercera columna de la tabla indica si se solicitan requisitos especiales para la cobertura de una medicina como por ejemplo, "Autorización previa", "Límite de cantidad" y "Terapia escalonada".

Si un Límite de cantidad aplica para una medicina, la cantidad de la restricción se muestra en el listado que comienza en la página 1.

Todas las medicinas incluidas en este formulario están disponibles mediante nuestros servicios de orden por correo. Comuníquese con nosotros para recibir más información.

CLAVE DE ABREVIACIONES DE LAS DOSIS			
act	Activación	**mcg**	Microgramo
ad	Absorbido	**meq**	Mili equivalente
aer, aero	Aerosol	**mg**	Miligramo
app	Aplicador	**ml**	Mililitro
ba, breath act, breath activ	Respiración activada	**mu**	Millones de unidades
bau	Unidades bioequivalentes de alergia	**nebu**	Nébula
cap, caps	Cápsulas	**orally disintegr tab**	Tabletas que se desintegran por vía oral
cart	Cartucho	**op, ophth**	Oftálmico
chew tab	Tabletas masticables	**osm**	Osmótico
conc	Concentración	**pf**	Libre de preservativos
conj	Conjugar, conjugado	**pfu**	Unidades formadoras de placa
crys	Cristales	**pow, powd**	Polvo
deter	Disuasivo	**Pref, prefill**	Precargada
disint	Desintegración	**pak**	Paquete
dr	Liberación retrasada	**ptwk**	Parche semanal
ec	Envoltura entérica	**pttw**	Parche dos veces a la semana
el, elu	Ensayo por inmunoabsorción ligado a enzimas	**recomb**	Recombinante
er, extended, extended rel, xl, xr	Liberación prolongada	**sl**	Sublingual
ext	Extraer	**sol, soln**	Solución
gm	Gramo	**sr**	Liberación sostenida
gu	Genitourinario	**supp, suppos**	Supositorios
hr	Hora	**sus, susp**	Suspensión
Ig	Inmunoglobulina	**syr**	Jeringuilla
im	Intramuscular	**tab, tabs**	Tableta
inh, inhal	Inhalación	**td**	Transdermal
inj	Inyección	**tl**	Translingual
IR	Liberación inmediata	**unt**	Unidad
iv	Intravenoso	**vac**	Vacunas
l	Litro	**va**	Vaginal

Etapa de brecha en la cobertura

La siguiente información le explicará lo que cubre cada plan cuando está en la brecha en la cobertura. Para obtener información, consulte su *Constancia de cobertura*.

Plan(es) y Condados	Cobertura adicional cuando se encuentra en la brecha en la cobertura
• BlueMedicare Complete – Broward, Hillsborough, Miami-Dade, Orange, Palm Beach y Polk	Este plan proporciona cobertura para el Nivel 1: Genéricos preferidos Nivel 2: Genéricos y Nivel 6: Medicinas suplementarias cuando está en la Etapa de brecha en la cobertura. Paga los mismos copagos que en la Etapa de cobertura inicial por las medicinas genéricas de Nivel 1, Nivel 2 y Nivel 6.

Etapa de cobertura inicial

La cantidad de copago/coseguro que usted paga por un suministro de un mes (31 días) de la medicina en cada Nivel de medicina se muestra a continuación.

	Tipo de farmacia	Nivel 1 Genéricas preferidas	Nivel 2 Genéricas	Nivel 3 De marca preferidas	Nivel 4 De marca no preferidas	Nivel 5 Especia-lizadas	Nivel 6 Medicinas suplementa-rias
BlueMedicare Complete (Broward, Hillsborough, Miami-Dade, Orange, Palm Beach y Polk)	De venta al por menor	$0 de copago	$0 de copago	$47 de copago	$99 de copago	25% del costo	$0 de copago
	Orden por correo	$0 de copago	$0 de copago	$47 de copago	$99 de copago		

Aplica un deducible de $405 por año calendario a los Niveles 3, 4 y 5.

Clave para las abreviaturas

1 = Medicinas genéricas preferidas
2 = Medicinas genéricas
3= Medicinas de marca preferidas
4= Medicinas de marca no preferidas
5= Medicinas especializadas
6 = Medicinas suplementarias
BD= Medicinas que pueden estar cubiertas por Medicare Parte B o Medicare Parte D dependiendo de las circunstancias. Estas medicinas pueden requerir autorización para determinar la cobertura bajo la Parte B o la Parte D. Puede requerirse que se proporcione información que describa el uso o el lugar donde la medicina se recibe para determinar la cobertura.
PA= Autorización previa (Prior Authorization)
QL= Límites de cantidad (Quantity Limits)
ST= Terapia escalonada (Step Therapy)
*****= Las medicinas con distribución limitada están indicadas con un asterisco (*) en la lista de medicinas. Puede que estas medicinas estén disponibles sólo en algunas farmacias. Para más información, consulte nuestro Directorio de farmacia o llame al Departamento de Servicios para miembros al 1-800-926-6565. Los usuarios de equipo teleescritor TTY deben llamar al 1-877-955-8773. Nuestro horario es de 8:00 a.m. a 8:00 p.m. hora local, los siete días de la semana desde el 1 de octubre hasta el 31 de marzo, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 1 de abril hasta el 30 de septiembre, nuestro horario es de lunes a viernes de 8:00 a.m. a 8:00 p.m., hora local, excepto los días feriados. O visite **www.floridablue.com/medicare.**
#= Medicinas de alto riesgo (HRM). Medicinas que no son seguras para pacientes mayores de 65 años de edad. Nuestro formulario no incluye cobertura para algunas de estas medicinas, pero se pueden buscar otras alternativas en los niveles con copagos más bajos. Converse con su médico si hay alternativas a estas medicinas que podrían ser apropiadas para su uso.
^= Se proporciona cobertura adicional de estas medicinas recetadas en la brecha en la cobertura para ciertos planes. Consulte la tabla en la Sección "Etapa de la brecha en la cobertura" en la página viii para determinar si su plan proporciona cobertura adicional en la brecha. También puede consultar su *Constancia de cobertura*.
‡ = Esta medicina recetada no está normalmente cubierta por un Plan de Medicinas Recetadas de Medicare. El monto que usted paga cuando surte una receta para esta medicina no cuenta para sus costos totales de medicinas (es decir, la cantidad que paga no le ayuda a calificar para cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar por esta medicina. La cobertura de esta medicina se limita a 4 píldoras por mes.

Este documento es una traducción de su original escrito en inglés. Los términos en inglés prevalecerán en caso de alguna disputa con respecto al significado de este documento o sus términos.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos analgésicos		
ABSTRAL - fentanyl citrate sl tab 100 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 200 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 300 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 400 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 600 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 800 mcg	5	PA, QL (120 tablets/30 days)
*acetaminophen w/ codeine soln 120-12 mg/5ml^*	1	QL (2700 mls/30 days)
*acetaminophen w/ codeine tab 300-15 mg^*	2	QL (360 tablets/30 days)
*acetaminophen w/ codeine tab 300-30 mg^*	2	QL (360 tablets/30 days)
*acetaminophen w/ codeine tab 300-60 mg^*	2	QL (180 tablets/30 days)
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
*buprenorphine td patch weekly 5 mcg/hr^*	2	PA, QL (4 patches/28 days)
*buprenorphine td patch weekly 10 mcg/hr^*	2	PA, QL (4 patches/28 days)
*buprenorphine td patch weekly 15 mcg/hr^*	2	PA, QL (4 patches/28 days)
*buprenorphine td patch weekly 20 mcg/hr^*	2	PA, QL (4 patches/28 days)
butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	4	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg#	4	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	4	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	4	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	3	
*butorphanol tartrate inj 2 mg/ml^*	2	
*butorphanol tartrate nasal soln 10 mg/ml^*	2	QL (87.5 mls/30 days)
BUTRANS - buprenorphine td patch weekly 5 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 10 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 15 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 20 mcg/hr	5	PA, QL (4 patches/28 days)
CELEBREX - celecoxib cap 50 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 100 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 200 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 400 mg	4	QL (30 capsules/30 days)
*celecoxib cap 50 mg^*	2	QL (60 capsules/30 days)
*celecoxib cap 100 mg^*	2	QL (60 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
*celecoxib cap 200 mg^*	2	QL (60 capsules/30 days)
*celecoxib cap 400 mg^*	2	QL (30 capsules/30 days)
*codeine sulfate tab 30 mg^*	2	QL (180 tablets/30 days)
*codeine sulfate tab 60 mg^*	2	QL (180 tablets/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 tablets/30 days)
*diclofenac potassium tab 50 mg^*	2	QL (120 tablets/30 days)
*diclofenac sodium gel 1%^*	2	PA
*diclofenac sodium tab delayed release 25 mg^*	2	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)
*diclofenac w/ misoprostol tab delayed release 50-0.2 mg^*	2	QL (120 tablets/30 days)
*diclofenac w/ misoprostol tab delayed release 75-0.2 mg^*	2	QL (90 tablets/30 days)
DOLOPHINE - methadone hcl tab 5 mg	4	QL (180 tablets/30 days)
DOLOPHINE - methadone hcl tab 10 mg	4	QL (360 tablets/30 days)
EC-NAPROXEN - naproxen tab ec 375 mg^	2	QL (120 tablets/30 days)
EC-NAPROXEN - naproxen tab ec 500 mg^	2	QL (90 tablets/30 days)
*etodolac cap 200 mg^*	2	QL (150 capsules/30 days)
*etodolac cap 300 mg^*	2	QL (90 capsules/30 days)
*etodolac tab er 24hr 400 mg^*	2	QL (60 tablets/30 days)
*etodolac tab er 24hr 500 mg^*	2	QL (60 tablets/30 days)
*etodolac tab er 24hr 600 mg^*	2	QL (30 tablets/30 days)
*etodolac tab 400 mg^*	2	QL (60 tablets/30 days)
*etodolac tab 500 mg^*	2	QL (60 tablets/30 days)
FELDENE - piroxicam cap 10 mg	4	QL (60 capsules/30 days)
FELDENE - piroxicam cap 20 mg	4	QL (30 capsules/30 days)
fentanyl citrate lozenge on a handle 200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 400 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 800 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1600 mcg	5	PA, QL (120 lozenges/30 days)
*fentanyl td patch 72hr 12 mcg/hr^*	2	PA, QL (15 patches/30 days)
*fentanyl td patch 72hr 25 mcg/hr^*	2	PA, QL (15 patches/30 days)
*fentanyl td patch 72hr 37.5 mcg/hr^*	2	PA, QL (15 patches/30 days)
*fentanyl td patch 72hr 50 mcg/hr^*	2	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 62.5 mcg/hr	5	PA, QL (15 patches/30 days)
*fentanyl td patch 72hr 75 mcg/hr^*	2	PA, QL (15 patches/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
fentanyl td patch 72hr 87.5 mcg/hr	5	PA, QL (15 patches/30 days)
*fentanyl td patch 72hr 100 mcg/hr^*	2	PA, QL (15 patches/30 days)
*flurbiprofen tab 50 mg^*	2	QL (180 tablets/30 days)
*flurbiprofen tab 100 mg^*	2	QL (90 tablets/30 days)
*hydrocodone-acetaminophen soln 7.5-325 mg/15ml^*	2	QL (3600 mls/30 days)
*hydrocodone-acetaminophen tab 10-325 mg^*	2	QL (180 tablets/30 days)
*hydrocodone-acetaminophen tab 5-300 mg^*	2	QL (360 tablets/30 days)
*hydrocodone-acetaminophen tab 7.5-300 mg^*	2	QL (180 tablets/30 days)
*hydrocodone-acetaminophen tab 5-325 mg^*	2	QL (360 tablets/30 days)
*hydrocodone-acetaminophen tab 7.5-325 mg^*	2	QL (180 tablets/30 days)
*hydrocodone-acetaminophen tab 10-300 mg^*	2	QL (180 tablets/30 days)
*hydrocodone-ibuprofen tab 5-200 mg^*	2	QL (150 tablets/30 days)
*hydrocodone-ibuprofen tab 7.5-200 mg^*	2	QL (150 tablets/30 days)
*hydrocodone-ibuprofen tab 10-200 mg^*	2	QL (150 tablets/30 days)
*hydromorphone hcl inj 2 mg/ml^*	2	BD
*hydromorphone hcl liqd 1 mg/ml^*	2	QL (1440 mls/30 days)
*hydromorphone hcl preservative free inj 2 mg/ml^*	2	BD
*hydromorphone hcl preservative free inj 10 mg/ml^*	2	BD
*hydromorphone hcl tab 2 mg^*	2	QL (180 tablets/30 days)
*hydromorphone hcl tab 4 mg^*	2	QL (180 tablets/30 days)
*hydromorphone hcl tab 8 mg^*	2	QL (180 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)
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 300 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5	PA, QL (30 bottles/30 days)
LEVORPHANOL TARTRATE - levorphanol tartrate tab 3 mg	5	QL (120 tablets/30 days)
levorphanol tartrate tab 2 mg	5	QL (120 tablets/30 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^*	2	QL (180 tablets/30 days)
*methadone hcl tab 10 mg^*	2	QL (360 tablets/30 days)
MOBIC - meloxicam tab 7.5 mg	4	QL (60 tablets/30 days)
MOBIC - meloxicam tab 15 mg	4	QL (30 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	4	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*morphine sulfate inj pf 0.5 mg/ml^*	2	BD
*morphine sulfate inj pf 1 mg/ml^*	2	BD
*morphine sulfate oral soln 10 mg/5ml^*	2	QL (2700 mls/30 days)
*morphine sulfate oral soln 20 mg/5ml^*	2	QL (1350 mls/30 days)
*morphine sulfate oral soln 100 mg/5ml (20 mg/ml)^*	2	QL (270 mls/30 days)
*morphine sulfate tab er 15 mg^*	2	PA, QL (90 tablets/30 days)
*morphine sulfate tab er 30 mg^*	2	PA, QL (90 tablets/30 days)
*morphine sulfate tab er 60 mg^*	2	PA, QL (90 tablets/30 days)
*morphine sulfate tab er 100 mg^*	2	PA, QL (90 tablets/30 days)
*morphine sulfate tab er 200 mg^*	2	PA, QL (90 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^*	2	QL (150 tablets/30 days)
*naproxen sodium tab 550 mg^*	2	QL (90 tablets/30 days)
*naproxen susp 125 mg/5ml^*	2	QL (1800 mls/30 days)
*naproxen tab ec 375 mg^*	2	QL (120 tablets/30 days)
*naproxen tab ec 500 mg^*	2	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)
NUCYNTA - tapentadol hcl tab 50 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 75 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 100 mg	4	QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	3	PA, QL (60 tablets/30 days)
*oxaprozin tab 600 mg^*	2	QL (90 tablets/30 days)
*oxycodone hcl tab 5 mg^*	2	QL (360 tablets/30 days)
*oxycodone hcl tab 10 mg^*	2	QL (180 tablets/30 days)
*oxycodone hcl tab 15 mg^*	2	QL (180 tablets/30 days)
*oxycodone hcl tab 20 mg^*	2	QL (180 tablets/30 days)
*oxycodone hcl tab 30 mg^*	2	QL (180 tablets/30 days)
*oxycodone w/ acetaminophen tab 2.5-325 mg^*	2	QL (360 tablets/30 days)
*oxycodone w/ acetaminophen tab 5-325 mg^*	2	QL (360 tablets/30 days)
*oxycodone w/ acetaminophen tab 7.5-325 mg^*	2	QL (240 tablets/30 days)
*oxycodone w/ acetaminophen tab 10-325 mg^*	2	QL (180 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*oxycodone-aspirin tab 4.8355-325 mg^*	2	QL (360 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	3	PA, QL (120 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	3	PA, QL (120 tablets/30 days)
*piroxicam cap 10 mg^*	2	QL (60 capsules/30 days)
*piroxicam cap 20 mg^*	2	QL (30 capsules/30 days)
ROXICODONE - oxycodone hcl tab 5 mg	4	QL (360 tablets/30 days)
ROXICODONE - oxycodone hcl tab 15 mg	4	QL (180 tablets/30 days)
ROXICODONE - oxycodone hcl tab 30 mg	4	QL (180 tablets/30 days)
*sulindac tab 150 mg^*	2	QL (60 tablets/30 days)
*sulindac tab 200 mg^*	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	3	QL (120 capsules/30 days)
*tramadol hcl tab er 24hr 100 mg^*	2	PA, QL (30 tablets/30 days)
*tramadol hcl tab er 24hr 200 mg^*	2	PA, QL (30 tablets/30 days)
*tramadol hcl tab er 24hr 300 mg^*	2	PA, QL (30 tablets/30 days)
*tramadol hcl tab 50 mg^*	1	QL (240 tablets/30 days)
*tramadol-acetaminophen tab 37.5-325 mg^*	2	QL (240 tablets/30 days)
ULTRACET - tramadol-acetaminophen tab 37.5-325 mg	4	QL (240 tablets/30 days)
ULTRAM - tramadol hcl tab 50 mg	4	QL (240 tablets/30 days)
VOLTAREN - diclofenac sodium gel 1%	4	PA
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg	4	PA, QL (60 capsules/30 days)
Medicamentos anestésicos		
*lidocaine hcl local inj 1%^*	1	
*lidocaine hcl local preservative free inj 1%^*	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
*lidocaine hcl soln 4%^*	2	PA, QL (150 mls/30 days)
*lidocaine hcl urethral/mucosal gel 2%^*	2	PA, QL (150 mls/30 days)
*lidocaine hcl viscous soln 2%^*	2	
*lidocaine oint 5%^*	2	PA, QL (100 grams/30 days)
*lidocaine patch 5%^*	2	PA, QL (90 patches/30 days)
*lidocaine-prilocaine cream 2.5-2.5%^*	2	PA, QL (60 grams/30 days)
LIDODERM - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
XYLOCAINE - lidocaine hcl local inj 1%	4	
XYLOCAINE-MPF - lidocaine hcl local preservative free inj 1%	4	
Agentes contra las adicciones y para tratar el abuso de		
*acamprosate calcium tab delayed release 333 mg^*	2	
ANTABUSE - disulfiram tab 250 mg	4	
ANTABUSE - disulfiram tab 500 mg	4	
*buprenorphine hcl sl tab 2 mg^*	2	QL (90 tablets/30 days)
*buprenorphine hcl sl tab 8 mg^*	2	QL (90 tablets/30 days)
*buprenorphine hcl-naloxone hcl sl film 2-0.5 mg^*	2	QL (120 films/30 days)
*buprenorphine hcl-naloxone hcl sl film 4-1 mg^*	2	QL (30 films/30 days)
*buprenorphine hcl-naloxone hcl sl film 8-2 mg^*	2	QL (60 films/30 days)
*buprenorphine hcl-naloxone hcl sl film 12-3 mg^*	2	QL (60 films/30 days)
*buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg^*	2	QL (120 tablets/30 days)
*buprenorphine hcl-naloxone hcl sl tab 8-2 mg^*	2	QL (90 tablets/30 days)
*bupropion hcl (smoking deterrent) tab er 12hr 150 mg^*	2	
CHANTIX - varenicline tartrate tab 0.5 mg	3	
CHANTIX - varenicline tartrate tab 1 mg	3	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	3	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	
*disulfiram tab 250 mg^*	2	
*disulfiram tab 500 mg^*	2	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	3	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml	3	
*naloxone hcl inj 0.4 mg/ml^*	2	
*naloxone hcl inj 4 mg/10ml^*	2	
*naltrexone hcl tab 50 mg^*	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	

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
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	3	QL (120 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	3	QL (30 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	3	QL (60 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	3	QL (60 films/30 days)
VIVITROL - naltrexone for im extended release susp 380 mg	5	
ZYBAN - bupropion hcl (smoking deterrent) tab er 12hr 150 mg	4	
Medicamentos antibacteriales		
*amikacin sulfate inj 500 mg/2ml (250 mg/ml)^*	2	
*amikacin sulfate inj 1 gm/4ml (250 mg/ml)^*	2	
*amoxicillin (trihydrate) cap 250 mg^*	1	
*amoxicillin (trihydrate) cap 500 mg^*	1	
*amoxicillin (trihydrate) for susp 125 mg/5ml^*	1	
*amoxicillin (trihydrate) for susp 200 mg/5ml^*	1	
*amoxicillin (trihydrate) for susp 250 mg/5ml^*	1	
*amoxicillin (trihydrate) for susp 400 mg/5ml^*	1	
*amoxicillin (trihydrate) tab 500 mg^*	1	
*amoxicillin (trihydrate) tab 875 mg^*	1	
*amoxicillin & k clavulanate for susp 200-28.5 mg/5ml^*	2	
*amoxicillin & k clavulanate for susp 400-57 mg/5ml^*	2	
*amoxicillin & k clavulanate for susp 600-42.9 mg/5ml^*	2	
*amoxicillin & k clavulanate tab 250-125 mg^*	2	
*amoxicillin & k clavulanate tab 500-125 mg^*	2	
*amoxicillin & k clavulanate tab 875-125 mg^*	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	3	
*ampicillin & sulbactam sodium for inj 3 (2-1) gm^*	2	
*ampicillin cap 500 mg^*	2	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	3	
*ampicillin sodium for inj 250 mg^*	2	
*ampicillin sodium for inj 500 mg^*	2	
ampicillin sodium for inj 1 gm	3	
*ampicillin sodium for inj 2 gm^*	2	
*ampicillin sodium for iv soln 2 gm^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*ampicillin sodium for iv soln 10 gm^*	2	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm^	2	
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	4	
AVELOX - moxifloxacin hcl tab 400 mg	4	
AVELOX - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
AZACTAM - aztreonam for inj 1 gm	4	
AZACTAM - aztreonam for inj 2 gm	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 1 gm/50ml	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 2 gm/50ml	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
*azithromycin for susp 100 mg/5ml^*	2	
*azithromycin for susp 200 mg/5ml^*	2	
*azithromycin iv for soln 500 mg^*	2	
*azithromycin tab 250 mg^*	2	
*azithromycin tab 500 mg^*	2	
*azithromycin tab 600 mg^*	2	
*aztreonam for inj 1 gm^*	2	
*aztreonam for inj 2 gm^*	2	
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	4	
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4	
*cefaclor cap 250 mg^*	2	
*cefaclor cap 500 mg^*	2	
*cefadroxil cap 500 mg^*	2	
*cefadroxil for susp 250 mg/5ml^*	2	
*cefadroxil for susp 500 mg/5ml^*	2	
*cefadroxil tab 1 gm^*	2	
CEFAZOLIN SODIUM - cefazolin sodium for inj 20 gm	3	
*cefazolin sodium for inj 500 mg^*	2	
*cefazolin sodium for inj 1 gm^*	2	
cefazolin sodium for inj 10 gm	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*cefdinir cap 300 mg^*	2	
*cefdinir for susp 125 mg/5ml^*	2	
*cefdinir for susp 250 mg/5ml^*	2	
*cefepime hcl for inj 1 gm^*	2	
*cefepime hcl for inj 2 gm^*	2	
*cefixime cap 400 mg^*	2	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	3	
cefotaxime sodium for inj 1 gm	3	
*cefoxitin sodium for inj 10 gm^*	2	
*cefoxitin sodium for iv soln 1 gm^*	2	
*cefoxitin sodium for iv soln 2 gm^*	2	
*cefpodoxime proxetil for susp 50 mg/5ml^*	2	
*cefpodoxime proxetil for susp 100 mg/5ml^*	2	
*cefpodoxime proxetil tab 100 mg^*	2	
*cefpodoxime proxetil tab 200 mg^*	2	
*cefprozil for susp 125 mg/5ml^*	2	
*cefprozil for susp 250 mg/5ml^*	2	
*cefprozil tab 250 mg^*	2	
*cefprozil tab 500 mg^*	2	
*ceftazidime for inj 1 gm^*	2	
*ceftazidime for inj 2 gm^*	2	
*ceftazidime for inj 6 gm^*	2	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml	3	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 40 mg/ml	3	
*ceftriaxone sodium for inj 250 mg^*	2	
*ceftriaxone sodium for inj 500 mg^*	2	
ceftriaxone sodium for inj 1 gm	3	
ceftriaxone sodium for inj 2 gm	3	
*ceftriaxone sodium for inj 10 gm^*	2	
ceftriaxone sodium for iv soln 1 gm	3	
ceftriaxone sodium for iv soln 2 gm	3	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	3	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22%	3	
*cefuroxime axetil tab 250 mg^*	2	
*cefuroxime axetil tab 500 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*cefuroxime sodium for inj 750 mg^*	2	
*cefuroxime sodium for inj 7.5 gm^*	2	
*cefuroxime sodium for iv soln 1.5 gm^*	2	
*cephalexin cap 250 mg^*	1	
*cephalexin cap 500 mg^*	1	
*cephalexin cap 750 mg^*	1	
*cephalexin for susp 125 mg/5ml^*	2	
*cephalexin for susp 250 mg/5ml^*	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	3	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	4	
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	4	
CIPRO - ciprofloxacin hcl tab 250 mg	4	
CIPRO - ciprofloxacin hcl tab 500 mg	4	
*ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)^*	2	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
*ciprofloxacin hcl tab 250 mg^*	1	
*ciprofloxacin hcl tab 500 mg^*	1	
*ciprofloxacin hcl tab 750 mg^*	1	
*ciprofloxacin 200 mg/100ml in d5w^*	2	
*ciprofloxacin 400 mg/200ml in d5w^*	2	
*clarithromycin for susp 125 mg/5ml^*	2	
*clarithromycin for susp 250 mg/5ml^*	2	
*clarithromycin tab er 24hr 500 mg^*	2	
*clarithromycin tab 250 mg^*	2	
*clarithromycin tab 500 mg^*	2	
CLEOCIN - clindamycin hcl cap 75 mg	4	
CLEOCIN - clindamycin hcl cap 150 mg	4	
CLEOCIN - clindamycin hcl cap 300 mg	4	
CLEOCIN - clindamycin phosphate vaginal cream 2%	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 900 mg/6ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 9 gm/60ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 900 mg/6ml	4	
CLEOCIN-T - clindamycin phosphate gel 1%	4	
CLEOCIN-T - clindamycin phosphate lotion 1%	4	
CLEOCIN-T - clindamycin phosphate swab 1%	4	
*clindamycin hcl cap 75 mg^*	2	
*clindamycin hcl cap 150 mg^*	2	
*clindamycin hcl cap 300 mg^*	2	
*clindamycin phosphate gel 1%^*	2	
*clindamycin phosphate in d5w iv soln 300 mg/50ml^*	2	
*clindamycin phosphate in d5w iv soln 600 mg/50ml^*	2	
*clindamycin phosphate in d5w iv soln 900 mg/50ml^*	2	
*clindamycin phosphate inj 300 mg/2ml^*	2	
*clindamycin phosphate inj 600 mg/4ml^*	2	
*clindamycin phosphate inj 900 mg/6ml^*	2	
*clindamycin phosphate inj 9 gm/60ml^*	2	
*clindamycin phosphate iv soln 300 mg/2ml^*	2	
*clindamycin phosphate iv soln 600 mg/4ml^*	2	
*clindamycin phosphate iv soln 900 mg/6ml^*	2	
*clindamycin phosphate lotion 1%^*	2	
*clindamycin phosphate soln 1%^*	2	
*clindamycin phosphate swab 1%^*	2	
*clindamycin phosphate vaginal cream 2%^*	2	
colistimethate sod for inj 150 mg	5	
CUBICIN - daptomycin for iv soln 500 mg	5	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
daptomycin for iv soln 500 mg	5	
*demeclocycline hcl tab 150 mg^*	2	
*demeclocycline hcl tab 300 mg^*	2	
*dicloxacillin sodium cap 250 mg^*	2	
*dicloxacillin sodium cap 500 mg^*	2	
DIFICID - fidaxomicin tab 200 mg	5	
*doxycycline hyclate cap 50 mg^*	2	
*doxycycline hyclate cap 100 mg^*	2	
*doxycycline hyclate for inj 100 mg^*	2	
*doxycycline hyclate tab 20 mg^*	2	
*doxycycline hyclate tab 100 mg^*	2	
*doxycycline monohydrate cap 50 mg^*	2	
*doxycycline monohydrate cap 75 mg^*	2	
*doxycycline monohydrate cap 100 mg^*	2	
*doxycycline monohydrate cap 150 mg^*	2	
*doxycycline monohydrate tab 50 mg^*	2	
*doxycycline monohydrate tab 75 mg^*	2	
*doxycycline monohydrate tab 100 mg^*	2	
*doxycycline monohydrate tab 150 mg^*	2	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
*ertapenem sodium for inj 1 gm^*	2	
ERY-TAB - erythromycin tab delayed release 250 mg	4	
ERY-TAB - erythromycin tab delayed release 333 mg	4	
ERY-TAB - erythromycin tab delayed release 500 mg	4	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	5	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
*erythromycin ethylsuccinate for susp 200 mg/5ml^*	2	
*erythromycin ethylsuccinate for susp 400 mg/5ml^*	2	
*erythromycin pads 2%^*	2	
*erythromycin soln 2%^*	2	
*erythromycin tab 250 mg^*	2	
*erythromycin tab 500 mg^*	2	
FLAGYL - metronidazole cap 375 mg	4	
FLAGYL - metronidazole tab 250 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLAGYL - metronidazole tab 500 mg	4	
*gentamicin in saline inj 0.8 mg/ml^*	2	
*gentamicin in saline inj 1 mg/ml^*	2	
*gentamicin in saline inj 1.6 mg/ml^*	2	
*gentamicin in saline inj 1.2 mg/ml^*	2	
*gentamicin sulfate inj 10 mg/ml^*	2	
*gentamicin sulfate inj 40 mg/ml^*	2	
HIPREX - methenamine hippurate tab 1 gm	4	
*imipenem-cilastatin intravenous for soln 250 mg^*	2	
*imipenem-cilastatin intravenous for soln 500 mg^*	2	
IMPAVIDO - miltefosine cap 50 mg	5	
INVANZ - ertapenem sodium for inj 1 gm	4	
INVANZ - ertapenem sodium for iv inj 1 gm	4	
KLARON - sulfacetamide sodium lotion 10%	4	
*levofloxacin in d5w iv soln 250 mg/50ml^*	2	
*levofloxacin in d5w iv soln 500 mg/100ml^*	2	
*levofloxacin in d5w iv soln 750 mg/150ml^*	2	
*levofloxacin iv soln 25 mg/ml^*	2	
*levofloxacin oral soln 25 mg/ml^*	2	
*levofloxacin tab 250 mg^*	1	
*levofloxacin tab 500 mg^*	1	
*levofloxacin tab 750 mg^*	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
linezolid for susp 100 mg/5ml	5	PA
linezolid iv soln 600 mg/300ml (2 mg/ml)	5	
*linezolid tab 600 mg^*	2	PA
*meropenem iv for soln 500 mg^*	2	
*meropenem iv for soln 1 gm^*	2	
MERREM - meropenem iv for soln 500 mg	4	
MERREM - meropenem iv for soln 1 gm	4	
*methenamine hippurate tab 1 gm^*	2	
METROGEL-VAGINAL - metronidazole vaginal gel 0.75%	4	
METRONIDAZOLE - metronidazole in nacl 0.74% iv soln 500 mg/100ml	3	
METRONIDAZOLE - metronidazole iv soln 5 mg/ml	3	
*metronidazole cap 375 mg^*	2	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*metronidazole tab 250 mg^*	2	
*metronidazole tab 500 mg^*	2	
*metronidazole vaginal gel 0.75%^*	2	
MINOCIN - minocycline hcl cap 50 mg	4	
*minocycline hcl cap 50 mg^*	2	
*minocycline hcl cap 75 mg^*	2	
*minocycline hcl cap 100 mg^*	2	
*minocycline hcl tab 50 mg^*	2	
*minocycline hcl tab 75 mg^*	2	
*minocycline hcl tab 100 mg^*	2	
MOXIFLOXACIN HCL - moxifloxacin hcl iv solution 400 mg/250ml^	2	
*moxifloxacin hcl tab 400 mg^*	2	
*moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj^*	2	
NAFCILLIN SODIUM - nafcillin sodium for inj 10 gm	5	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 10 gm	5	
*neomycin sulfate tab 500 mg^*	2	
*neomycin-polymyxin b gu irrigation soln^*	2	
nitrofurantoin macrocrystalline cap 50 mg#	3	
nitrofurantoin macrocrystalline cap 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	4	
nitrofurantoin susp 25 mg/5ml#	4	
*ofloxacin tab 400 mg^*	2	
*paromomycin sulfate cap 250 mg^*	2	
*penicillin g potassium for inj 5000000 unit^*	2	
*penicillin g potassium for inj 20000000 unit^*	2	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
*penicillin v potassium for soln 125 mg/5ml^*	2	
*penicillin v potassium for soln 250 mg/5ml^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*penicillin v potassium tab 250 mg^*	1	
*penicillin v potassium tab 500 mg^*	1	
PFIZERPEN - penicillin g potassium for inj 20000000 unit	4	
*piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)^*	2	
*piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)^*	2	
*piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)^*	2	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	3	
*sulfacetamide sodium lotion 10%^*	2	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
*sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml^*	2	
*sulfamethoxazole-trimethoprim susp 200-40 mg/5ml^*	2	
*sulfamethoxazole-trimethoprim tab 400-80 mg^*	1	
*sulfamethoxazole-trimethoprim tab 800-160 mg^*	1	
SUPRAX - cefixime cap 400 mg	4	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TAZICEF - ceftazidime for iv soln 1 gm^	2	
TAZICEF - ceftazidime for iv soln 2 gm^	2	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
*tetracycline hcl cap 250 mg^*	2	
*tetracycline hcl cap 500 mg^*	2	
tigecycline for iv soln 50 mg	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml^	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	3	
tobramycin sulfate for inj 1.2 gm	3	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml)	3	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)	3	
*trimethoprim tab 100 mg^*	2	
TYGACIL - tigecycline for iv soln 50 mg	5	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm^	2	
*vancomycin hcl cap 125 mg^*	2	
*vancomycin hcl cap 250 mg^*	2	
*vancomycin hcl for iv soln 500 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*vancomycin hcl for iv soln 750 mg^*	2	
*vancomycin hcl for iv soln 1 gm^*	2	
*vancomycin hcl for iv soln 5 gm^*	2	
*vancomycin hcl for iv soln 10 gm^*	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.5 gm	4	
VIBRAMYCIN - doxycycline hyclate cap 100 mg	4	
ZITHROMAX - azithromycin for susp 100 mg/5ml	4	
ZITHROMAX - azithromycin for susp 200 mg/5ml	4	
ZITHROMAX - azithromycin iv for soln 500 mg	4	
ZITHROMAX - azithromycin tab 250 mg	4	
ZITHROMAX - azithromycin tab 500 mg	4	
ZITHROMAX - azithromycin tab 600 mg	4	
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	4	
ZITHROMAX Z-PAK - azithromycin tab 250 mg	4	
ZOSYN - piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	PA
ZYVOX - linezolid iv soln 200 mg/100ml (2 mg/ml)	5	
ZYVOX - linezolid iv soln 600 mg/300ml (2 mg/ml)	5	
ZYVOX - linezolid tab 600 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos anticonvulsantes		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
*carbamazepine cap er 12hr 100 mg^*	2	
*carbamazepine cap er 12hr 200 mg^*	2	
*carbamazepine cap er 12hr 300 mg^*	2	
*carbamazepine chew tab 100 mg^*	2	
*carbamazepine susp 100 mg/5ml^*	2	
*carbamazepine tab er 12hr 100 mg^*	2	
*carbamazepine tab er 12hr 200 mg^*	2	
*carbamazepine tab er 12hr 400 mg^*	2	
*carbamazepine tab 200 mg^*	2	
CARBATROL - carbamazepine cap er 12hr 100 mg	4	
CARBATROL - carbamazepine cap er 12hr 200 mg	4	
CARBATROL - carbamazepine cap er 12hr 300 mg	4	
CELONTIN - methsuximide cap 300 mg	4	
*clobazam suspension 2.5 mg/ml^*	2	PA, QL (480 mls/30 days)
*clobazam tab 10 mg^*	2	PA, QL (60 tablets/30 days)
*clobazam tab 20 mg^*	2	PA, QL (60 tablets/30 days)
DEPACON - valproate sodium inj 100 mg/ml	4	
DEPAKENE - valproic acid cap 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 500 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
DILANTIN - phenytoin sodium extended cap 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
*divalproex sodium cap delayed release sprinkle 125 mg^*	2	
*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^*	2	
*divalproex sodium tab er 24 hr 500 mg^*	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml	5	PA
*ethosuximide cap 250 mg^*	2	
*ethosuximide soln 250 mg/5ml^*	2	
felbamate susp 600 mg/5ml	5	
*felbamate tab 400 mg^*	2	
*felbamate tab 600 mg^*	2	
*fosphenytoin sodium inj 100 mg/2ml^*	2	
*fosphenytoin sodium inj 500 mg/10ml^*	2	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	5	
FYCOMPA - perampanel tab 6 mg	5	
FYCOMPA - perampanel tab 8 mg	5	
FYCOMPA - perampanel tab 10 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FYCOMPA - perampanel tab 12 mg	5	
*gabapentin cap 100 mg^*	1	QL (1080 capsules/30 days)
*gabapentin cap 300 mg^*	1	QL (360 capsules/30 days)
*gabapentin cap 400 mg^*	1	QL (270 capsules/30 days)
*gabapentin oral soln 250 mg/5ml^*	2	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)
GABITRIL - tiagabine hcl tab 2 mg	4	
GABITRIL - tiagabine hcl tab 4 mg	4	
GABITRIL - tiagabine hcl tab 12 mg	4	
GABITRIL - tiagabine hcl tab 16 mg	4	
KEPPRA - levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
KEPPRA - levetiracetam oral soln 100 mg/ml	4	
KEPPRA - levetiracetam tab 250 mg	4	
KEPPRA - levetiracetam tab 500 mg	4	
KEPPRA - levetiracetam tab 750 mg	4	
KEPPRA - levetiracetam tab 1000 mg	4	
LAMICTAL - lamotrigine tab 25 mg	5	
LAMICTAL - lamotrigine tab 100 mg	5	
LAMICTAL - lamotrigine tab 150 mg	5	
LAMICTAL - lamotrigine tab 200 mg	5	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	5	
*lamotrigine tab chewable dispersible 5 mg^*	2	
*lamotrigine tab chewable dispersible 25 mg^*	2	
*lamotrigine tab 25 mg^*	1	
*lamotrigine tab 100 mg^*	1	
*lamotrigine tab 150 mg^*	1	
*lamotrigine tab 200 mg^*	1	
*levetiracetam in sodium chloride iv soln 500 mg/100ml^*	2	
*levetiracetam in sodium chloride iv soln 1000 mg/100ml^*	2	
*levetiracetam in sodium chloride iv soln 1500 mg/100ml^*	2	
*levetiracetam inj 500 mg/5ml (100 mg/ml)^*	2	
*levetiracetam oral soln 100 mg/ml^*	2	
*levetiracetam tab 250 mg^*	2	
*levetiracetam tab 500 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*levetiracetam tab 750 mg^*	2	
*levetiracetam tab 1000 mg^*	2	
LYRICA - pregabalin cap 25 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 50 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 75 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 100 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 150 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 200 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin cap 300 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
MYSOLINE - primidone tab 50 mg	5	
MYSOLINE - primidone tab 250 mg	5	
NEURONTIN - gabapentin cap 100 mg	4	QL (1080 capsules/30 days)
NEURONTIN - gabapentin cap 300 mg	4	QL (360 capsules/30 days)
NEURONTIN - gabapentin cap 400 mg	4	QL (270 capsules/30 days)
NEURONTIN - gabapentin oral soln 250 mg/5ml	4	QL (2160 mls/30 days)
NEURONTIN - gabapentin tab 600 mg	4	QL (180 tablets/30 days)
NEURONTIN - gabapentin tab 800 mg	4	QL (135 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	5	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg	5	PA, QL (60 tablets/30 days)
ONFI - clobazam tab 20 mg	5	PA, QL (60 tablets/30 days)
*oxcarbazepine susp 300 mg/5ml (60 mg/ml)^*	2	
*oxcarbazepine tab 150 mg^*	2	
*oxcarbazepine tab 300 mg^*	2	
*oxcarbazepine tab 600 mg^*	2	
PEGANONE - ethotoin tab 250 mg	4	
phenobarbital elixir 20 mg/5ml#	4	
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	4	
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#	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	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
phenobarbital tab 100 mg#	4	
PHENYTEK - phenytoin sodium extended cap 200 mg	4	
PHENYTEK - phenytoin sodium extended cap 300 mg	4	
*phenytoin chew tab 50 mg^*	2	
*phenytoin sodium extended cap 100 mg^*	2	
*phenytoin sodium extended cap 200 mg^*	2	
*phenytoin sodium extended cap 300 mg^*	2	
*phenytoin susp 125 mg/5ml^*	2	
*primidone tab 50 mg^*	2	
*primidone tab 250 mg^*	2	
SABRIL - vigabatrin powd pack 500 mg*	5	
SABRIL - vigabatrin tab 500 mg*	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	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)
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 400 mg	4	
*tiagabine hcl tab 2 mg^*	2	
*tiagabine hcl tab 4 mg^*	2	
*tiagabine hcl tab 12 mg^*	2	
*tiagabine hcl tab 16 mg^*	2	
*topiramate sprinkle cap 15 mg^*	2	
*topiramate sprinkle cap 25 mg^*	2	
*topiramate tab 25 mg^*	1	
*topiramate tab 50 mg^*	1	
*topiramate tab 100 mg^*	1	
*topiramate tab 200 mg^*	1	
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	5	
TRILEPTAL - oxcarbazepine tab 150 mg	4	
TRILEPTAL - oxcarbazepine tab 300 mg	4	
TRILEPTAL - oxcarbazepine tab 600 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*valproate sodium inj 100 mg/ml^*	2	
*valproate sodium oral soln 250 mg/5ml^*	2	
*valproic acid cap 250 mg^*	2	
*vigabatrin powd pack 500 mg**	5	
*vigabatrin tab 500 mg**	5	
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3	
VIMPAT - lacosamide oral solution 10 mg/ml	3	
VIMPAT - lacosamide tab 50 mg	3	
VIMPAT - lacosamide tab 100 mg	3	
VIMPAT - lacosamide tab 150 mg	3	
VIMPAT - lacosamide tab 200 mg	3	
ZARONTIN - ethosuximide cap 250 mg	4	
ZONEGRAN - zonisamide cap 25 mg	5	
ZONEGRAN - zonisamide cap 100 mg	5	
*zonisamide cap 25 mg^*	2	
*zonisamide cap 50 mg^*	2	
*zonisamide cap 100 mg^*	2	
Agentes contra la demencia		
ARICEPT - donepezil hydrochloride tab 5 mg	4	
ARICEPT - donepezil hydrochloride tab 10 mg	4	
*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^*	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 9.5 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 13.3 mg/24hr	4	
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^*	2	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*memantine hcl tab 5 mg^*	2	PA
*memantine hcl tab 10 mg^*	2	PA
*memantine hcl tab 5 mg (28) & 10 mg (21) titration pak^*	2	PA
NAMENDA - memantine hcl tab 5 mg	4	PA
NAMENDA - memantine hcl tab 10 mg	4	PA
NAMENDA TITRATION PAK - memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	4	PA
RAZADYNE - galantamine hydrobromide tab 4 mg	4	
RAZADYNE - galantamine hydrobromide tab 8 mg	4	
RAZADYNE - galantamine hydrobromide tab 12 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 8 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 16 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 24 mg	4	
*rivastigmine tartrate cap 1.5 mg^*	2	
*rivastigmine tartrate cap 3 mg^*	2	
*rivastigmine tartrate cap 4.5 mg^*	2	
*rivastigmine tartrate cap 6 mg^*	2	
*rivastigmine td patch 24hr 4.6 mg/24hr^*	2	
*rivastigmine td patch 24hr 9.5 mg/24hr^*	2	
*rivastigmine td patch 24hr 13.3 mg/24hr^*	2	
Medicamentos antidepresivos		
amitriptyline hcl tab 10 mg#	4	PA
amitriptyline hcl tab 25 mg#	4	PA
amitriptyline hcl tab 50 mg#	4	PA
amitriptyline hcl tab 75 mg#	4	PA
amitriptyline hcl tab 100 mg#	4	PA
amitriptyline hcl tab 150 mg#	4	PA
AMOXAPINE - amoxapine tab 25 mg#	4	PA
AMOXAPINE - amoxapine tab 50 mg#	4	PA
AMOXAPINE - amoxapine tab 100 mg#	4	PA
AMOXAPINE - amoxapine tab 150 mg#	4	PA
*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^*	2	QL (90 tablets/30 days)
*bupropion hcl tab er 24hr 300 mg^*	2	QL (30 tablets/30 days)
*bupropion hcl tab 75 mg^*	2	QL (60 tablets/30 days)
*bupropion hcl tab 100 mg^*	2	QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CELEXA - citalopram hydrobromide tab 10 mg	4	QL (45 tablets/30 days)
CELEXA - citalopram hydrobromide tab 20 mg	4	QL (45 tablets/30 days)
CELEXA - citalopram hydrobromide tab 40 mg	4	QL (30 tablets/30 days)
*citalopram hydrobromide oral soln 10 mg/5ml^*	2	QL (600 mls/30 days)
*citalopram hydrobromide tab 10 mg^*	1	QL (45 tablets/30 days)
*citalopram hydrobromide tab 20 mg^*	1	QL (45 tablets/30 days)
*citalopram hydrobromide tab 40 mg^*	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	4	PA
clomipramine hcl cap 50 mg#	4	PA
clomipramine hcl cap 75 mg#	4	PA
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (90 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg	4	QL (60 capsules/30 days)
desipramine hcl tab 10 mg#	3	PA
desipramine hcl tab 25 mg#	3	PA
desipramine hcl tab 50 mg#	3	PA
desipramine hcl tab 75 mg#	3	PA
desipramine hcl tab 100 mg#	3	PA
desipramine hcl tab 150 mg#	3	PA
*desvenlafaxine succinate tab er 24hr 25 mg^*	2	QL (30 tablets/30 days)
*desvenlafaxine succinate tab er 24hr 50 mg^*	2	QL (30 tablets/30 days)
*desvenlafaxine succinate tab er 24hr 100 mg^*	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	4	PA
doxepin hcl cap 25 mg#	4	PA
doxepin hcl cap 50 mg#	4	PA
doxepin hcl cap 75 mg#	4	PA
doxepin hcl cap 100 mg#	4	PA
doxepin hcl cap 150 mg#	4	PA
doxepin hcl conc 10 mg/ml#	3	PA
*duloxetine hcl enteric coated pellets cap 20 mg^*	2	QL (60 capsules/30 days)
*duloxetine hcl enteric coated pellets cap 30 mg^*	2	QL (90 capsules/30 days)
*duloxetine hcl enteric coated pellets cap 60 mg^*	2	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg	4	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 150 mg	4	QL (30 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*escitalopram oxalate soln 5 mg/5ml^*	2	QL (600 mls/30 days)
*escitalopram oxalate tab 5 mg^*	1	QL (45 tablets/30 days)
*escitalopram oxalate tab 10 mg^*	1	QL (45 tablets/30 days)
*escitalopram oxalate tab 20 mg^*	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg^	2	QL (4 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^*	2	QL (600 mls/30 days)
*fluoxetine hcl tab 10 mg^*	2	QL (90 tablets/30 days)
*fluoxetine hcl tab 20 mg^*	2	QL (120 tablets/30 days)
*fluvoxamine maleate tab 25 mg^*	2	QL (30 tablets/30 days)
*fluvoxamine maleate tab 50 mg^*	2	QL (30 tablets/30 days)
*fluvoxamine maleate tab 100 mg^*	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg#	4	PA
imipramine hcl tab 25 mg#	4	PA
imipramine hcl tab 50 mg#	4	PA
LEXAPRO - escitalopram oxalate tab 5 mg	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 10 mg	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 20 mg	4	QL (30 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 25 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg	3	QL (90 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg	5	
*mirtazapine orally disintegrating tab 15 mg^*	2	QL (30 tablets/30 days)
*mirtazapine orally disintegrating tab 30 mg^*	2	QL (30 tablets/30 days)
*mirtazapine orally disintegrating tab 45 mg^*	2	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)
NARDIL - phenelzine sulfate tab 15 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
NEFAZODONE HCL - nefazodone hcl tab 100 mg	3	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	3	
*nefazodone hcl tab 50 mg^*	2	
*nefazodone hcl tab 250 mg^*	2	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NORPRAMIN - desipramine hcl tab 10 mg#	4	PA
NORPRAMIN - desipramine hcl tab 25 mg#	4	PA
nortriptyline hcl cap 10 mg#	4	PA
nortriptyline hcl cap 25 mg#	4	PA
nortriptyline hcl cap 50 mg#	4	PA
nortriptyline hcl cap 75 mg#	4	PA
nortriptyline hcl soln 10 mg/5ml#	4	PA
PARNATE - tranylcypromine sulfate tab 10 mg	5	
paroxetine hcl tab 10 mg#	4	PA, QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	4	PA, QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	4	PA, QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	PA, QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg#	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg#	4	PA, QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg#	4	PA, QL (60 tablets/30 days)
PAXIL - paroxetine hcl tab 40 mg#	4	PA, QL (45 tablets/30 days)
*phenelzine sulfate tab 15 mg^*	2	
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 50 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 100 mg	4	QL (30 tablets/30 days)
protriptyline hcl tab 5 mg#	4	PA
protriptyline hcl tab 10 mg#	4	PA
PROZAC - fluoxetine hcl cap 10 mg	4	QL (90 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	4	QL (120 capsules/30 days)
PROZAC - fluoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
REMERON - mirtazapine tab 15 mg	4	QL (45 tablets/30 days)
REMERON - mirtazapine tab 30 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 30 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 45 mg	4	QL (30 tablets/30 days)
*sertraline hcl oral concentrate for solution 20 mg/ml^*	2	QL (300 mls/30 days)
*sertraline hcl tab 25 mg^*	1	QL (45 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*sertraline hcl tab 50 mg^*	1	QL (45 tablets/30 days)
*sertraline hcl tab 100 mg^*	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/ device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/ device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
SURMONTIL - trimipramine maleate cap 25 mg#	4	PA
SURMONTIL - trimipramine maleate cap 50 mg#	4	PA
SURMONTIL - trimipramine maleate cap 100 mg#	4	PA
*tranylcypromine sulfate tab 10 mg^*	2	
*trazodone hcl tab 50 mg^*	1	
*trazodone hcl tab 100 mg^*	1	
*trazodone hcl tab 150 mg^*	1	
*trazodone hcl tab 300 mg^*	1	
trimipramine maleate cap 25 mg#	4	PA
trimipramine maleate cap 50 mg#	4	PA
trimipramine maleate cap 100 mg#	4	PA
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
*venlafaxine hcl cap er 24hr 37.5 mg^*	2	QL (60 capsules/30 days)
*venlafaxine hcl cap er 24hr 75 mg^*	2	QL (90 capsules/30 days)
*venlafaxine hcl cap er 24hr 150 mg^*	2	QL (30 capsules/30 days)
*venlafaxine hcl tab er 24hr 37.5 mg^*	2	QL (60 tablets/30 days)
*venlafaxine hcl tab er 24hr 75 mg^*	2	QL (90 tablets/30 days)
*venlafaxine hcl tab er 24hr 150 mg^*	2	QL (30 tablets/30 days)
*venlafaxine hcl tab 25 mg^*	2	QL (90 tablets/30 days)
*venlafaxine hcl tab 37.5 mg^*	2	QL (90 tablets/30 days)
*venlafaxine hcl tab 50 mg^*	2	QL (90 tablets/30 days)
*venlafaxine hcl tab 75 mg^*	2	QL (90 tablets/30 days)
*venlafaxine hcl tab 100 mg^*	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg	4	QL (90 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg	4	QL (60 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 200 mg	5	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg	5	QL (90 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 300 mg	5	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 25 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 50 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
Medicamentos antieméticos		
ALOXI - palonosetron hcl iv soln 0.25 mg/5ml	5	
*aprepitant capsule therapy pack 80 & 125 mg^*	2	BD
*aprepitant capsule 40 mg^*	2	BD
*aprepitant capsule 80 mg^*	2	BD
*aprepitant capsule 125 mg^*	2	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
*chlorpromazine hcl tab 10 mg^*	2	PA
*chlorpromazine hcl tab 25 mg^*	2	PA
*chlorpromazine hcl tab 50 mg^*	2	PA
*chlorpromazine hcl tab 100 mg^*	2	PA
*chlorpromazine hcl tab 200 mg^*	2	PA
*dronabinol cap 2.5 mg^*	2	BD
*dronabinol cap 5 mg^*	2	BD
*dronabinol cap 10 mg^*	2	BD
EMEND - aprepitant capsule 40 mg	4	BD
EMEND - aprepitant capsule 80 mg	4	BD
EMEND - aprepitant capsule 125 mg	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	4	BD
*granisetron hcl inj 1 mg/ml^*	2	
*granisetron hcl inj 4 mg/4ml (1 mg/ml)^*	2	
*granisetron hcl tab 1 mg^*	2	BD
meclizine hcl tab 12.5 mg#	4	
meclizine hcl tab 25 mg#	4	
*ondansetron hcl inj 4 mg/2ml (2 mg/ml)^*	2	
*ondansetron hcl inj 40 mg/20ml (2 mg/ml)^*	2	
*ondansetron hcl oral soln 4 mg/5ml^*	2	BD
*ondansetron hcl tab 4 mg^*	2	BD
*ondansetron hcl tab 8 mg^*	2	BD
*ondansetron hcl tab 24 mg^*	2	BD
*ondansetron orally disintegrating tab 4 mg^*	2	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*ondansetron orally disintegrating tab 8 mg^*	2	BD
palonosetron hcl iv soln pref syr 0.25 mg/5ml	5	
palonosetron hcl iv soln 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
*perphenazine tab 2 mg^*	2	PA
*perphenazine tab 4 mg^*	2	PA
*perphenazine tab 8 mg^*	2	PA
*perphenazine tab 16 mg^*	2	PA
*prochlorperazine edisylate inj 10 mg/2ml^*	2	
*prochlorperazine edisylate inj 50 mg/10ml^*	2	
*prochlorperazine maleate tab 5 mg^*	2	
*prochlorperazine maleate tab 10 mg^*	2	
*prochlorperazine suppos 25 mg^*	2	
promethazine hcl suppos 12.5 mg#	4	PA
promethazine hcl suppos 25 mg#	4	PA
promethazine hcl syrup 6.25 mg/5ml#	4	PA
promethazine hcl tab 12.5 mg#	4	PA
promethazine hcl tab 25 mg#	4	PA
promethazine hcl tab 50 mg#	4	PA
ZOFRAN - ondansetron hcl tab 4 mg	5	BD
ZOFRAN - ondansetron hcl tab 8 mg	4	BD
Medicamentos antimicóticos		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg	5	
CANCIDAS - caspofungin acetate for iv soln 70 mg	5	
caspofungin acetate for iv soln 50 mg	5	
caspofungin acetate for iv soln 70 mg	5	
*ciclopirox gel 0.77%^*	2	
*ciclopirox olamine cream 0.77%^*	2	
*ciclopirox olamine susp 0.77%^*	2	
*ciclopirox shampoo 1%^*	2	
*ciclopirox solution 8%^*	2	
*clotrimazole cream 1%^*	2	
*clotrimazole troche 10 mg^*	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DIFLUCAN - fluconazole for susp 10 mg/ml	4	
DIFLUCAN - fluconazole for susp 40 mg/ml	4	
DIFLUCAN - fluconazole tab 50 mg	4	
DIFLUCAN - fluconazole tab 100 mg	4	
DIFLUCAN - fluconazole tab 150 mg	4	
DIFLUCAN - fluconazole tab 200 mg	4	
*econazole nitrate cream 1%^*	2	
*fluconazole for susp 10 mg/ml^*	2	
*fluconazole for susp 40 mg/ml^*	2	
*fluconazole in dextrose inj 200 mg/100ml^*	2	
*fluconazole in dextrose inj 400 mg/200ml^*	2	
*fluconazole in nacl 0.9% inj 200 mg/100ml^*	2	
*fluconazole in nacl 0.9% inj 400 mg/200ml^*	2	
*fluconazole tab 50 mg^*	2	
*fluconazole tab 100 mg^*	2	
*fluconazole tab 150 mg^*	2	
*fluconazole tab 200 mg^*	2	
flucytosine cap 250 mg	5	
flucytosine cap 500 mg	5	
*griseofulvin microsize susp 125 mg/5ml^*	2	
*griseofulvin ultramicrosize tab 125 mg^*	2	
*griseofulvin ultramicrosize tab 250 mg^*	2	
*itraconazole cap 100 mg^*	2	
*ketoconazole cream 2%^*	2	
*ketoconazole shampoo 2%^*	2	
*ketoconazole tab 200 mg^*	2	
LOPROX SHAMPOO - ciclopirox shampoo 1%	5	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NIZORAL - ketoconazole shampoo 2%	4	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
*nystatin cream 100000 unit/gm^*	2	
*nystatin oint 100000 unit/gm^*	2	
*nystatin susp 100000 unit/ml^*	2	
*nystatin tab 500000 unit^*	2	
*nystatin topical powder 100000 unit/gm^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SPORANOX - itraconazole cap 100 mg	5	
SPORANOX PULSEPAK - itraconazole cap 100 mg	5	
*terbinafine hcl tab 250 mg^*	1	
*terconazole vaginal cream 0.8%^*	2	
*terconazole vaginal cream 0.4%^*	2	
*terconazole vaginal suppos 80 mg^*	2	
VFEND IV - voriconazole for inj 200 mg	4	PA
*voriconazole for inj 200 mg^*	2	PA
voriconazole for susp 40 mg/ml	5	PA
voriconazole tab 50 mg	5	PA
voriconazole tab 200 mg	5	PA
Agentes contra la gota		
*allopurinol sodium for inj 500 mg^*	2	
*allopurinol tab 100 mg^*	1	
*allopurinol tab 300 mg^*	1	
ALOPRIM - allopurinol sodium for inj 500 mg	4	
*colchicine w/ probenecid tab 0.5-500 mg^*	2	
COLCRYS - colchicine tab 0.6 mg	3	
*probenecid tab 500 mg^*	2	
ULORIC - febuxostat tab 40 mg	3	ST
ULORIC - febuxostat tab 80 mg	3	ST
ZYLOPRIM - allopurinol tab 100 mg	4	
ZYLOPRIM - allopurinol tab 300 mg	4	
Agentes contra las migrañas		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
AMERGE - naratriptan hcl tab 1 mg	4	QL (18 tablets/30 days)
AMERGE - naratriptan hcl tab 2.5 mg	4	QL (18 tablets/30 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 120 mg/ml	3	PA, QL (2 syringes/30 days)
IMITREX - sumatriptan nasal spray 5 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan nasal spray 20 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan succinate inj 6 mg/0.5ml	4	
IMITREX - sumatriptan succinate tab 25 mg	4	QL (18 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
IMITREX - sumatriptan succinate tab 50 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 100 mg	4	QL (18 tablets/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	4	
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	4	
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	
MAXALT - rizatriptan benzoate tab 10 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 5 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg	4	QL (18 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	3	QL (8 mls/28 days)
*naratriptan hcl tab 1 mg^*	2	QL (18 tablets/30 days)
*naratriptan hcl tab 2.5 mg^*	2	QL (18 tablets/30 days)
*rizatriptan benzoate oral disintegrating tab 5 mg^*	2	QL (18 tablets/30 days)
*rizatriptan benzoate oral disintegrating tab 10 mg^*	2	QL (18 tablets/30 days)
*rizatriptan benzoate tab 5 mg^*	2	QL (18 tablets/30 days)
*rizatriptan benzoate tab 10 mg^*	2	QL (18 tablets/30 days)
*sumatriptan nasal spray 5 mg/act^*	2	QL (12 units (2 packages)/30 days)
*sumatriptan nasal spray 20 mg/act^*	2	QL (12 units (2 packages)/30 days)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml^	2	
*sumatriptan succinate inj 6 mg/0.5ml^*	2	
*sumatriptan succinate solution auto-injector 4 mg/0.5ml^*	2	
*sumatriptan succinate solution auto-injector 6 mg/0.5ml^*	2	
*sumatriptan succinate solution cartridge 4 mg/0.5ml^*	2	
*sumatriptan succinate solution cartridge 6 mg/0.5ml^*	2	
*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)
*zolmitriptan orally disintegrating tab 2.5 mg^*	2	QL (12 tablets/30 days)
*zolmitriptan orally disintegrating tab 5 mg^*	2	QL (12 tablets/30 days)
Agentes antimiasténicos		
GUANIDINE HCL - guanidine hcl tab 125 mg	3	
MESTINON - pyridostigmine bromide syrup 60 mg/5ml	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MESTINON - pyridostigmine bromide tab 60 mg	5	
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	5	
pyridostigmine bromide syrup 60 mg/5ml	5	
*pyridostigmine bromide tab er 180 mg^*	2	
*pyridostigmine bromide tab 60 mg^*	2	
Medicamentos antimicobacteriales		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
cycloserine cap 250 mg	5	
*dapsone tab 25 mg^*	2	
*dapsone tab 100 mg^*	2	
*ethambutol hcl tab 100 mg^*	2	
*ethambutol hcl tab 400 mg^*	2	
ISONIAZID - isoniazid inj 100 mg/ml	3	
*isoniazid tab 100 mg^*	1	
*isoniazid tab 300 mg^*	1	
MYCOBUTIN - rifabutin cap 150 mg	5	
PASER - aminosalicylic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
*pyrazinamide tab 500 mg^*	2	
rifabutin cap 150 mg	5	
RIFADIN - rifampin cap 150 mg	4	
RIFADIN - rifampin for inj 600 mg	5	
*rifampin cap 150 mg^*	2	
*rifampin cap 300 mg^*	2	
rifampin for inj 600 mg	5	
SIRTURO - bedaquiline fumarate tab 100 mg	5	
TRECATOR - ethionamide tab 250 mg	4	
Medicamentos antineoplásicos		
abiraterone acetate tab 250 mg	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
AFINITOR - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	PA
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
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	
ARIMIDEX - anastrozole tab 1 mg	4	
AROMASIN - exemestane tab 25 mg	5	
ARRANON - nelarabine iv soln 5 mg/ml	5	
*arsenic trioxide inj 10 mg/10ml (1 mg/ml)^*	2	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	PA
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	PA
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
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)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	PA
BELEODAQ - belinostat for iv inj 500 mg*	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
bexarotene cap 75 mg	5	PA
*bicalutamide tab 50 mg^*	2	
BICNU - carmustine for inj 100 mg	4	
*bleomycin sulfate for inj 15 unit^*	2	BD
*bleomycin sulfate for inj 30 unit^*	2	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 50 mg	5	PA, QL (180 capsules/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	PA, QL (180 capsules/30 days)
busulfan inj 6 mg/ml	5	
CABOMETYX - cabozantinib s-malate tab 20 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*	5	PA, QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CABOMETYX - cabozantinib s-malate tab 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg	5	PA, QL (60 capsules/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)
*carboplatin iv soln 50 mg/5ml^*	2	
*carboplatin iv soln 150 mg/15ml^*	2	
*carboplatin iv soln 450 mg/45ml^*	2	
*carboplatin iv soln 600 mg/60ml^*	2	
*carmustine for inj 100 mg^*	2	
CASODEX - bicalutamide tab 50 mg	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)^	2	
*cisplatin inj 50 mg/50ml (1 mg/ml)^*	2	
*cisplatin inj 100 mg/100ml (1 mg/ml)^*	2	
cladribine iv soln 10 mg/10ml (1 mg/ml)	5	BD
clofarabine iv soln 1 mg/ml	5	
CLOLAR - clofarabine iv soln 1 mg/ml	5	
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)
COSMEGEN - dactinomycin for inj 0.5 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
*cyclophosphamide cap 25 mg^*	2	BD
*cyclophosphamide cap 50 mg^*	2	BD
cyclophosphamide for inj 500 mg	5	
cyclophosphamide for inj 1 gm	5	
cyclophosphamide for inj 2 gm	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
CYTARABINE - cytarabine inj 20 mg/ml^	2	BD
*cytarabine inj pf 20 mg/ml^*	2	BD
*cytarabine inj pf 100 mg/ml^*	2	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
*dacarbazine for inj 200 mg^*	2	
dactinomycin for inj 0.5 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
*daunorubicin hcl iv soln 20 mg/4ml^*	2	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml^	2	
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
decitabine for inj 50 mg	5	
dexrazoxane hcl for inj 250 mg	5	
dexrazoxane hcl for inj 500 mg	5	
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
docetaxel for inj conc 20 mg/ml	5	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	
docetaxel soln for iv infusion 20 mg/2ml	5	
docetaxel soln for iv infusion 80 mg/8ml	5	
docetaxel soln for iv infusion 160 mg/16ml	5	
*doxorubicin hcl for inj 10 mg^*	2	BD
*doxorubicin hcl for inj 50 mg^*	2	BD
*doxorubicin hcl inj 2 mg/ml^*	2	BD
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	BD, PA
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
*epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)^*	2	
*epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)^*	2	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	5	PA, QL (120 tablets/30 days)
erlotinib hcl tab 25 mg	5	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	
ETHYOL - amifostine for inj 500 mg	5	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
*etoposide inj 100 mg/5ml (20 mg/ml)^*	2	
*etoposide inj 500 mg/25ml (20 mg/ml)^*	2	
*etoposide inj 1 gm/50ml (20 mg/ml)^*	2	
EVOMELA - melphalan hcl for inj 50 mg*	5	
*exemestane tab 25 mg^*	2	
FARESTON - toremifene citrate tab 60 mg	5	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	
FEMARA - letrozole tab 2.5 mg	5	
*fludarabine phosphate for inj 50 mg^*	2	
*fludarabine phosphate inj 25 mg/ml^*	2	
*fluorouracil iv soln 500 mg/10ml (50 mg/ml)^*	2	BD
*fluorouracil iv soln 1 gm/20ml (50 mg/ml)^*	2	BD
*fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)^*	2	BD
*fluorouracil iv soln 5 gm/100ml (50 mg/ml)^*	2	BD
*flutamide cap 125 mg^*	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
fulvestrant inj 250 mg/5ml	5	
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
*gemcitabine hcl for inj 200 mg^*	2	
*gemcitabine hcl for inj 1 gm^*	2	
*gemcitabine hcl for inj 2 gm^*	2	
*gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)^*	2	
*gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)^*	2	
*gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)^*	2	
GILOTRIF - afatinib dimaleate tab 20 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg	5	PA, QL (30 tablets/30 days)
GLEEVEC - imatinib mesylate tab 100 mg	5	PA, QL (90 tablets/30 days)
GLEEVEC - imatinib mesylate tab 400 mg	5	PA, QL (60 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HYDREA - hydroxyurea cap 500 mg	4	
*hydroxyurea cap 500 mg^*	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
ICLUSIG - ponatinib hcl tab 15 mg	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg	5	PA, QL (30 tablets/30 days)
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	5	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	5	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	5	
IDHIFA - enasidenib mesylate tab 50 mg	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
*ifosfamide for inj 1 gm^*	2	
*ifosfamide iv inj 1 gm/20ml (50 mg/ml)^*	2	
*ifosfamide iv inj 3 gm/60ml (50 mg/ml)^*	2	
imatinib mesylate tab 100 mg	5	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib 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)
IMBRUVICA - ibrutinib tab 560 mg	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml*	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml*	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)^	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*irinotecan hcl inj 40 mg/2ml (20 mg/ml)^*	2	
*irinotecan hcl inj 100 mg/5ml (20 mg/ml)^*	2	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	PA
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)*	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (63 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	PA
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
*letrozole tab 2.5 mg^*	1	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	3	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	3	
*leucovorin calcium for inj 50 mg^*	2	
*leucovorin calcium for inj 100 mg^*	2	
*leucovorin calcium for inj 200 mg^*	2	
*leucovorin calcium for inj 350 mg^*	2	
*leucovorin calcium for inj 500 mg^*	2	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	4	
*leucovorin calcium tab 5 mg^*	2	
*leucovorin calcium tab 25 mg^*	2	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)	5	PA
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)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg	5	PA
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	PA, QL (180 tablets/30 days)
melphalan hcl for inj 50 mg	5	
*mercaptopurine tab 50 mg^*	2	
*mesna inj 100 mg/ml^*	2	
MESNEX - mesna tab 400 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
mitomycin for iv soln 5 mg	4	
*mitomycin for iv soln 20 mg^*	2	
mitomycin for iv soln 40 mg	5	
*mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)^*	2	
*mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)^*	2	
*mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)^*	2	
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
NERLYNX - neratinib maleate tab 40 mg	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	5	
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml*	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml*	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml*	5	PA
oxaliplatin for iv inj 50 mg	5	
oxaliplatin for iv inj 100 mg	5	
*oxaliplatin iv soln 50 mg/10ml^*	2	
*oxaliplatin iv soln 100 mg/20ml^*	2	
*paclitaxel iv conc 30 mg/5ml (6 mg/ml)^*	2	
*paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)^*	2	
*paclitaxel iv conc 300 mg/50ml (6 mg/ml)^*	2	
PANRETIN - alitretinoin gel 0.1%	5	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
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)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml	5	PA
RUBRACA - rucaparib camsylate tab 200 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSO - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg	5	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg^	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*tamoxifen citrate tab 20 mg^*	2	
TARCEVA - erlotinib hcl tab 25 mg	5	PA, QL (60 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	5	PA
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAXOTERE - docetaxel for inj conc 20 mg/ml	5	
TAXOTERE - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
temsirolimus soln for iv infusion 25 mg/ml	5	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
thiotepa for inj 15 mg	5	
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
*topotecan hcl for inj 4 mg^*	2	
*topotecan hcl inj 4 mg/4ml (for infusion)^*	2	
toremifene citrate tab 60 mg	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
tretinoin cap 10 mg	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)*	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg	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)
VERZENIO - abemaciclib tab 200 mg	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	3	BD
*vincristine sulfate iv soln 1 mg/ml^*	2	BD
*vinorelbine tartrate inj 10 mg/ml^*	2	
*vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)^*	2	
VITRAKVI - larotrectinib sulfate cap 25 mg	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (90 capsules/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
ZYTIGA - abiraterone acetate tab 250 mg*	5	PA, QL (120 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos antiparasitarios		
albendazole tab 200 mg	5	
ALBENZA - albendazole tab 200 mg	5	
ALINIA - nitazoxanide for susp 100 mg/5ml	5	
ALINIA - nitazoxanide tab 500 mg	5	
atovaquone susp 750 mg/5ml	5	
*atovaquone-proguanil hcl tab 62.5-25 mg^*	2	
*atovaquone-proguanil hcl tab 250-100 mg^*	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
BILTRICIDE - praziquantel tab 600 mg	5	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3	
*chloroquine phosphate tab 500 mg^*	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
*hydroxychloroquine sulfate tab 200 mg^*	2	
*ivermectin tab 3 mg^*	2	
lindane shampoo 1%	3	
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg	4	
MALARONE - atovaquone-proguanil hcl tab 250-100 mg	4	
*malathion lotion 0.5%^*	2	
*mefloquine hcl tab 250 mg^*	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
OVIDE - malathion lotion 0.5%	4	
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	
*pentamidine isethionate for soln 300 mg^*	2	
*permethrin cream 5%^*	2	
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	4	
*praziquantel tab 600 mg^*	2	
*primaquine phosphate tab 26.3 mg^*	2	
STROMECTOL - ivermectin tab 3 mg	4	
Agentes contra la enfermedad de Parkinson		
*amantadine hcl cap 100 mg^*	2	
*amantadine hcl syrup 50 mg/5ml^*	2	
*amantadine hcl tab 100 mg^*	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
AZILECT - rasagiline mesylate tab 0.5 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
AZILECT - rasagiline mesylate tab 1 mg	5	
benztropine mesylate tab 0.5 mg#	3	PA
benztropine mesylate tab 1 mg#	3	PA
benztropine mesylate tab 2 mg#	3	PA
*bromocriptine mesylate cap 5 mg^*	2	
*bromocriptine mesylate tab 2.5 mg^*	2	
*carbidopa & levodopa orally disintegrating tab 10-100 mg^*	2	
*carbidopa & levodopa orally disintegrating tab 25-100 mg^*	2	
*carbidopa & levodopa orally disintegrating tab 25-250 mg^*	2	
*carbidopa & levodopa tab er 25-100 mg^*	2	
*carbidopa & levodopa tab er 50-200 mg^*	2	
*carbidopa & levodopa tab 10-100 mg^*	2	
*carbidopa & levodopa tab 25-100 mg^*	2	
*carbidopa & levodopa tab 25-250 mg^*	2	
carbidopa tab 25 mg	5	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg	3	
COMTAN - entacapone tab 200 mg	5	
*entacapone tab 200 mg^*	2	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
MIRAPEX - pramipexole dihydrochloride tab 0.125 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.25 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.5 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.75 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1.5 mg	4	
*pramipexole dihydrochloride tab 0.125 mg^*	1	
*pramipexole dihydrochloride tab 0.25 mg^*	1	
*pramipexole dihydrochloride tab 0.5 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
*pramipexole dihydrochloride tab 0.75 mg^*	1	
*pramipexole dihydrochloride tab 1 mg^*	1	
*pramipexole dihydrochloride tab 1.5 mg^*	1	
*rasagiline mesylate tab 0.5 mg^*	2	
*rasagiline mesylate tab 1 mg^*	2	
REQUIP - ropinirole hydrochloride tab 0.5 mg	4	
*ropinirole hydrochloride tab er 24hr 2 mg^*	2	
*ropinirole hydrochloride tab er 24hr 4 mg^*	2	
*ropinirole hydrochloride tab er 24hr 6 mg^*	2	
*ropinirole hydrochloride tab er 24hr 8 mg^*	2	
*ropinirole hydrochloride tab er 24hr 12 mg^*	2	
*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^*	2	
*selegiline hcl tab 5 mg^*	2	
SINEMET - carbidopa & levodopa tab 10-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-250 mg	4	
SINEMET CR - carbidopa & levodopa tab er 25-100 mg	4	
SINEMET CR - carbidopa & levodopa tab er 50-200 mg	4	
TASMAR - tolcapone tab 100 mg	5	
tolcapone tab 100 mg	5	
Medicamentos antipsicóticos		
ABILIFY - aripiprazole tab 2 mg	5	PA, QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 5 mg	5	PA, QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 15 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 20 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 30 mg	5	PA, QL (30 tablets/30 days)
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
*aripiprazole oral solution 1 mg/ml^*	2	PA, QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	5	PA, QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	5	PA, QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*aripiprazole tab 2 mg^*	2	PA, QL (45 tablets/30 days)
*aripiprazole tab 5 mg^*	2	PA, QL (45 tablets/30 days)
*aripiprazole tab 10 mg^*	2	PA, QL (30 tablets/30 days)
*aripiprazole tab 15 mg^*	2	PA, QL (30 tablets/30 days)
*aripiprazole tab 20 mg^*	2	PA, QL (30 tablets/30 days)
*aripiprazole tab 30 mg^*	2	PA, QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	PA, QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	PA, QL (1 syringe/42 days)
*clozapine orally disintegrating tab 12.5 mg^*	2	PA, QL (90 tablets/30 days)
*clozapine orally disintegrating tab 25 mg^*	2	PA, QL (270 tablets/30 days)
*clozapine orally disintegrating tab 100 mg^*	2	PA, QL (270 tablets/30 days)
*clozapine tab 25 mg^*	2	PA, QL (90 tablets/30 days)
*clozapine tab 50 mg^*	2	PA, QL (90 tablets/30 days)
*clozapine tab 100 mg^*	2	PA, QL (270 tablets/30 days)
*clozapine tab 200 mg^*	2	PA, QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg	4	PA, QL (90 tablets/30 days)
CLOZARIL - clozapine tab 100 mg	5	PA, QL (270 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA, QL (7 packs (56 tablets)/28 days)
FAZACLO - clozapine orally disintegrating tab 25 mg	4	PA, QL (270 tablets/30 days)
FAZACLO - clozapine orally disintegrating tab 100 mg	4	PA, QL (270 tablets/30 days)
*fluphenazine decanoate inj 25 mg/ml^*	2	PA
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	3	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA
*fluphenazine hcl tab 1 mg^*	2	PA
*fluphenazine hcl tab 2.5 mg^*	2	PA
*fluphenazine hcl tab 5 mg^*	2	PA
*fluphenazine hcl tab 10 mg^*	2	PA
GEODON - ziprasidone hcl cap 20 mg	5	PA, QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 40 mg	5	PA, QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg	5	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 80 mg	5	PA, QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg	4	PA, QL (60 vials/30 days)
HALDOL - haloperidol lactate inj 5 mg/ml	4	PA
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	4	PA
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	4	PA
*haloperidol decanoate im soln 50 mg/ml^*	2	PA
*haloperidol decanoate im soln 100 mg/ml^*	2	PA
*haloperidol lactate inj 5 mg/ml^*	2	PA
*haloperidol lactate oral conc 2 mg/ml^*	2	PA
*haloperidol tab 0.5 mg^*	2	PA
*haloperidol tab 1 mg^*	2	PA
*haloperidol tab 2 mg^*	2	PA
*haloperidol tab 5 mg^*	2	PA
*haloperidol tab 10 mg^*	2	PA
*haloperidol tab 20 mg^*	2	PA
INVEGA - paliperidone tab er 24hr 1.5 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 3 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	5	PA, QL (60 tablets/30 days)
INVEGA - paliperidone tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	PA, QL (1 kit/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
*loxapine succinate cap 5 mg^*	2	PA
*loxapine succinate cap 10 mg^*	2	PA
*loxapine succinate cap 25 mg^*	2	PA
*loxapine succinate cap 50 mg^*	2	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
*olanzapine for im inj 10 mg^*	2	PA, QL (90 vials/30 days)
*olanzapine orally disintegrating tab 5 mg^*	2	PA, QL (30 tablets/30 days)
*olanzapine orally disintegrating tab 10 mg^*	2	PA, QL (30 tablets/30 days)
*olanzapine orally disintegrating tab 15 mg^*	2	PA, QL (30 tablets/30 days)
*olanzapine orally disintegrating tab 20 mg^*	2	PA, QL (30 tablets/30 days)
*olanzapine tab 2.5 mg^*	2	PA, QL (45 tablets/30 days)
*olanzapine tab 5 mg^*	2	PA, QL (45 tablets/30 days)
*olanzapine tab 7.5 mg^*	2	PA, QL (45 tablets/30 days)
*olanzapine tab 10 mg^*	2	PA, QL (45 tablets/30 days)
*olanzapine tab 15 mg^*	2	PA, QL (30 tablets/30 days)
*olanzapine tab 20 mg^*	2	PA, QL (30 tablets/30 days)
*paliperidone tab er 24hr 1.5 mg^*	2	PA, QL (30 tablets/30 days)
*paliperidone tab er 24hr 3 mg^*	2	PA, QL (30 tablets/30 days)
*paliperidone tab er 24hr 6 mg^*	2	PA, QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	PA, QL (1 syringe/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	PA, QL (1 syringe/30 days)
*pimozide tab 1 mg^*	2	
*pimozide tab 2 mg^*	2	
*quetiapine fumarate tab er 24hr 50 mg^*	2	PA, QL (60 tablets/30 days)
*quetiapine fumarate tab er 24hr 150 mg^*	2	PA, QL (30 tablets/30 days)
*quetiapine fumarate tab er 24hr 200 mg^*	2	PA, QL (30 tablets/30 days)
*quetiapine fumarate tab er 24hr 300 mg^*	2	PA, QL (60 tablets/30 days)
*quetiapine fumarate tab er 24hr 400 mg^*	2	PA, QL (60 tablets/30 days)
*quetiapine fumarate tab 25 mg^*	2	PA, QL (120 tablets/30 days)
*quetiapine fumarate tab 50 mg^*	2	PA, QL (120 tablets/30 days)
*quetiapine fumarate tab 100 mg^*	2	PA, QL (120 tablets/30 days)
*quetiapine fumarate tab 200 mg^*	2	PA, QL (120 tablets/30 days)
*quetiapine fumarate tab 300 mg^*	2	PA, QL (60 tablets/30 days)
*quetiapine fumarate tab 400 mg^*	2	PA, QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	4	PA, QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.25 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 3 mg	5	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	5	PA, QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	5	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	5	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
*risperidone orally disintegrating tab 0.25 mg^*	2	PA, QL (60 tablets/30 days)
*risperidone orally disintegrating tab 0.5 mg^*	2	PA, QL (60 tablets/30 days)
*risperidone orally disintegrating tab 1 mg^*	2	PA, QL (60 tablets/30 days)
*risperidone orally disintegrating tab 2 mg^*	2	PA, QL (60 tablets/30 days)
*risperidone orally disintegrating tab 3 mg^*	2	PA, QL (60 tablets/30 days)
*risperidone orally disintegrating tab 4 mg^*	2	PA, QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*risperidone soln 1 mg/ml^*	2	PA, QL (480 mls/30 days)
*risperidone tab 0.25 mg^*	1	PA, QL (60 tablets/30 days)
*risperidone tab 0.5 mg^*	1	PA, QL (60 tablets/30 days)
*risperidone tab 1 mg^*	1	PA, QL (60 tablets/30 days)
*risperidone tab 2 mg^*	1	PA, QL (60 tablets/30 days)
*risperidone tab 3 mg^*	1	PA, QL (60 tablets/30 days)
*risperidone tab 4 mg^*	1	PA, QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 50 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 100 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 200 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 400 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 200 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 400 mg	4	PA, QL (60 tablets/30 days)
thioridazine hcl tab 10 mg	3	PA
thioridazine hcl tab 25 mg	3	PA
thioridazine hcl tab 50 mg	3	PA
thioridazine hcl tab 100 mg	3	PA
*thiothixene cap 1 mg^*	2	PA
*thiothixene cap 2 mg^*	2	PA
*thiothixene cap 5 mg^*	2	PA
*thiothixene cap 10 mg^*	2	PA
*trifluoperazine hcl tab 1 mg^*	2	PA
*trifluoperazine hcl tab 2 mg^*	2	PA
*trifluoperazine hcl tab 5 mg^*	2	PA
*trifluoperazine hcl tab 10 mg^*	2	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*ziprasidone hcl cap 20 mg^*	2	PA, QL (90 capsules/30 days)
*ziprasidone hcl cap 40 mg^*	2	PA, QL (90 capsules/30 days)
*ziprasidone hcl cap 60 mg^*	2	PA, QL (60 capsules/30 days)
*ziprasidone hcl cap 80 mg^*	2	PA, QL (60 capsules/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA, QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 7.5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 10 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 20 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg	4	PA, QL (30 tablets/30 days)
Agentes antiespasmódicos		
*baclofen tab 10 mg^*	2	
*baclofen tab 20 mg^*	2	
DANTRIUM - dantrolene sodium cap 25 mg	4	
DANTRIUM - dantrolene sodium cap 50 mg	4	
*dantrolene sodium cap 25 mg^*	2	
*dantrolene sodium cap 50 mg^*	2	
*dantrolene sodium cap 100 mg^*	2	
*tizanidine hcl cap 2 mg^*	2	
*tizanidine hcl cap 4 mg^*	2	
*tizanidine hcl cap 6 mg^*	2	
*tizanidine hcl tab 2 mg^*	2	
*tizanidine hcl tab 4 mg^*	2	
ZANAFLEX - tizanidine hcl tab 4 mg	4	
Medicamentos antivirales		
*abacavir sulfate soln 20 mg/ml^*	2	QL (960 mls/30 days)
*abacavir sulfate tab 300 mg^*	2	QL (60 tablets/30 days)
*abacavir sulfate-lamivudine tab 600-300 mg^*	2	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
*acyclovir cap 200 mg^*	2	
*acyclovir oint 5%^*	2	
*acyclovir sodium iv soln 50 mg/ml^*	2	BD
*acyclovir susp 200 mg/5ml^*	2	
*acyclovir tab 400 mg^*	2	
*acyclovir tab 800 mg^*	2	
adefovir dipivoxil tab 10 mg	5	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)
atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BARACLUDE - entecavir tab 0.5 mg	5	
BARACLUDE - entecavir tab 1 mg	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
cidofovir iv inj 75 mg/ml	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	3	QL (180 capsules/30 days)
CYTOVENE - ganciclovir sodium for inj 500 mg	4	BD
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DENAVIR - penciclovir cream 1%	5	
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
*didanosine delayed release capsule 200 mg^*	2	QL (30 capsules/30 days)
*didanosine delayed release capsule 250 mg^*	2	QL (30 capsules/30 days)
*didanosine delayed release capsule 400 mg^*	2	QL (30 capsules/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
*efavirenz cap 50 mg^*	2	QL (90 capsules/30 days)
efavirenz cap 200 mg	5	QL (60 capsules/30 days)
efavirenz tab 600 mg	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
*entecavir tab 0.5 mg^*	2	
*entecavir tab 1 mg^*	2	
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	4	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EPIVIR HBV - lamivudine tab 100 mg (hbv)	4	
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
*famciclovir tab 125 mg^*	2	
*famciclovir tab 250 mg^*	2	
*famciclovir tab 500 mg^*	2	
fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
*ganciclovir sodium for inj 500 mg^*	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg	5	QL (60 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate tab 500 mg	5	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 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
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	5	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
*lamivudine oral soln 10 mg/ml^*	2	QL (960 mls/30 days)
*lamivudine tab 100 mg (hbv)^*	2	
*lamivudine tab 150 mg^*	2	QL (60 tablets/30 days)
*lamivudine tab 300 mg^*	2	QL (30 tablets/30 days)
*lamivudine-zidovudine tab 150-300 mg^*	2	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
LEXIVA - fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
*nevirapine susp 50 mg/5ml^*	2	QL (1200 mls/30 days)
*nevirapine tab er 24hr 100 mg^*	2	QL (90 tablets/30 days)
*nevirapine tab er 24hr 400 mg^*	2	QL (30 tablets/30 days)
*nevirapine tab 200 mg^*	2	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
*oseltamivir phosphate cap 30 mg^*	2	
*oseltamivir phosphate cap 45 mg^*	2	
*oseltamivir phosphate cap 75 mg^*	2	
*oseltamivir phosphate for susp 6 mg/ml^*	2	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	
PREVYMIS - letermovir tab 480 mg	5	
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir ethanolate tab 75 mg	4	QL (300 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PREZISTA - darunavir ethanolate tab 150 mg	4	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	5	QL (30 tablets/30 days)
REBETOL - ribavirin soln 40 mg/ml	4	
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	
RESCRIPTOR - delavirdine mesylate tab 200 mg	4	QL (180 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
RIBASPHERE - ribavirin tab 400 mg	5	
RIBASPHERE - ribavirin tab 600 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5	
ribavirin cap 200 mg^	2	
ribavirin tab 200 mg^	2	
ritonavir tab 100 mg^	2	QL (360 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
stavudine cap 15 mg^	2	QL (60 capsules/30 days)
stavudine cap 20 mg^	2	QL (60 capsules/30 days)
stavudine cap 30 mg^	2	QL (60 capsules/30 days)
stavudine cap 40 mg^	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUSTIVA - efavirenz cap 50 mg	4	QL (90 capsules/30 days)
SUSTIVA - efavirenz cap 200 mg	5	QL (60 capsules/30 days)
SUSTIVA - efavirenz tab 600 mg	5	QL (30 tablets/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate cap 30 mg	4	
TAMIFLU - oseltamivir phosphate cap 45 mg	4	
TAMIFLU - oseltamivir phosphate cap 75 mg	4	
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	4	
tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)	5	QL (14 vials/28 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg^	2	
valacyclovir hcl tab 1 gm^	2	
VALCYTE - valganciclovir hcl for soln 50 mg/ml	5	
VALCYTE - valganciclovir hcl tab 450 mg	5	
valganciclovir hcl for soln 50 mg/ml	5	
valganciclovir hcl tab 450 mg	5	
VALTREX - valacyclovir hcl tab 500 mg	4	
VALTREX - valacyclovir hcl tab 1 gm	4	
VIDEX - didanosine for soln 2 gm	4	QL (1200 mls/30 days)
VIDEX - didanosine for soln 4 gm	4	QL (1200 mls/30 days)
VIDEX EC - didanosine delayed release capsule 125 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 200 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 250 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 400 mg	4	QL (30 capsules/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIRAMUNE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
VIRAMUNE XR - nevirapine tab er 24hr 400 mg	5	QL (30 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)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose)	4	
XOFLUZA - baloxavir marboxil tab therapy pack 40 (2) mg (80 mg dose)	4	
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZIAGEN - abacavir sulfate soln 20 mg/ml	4	QL (960 mls/30 days)
ZIAGEN - abacavir sulfate tab 300 mg	4	QL (60 tablets/30 days)
*zidovudine cap 100 mg^*	2	QL (180 capsules/30 days)
*zidovudine syrup 10 mg/ml^*	2	QL (1920 mls/30 days)
*zidovudine tab 300 mg^*	2	QL (60 tablets/30 days)
ZOVIRAX - acyclovir cap 200 mg	4	
ZOVIRAX - acyclovir oint 5%	5	
ZOVIRAX - acyclovir susp 200 mg/5ml	4	
ZOVIRAX - acyclovir tab 400 mg	4	
Medicamentos ansiolíticos		
*alprazolam tab 0.25 mg^*	1	QL (120 tablets/30 days)
*alprazolam tab 0.5 mg^*	1	QL (120 tablets/30 days)
*alprazolam tab 1 mg^*	1	QL (120 tablets/30 days)
*alprazolam tab 2 mg^*	1	QL (150 tablets/30 days)
*buspirone hcl tab 5 mg^*	2	
*buspirone hcl tab 7.5 mg^*	2	
*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^*	2	PA, QL (90 tablets/30 days)
*clonazepam orally disintegrating tab 0.25 mg^*	2	PA, QL (90 tablets/30 days)
*clonazepam orally disintegrating tab 0.5 mg^*	2	PA, QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*clonazepam orally disintegrating tab 1 mg^*	2	PA, QL (90 tablets/30 days)
*clonazepam orally disintegrating tab 2 mg^*	2	PA, QL (300 tablets/30 days)
*clonazepam tab 0.5 mg^*	1	PA, QL (120 tablets/30 days)
*clonazepam tab 1 mg^*	1	PA, QL (120 tablets/30 days)
*clonazepam tab 2 mg^*	1	PA, QL (300 tablets/30 days)
*clorazepate dipotassium tab 3.75 mg^*	2	PA, QL (120 tablets/30 days)
*clorazepate dipotassium tab 7.5 mg^*	2	PA, QL (360 tablets/30 days)
*clorazepate dipotassium tab 15 mg^*	2	PA, QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	3	PA, QL (1200 mls/30 days)
*diazepam conc 5 mg/ml^*	2	PA, QL (240 mls/30 days)
*diazepam tab 2 mg^*	1	PA, QL (120 tablets/30 days)
*diazepam tab 5 mg^*	1	PA, QL (120 tablets/30 days)
*diazepam tab 10 mg^*	1	PA, QL (120 tablets/30 days)
hydroxyzine hcl syrup 10 mg/5ml#	4	PA
hydroxyzine hcl tab 10 mg#	4	PA
hydroxyzine hcl tab 25 mg#	4	PA
hydroxyzine hcl tab 50 mg#	4	PA
*lorazepam tab 0.5 mg^*	1	PA, QL (120 tablets/30 days)
*lorazepam tab 1 mg^*	1	PA, QL (120 tablets/30 days)
*lorazepam tab 2 mg^*	1	PA, QL (150 tablets/30 days)
Agentes bipolares		
LITHIUM - lithium oral solution 8 meq/5ml	3	
*lithium carbonate cap 150 mg^*	2	
*lithium carbonate cap 300 mg^*	1	
*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	
LITHOBID - lithium carbonate tab er 300 mg	4	
Reguladores de la glucosa en sangre		
*acarbose tab 25 mg^*	2	QL (360 tablets/30 days)
*acarbose tab 50 mg^*	2	QL (180 tablets/30 days)
*acarbose tab 100 mg^*	2	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 15 mg	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 30 mg	4	QL (30 tablets/30 days)
ACTOS - pioglitazone hcl tab 45 mg	4	QL (30 tablets/30 days)
ALCOHOL SWABS	3	
AMARYL - glimepiride tab 1 mg	4	QL (240 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
AMARYL - glimepiride tab 2 mg	4	QL (120 tablets/30 days)
AMARYL - glimepiride tab 4 mg	4	QL (60 tablets/30 days)
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days), ST
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	3	QL (4 pens/28 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
GAUZE PADS 2" X 2"	3	
*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^*	2	QL (240 tablets/30 days)
*glipizide tab er 24hr 5 mg^*	2	QL (120 tablets/30 days)
*glipizide tab er 24hr 10 mg^*	2	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-metformin hcl tab 2.5-250 mg^*	2	QL (240 tablets/30 days)
*glipizide-metformin hcl tab 2.5-500 mg^*	2	QL (120 tablets/30 days)
*glipizide-metformin hcl tab 5-500 mg^*	2	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	
GLUCOPHAGE - metformin hcl tab 500 mg	4	QL (150 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 850 mg	4	QL (90 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 1000 mg	4	QL (75 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab er 24hr 500 mg	4	QL (120 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab er 24hr 750 mg	4	QL (60 tablets/30 days)
GLUCOTROL - glipizide tab 5 mg	4	QL (240 tablets/30 days)
GLUCOTROL - glipizide tab 10 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 2.5 mg	4	QL (240 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 5 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 10 mg	4	QL (60 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
HUMALOG - insulin lispro inj 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	3	QL (20 pens/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	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 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	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 INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	4	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	3	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-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)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	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)
nateglinide tab 60 mg^	2	QL (180 tablets/30 days)
nateglinide tab 120 mg^	2	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	3	QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	3	QL (1 pen/28 days), ST
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	3	QL (2 pens/28 days), ST
pioglitazone hcl tab 15 mg^	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg^	1	QL (30 tablets/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*pioglitazone hcl tab 45 mg^*	1	QL (30 tablets/30 days)
*pioglitazone hcl-glimepiride tab 30-2 mg^*	2	QL (30 tablets/30 days)
*pioglitazone hcl-glimepiride tab 30-4 mg^*	2	QL (30 tablets/30 days)
*pioglitazone hcl-metformin hcl tab 15-500 mg^*	2	QL (90 tablets/30 days)
*pioglitazone hcl-metformin hcl tab 15-850 mg^*	2	QL (90 tablets/30 days)
PRECOSE - acarbose tab 25 mg	4	QL (360 tablets/30 days)
PRECOSE - acarbose tab 50 mg	4	QL (180 tablets/30 days)
PRECOSE - acarbose tab 100 mg	4	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	4	
*repaglinide tab 0.5 mg^*	2	QL (960 tablets/30 days)
*repaglinide tab 1 mg^*	2	QL (480 tablets/30 days)
*repaglinide tab 2 mg^*	2	QL (240 tablets/30 days)
STARLIX - nateglinide tab 60 mg	4	QL (180 tablets/30 days)
STARLIX - nateglinide tab 120 mg	4	QL (90 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	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	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	4	QL (4 pens/28 days), ST

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	4	QL (4 pens/28 days), ST
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days), ST
Hemoderivados/Modificadores de la sangre/ Expansores del		
AGGRENOX - aspirin-dipyridamole cap er 12hr 25-200 mg	4	
AGRYLIN - anagrelide hcl cap 0.5 mg	5	
*anagrelide hcl cap 0.5 mg^*	2	
*anagrelide hcl cap 1 mg^*	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
*aspirin-dipyridamole cap er 12hr 25-200 mg^*	2	
azacitidine for inj 100 mg	5	
BEVYXXA - betrixaban maleate cap 40 mg	4	QL (43 capsules/42 days)
BEVYXXA - betrixaban maleate cap 80 mg	4	QL (43 capsules/42 days)
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
*cilostazol tab 50 mg^*	2	
*cilostazol tab 100 mg^*	2	
*clopidogrel bisulfate tab 75 mg^*	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
COUMADIN - warfarin sodium tab 1 mg	4	
COUMADIN - warfarin sodium tab 2 mg	4	
COUMADIN - warfarin sodium tab 2.5 mg	4	
COUMADIN - warfarin sodium tab 3 mg	4	
COUMADIN - warfarin sodium tab 4 mg	4	
COUMADIN - warfarin sodium tab 5 mg	4	
COUMADIN - warfarin sodium tab 6 mg	4	
COUMADIN - warfarin sodium tab 7.5 mg	4	
COUMADIN - warfarin sodium tab 10 mg	4	
CYKLOKAPRON - tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	4	
dipyridamole tab 25 mg#	4	
dipyridamole tab 50 mg#	4	
dipyridamole tab 75 mg#	4	
EFFIENT - prasugrel hcl tab 5 mg	4	
EFFIENT - prasugrel hcl tab 10 mg	4	
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 5 mg	3	QL (74 tablets/30 days)
*enoxaparin sodium inj 30 mg/0.3ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 40 mg/0.4ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 60 mg/0.6ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 80 mg/0.8ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 100 mg/ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 120 mg/0.8ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 150 mg/ml^*	2	QL (30 syringes/90 days)
*enoxaparin sodium inj 300 mg/3ml^*	2	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	5	PA
*fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml^*	2	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	
*heparin sodium (porcine) inj 1000 unit/ml^*	2	
*heparin sodium (porcine) inj 5000 unit/ml^*	2	
*heparin sodium (porcine) inj 10000 unit/ml^*	2	
*heparin sodium (porcine) inj 20000 unit/ml^*	2	
*heparin sodium (porcine) pf inj 5000 unit/0.5ml^*	2	
*heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%^*	2	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	
LOVENOX - enoxaparin sodium inj 30 mg/0.3ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 40 mg/0.4ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 60 mg/0.6ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 80 mg/0.8ml	5	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 100 mg/ml	5	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 120 mg/0.8ml	5	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 150 mg/ml	5	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 300 mg/3ml	4	QL (10 vials/90 days)
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5	
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5	
NEUPOGEN - filgrastim inj 300 mcg/ml	5	
NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	5	
PLAVIX - clopidogrel bisulfate tab 75 mg	4	
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
*prasugrel hcl tab 5 mg^*	2	
*prasugrel hcl tab 10 mg^*	2	
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
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 40000 unit/ml	4	PA
*tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)^*	2	
*tranexamic acid tab 650 mg^*	2	
*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 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
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)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Agentes cardiovasculares		
ACCUPRIL - quinapril hcl tab 5 mg	4	
ACCUPRIL - quinapril hcl tab 10 mg	4	
ACCUPRIL - quinapril hcl tab 20 mg	4	
ACCUPRIL - quinapril hcl tab 40 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-25 mg	4	
*acebutolol hcl cap 200 mg^*	2	
*acebutolol hcl cap 400 mg^*	2	
*acetazolamide cap er 12hr 500 mg^*	2	
*acetazolamide tab 125 mg^*	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*acetazolamide tab 250 mg^*	2	
ADALAT CC - nifedipine tab er 24hr 30 mg	4	
ADALAT CC - nifedipine tab er 24hr 60 mg	4	
ADALAT CC - nifedipine tab er 24hr 90 mg	4	
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 25-25 mg	4	
ALDACTONE - spironolactone tab 25 mg	4	
ALDACTONE - spironolactone tab 50 mg	4	
ALDACTONE - spironolactone tab 100 mg	4	
*aliskiren fumarate tab 150 mg^*	2	QL (30 tablets/30 days)
*aliskiren fumarate tab 300 mg^*	2	QL (30 tablets/30 days)
ALTACE - ramipril cap 1.25 mg	4	
ALTACE - ramipril cap 2.5 mg	4	
ALTACE - ramipril cap 5 mg	4	
ALTACE - ramipril cap 10 mg	4	
*amiloride & hydrochlorothiazide tab 5-50 mg^*	2	
*amiloride hcl tab 5 mg^*	2	
*amiodarone hcl tab 200 mg^*	2	
*amiodarone hcl tab 400 mg^*	2	
*amlodipine besylate tab 2.5 mg^*	1	
*amlodipine besylate tab 5 mg^*	1	
*amlodipine besylate tab 10 mg^*	1	
*amlodipine besylate-atorvastatin calcium tab 2.5-10 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 2.5-20 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 2.5-40 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 5-10 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 5-20 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 5-40 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 5-80 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 10-10 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 10-20 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 10-40 mg^*	2	
*amlodipine besylate-atorvastatin calcium tab 10-80 mg^*	2	
*amlodipine besylate-benazepril hcl cap 2.5-10 mg^*	2	
*amlodipine besylate-benazepril hcl cap 5-10 mg^*	2	
*amlodipine besylate-benazepril hcl cap 5-20 mg^*	2	
*amlodipine besylate-benazepril hcl cap 5-40 mg^*	2	
*amlodipine besylate-benazepril hcl cap 10-20 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*amlodipine besylate-benazepril hcl cap 10-40 mg^*	2	
*amlodipine besylate-olmesartan medoxomil tab 5-20 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 5-160 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 5-320 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 10-160 mg^*	2	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 10-320 mg^*	2	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg^*	2	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg^*	2	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg^*	2	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg^*	2	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg^*	2	QL (30 tablets/30 days)
ATACAND - candesartan cilexetil tab 4 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 8 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 16 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	4	QL (30 tablets/30 days)
*atenolol & chlorthalidone tab 50-25 mg^*	2	
*atenolol & chlorthalidone tab 100-25 mg^*	2	
*atenolol tab 25 mg^*	1	
*atenolol tab 50 mg^*	1	
*atenolol tab 100 mg^*	1	
*atorvastatin calcium tab 10 mg^*	1	QL (45 tablets/30 days)
*atorvastatin calcium tab 20 mg^*	1	QL (45 tablets/30 days)
*atorvastatin calcium tab 40 mg^*	1	QL (45 tablets/30 days)
*atorvastatin calcium tab 80 mg^*	1	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg	4	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 300-12.5 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 150 mg	4	QL (60 tablets/30 days)
AVAPRO - irbesartan tab 300 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg	4	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-40 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-20 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-40 mg	4	QL (30 tablets/30 days)
*benazepril & hydrochlorothiazide tab 5-6.25 mg^*	2	
*benazepril & hydrochlorothiazide tab 10-12.5 mg^*	2	
*benazepril & hydrochlorothiazide tab 20-12.5 mg^*	2	
*benazepril & hydrochlorothiazide tab 20-25 mg^*	2	
*benazepril hcl tab 5 mg^*	1	
*benazepril hcl tab 10 mg^*	1	
*benazepril hcl tab 20 mg^*	1	
*benazepril hcl tab 40 mg^*	1	
BENICAR - olmesartan medoxomil tab 5 mg	4	QL (60 tablets/30 days)
BENICAR - olmesartan medoxomil tab 20 mg	4	QL (30 tablets/30 days)
BENICAR - olmesartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	4	QL (30 tablets/30 days)
*betaxolol hcl tab 10 mg^*	2	
*betaxolol hcl tab 20 mg^*	2	
*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^*	2	
*bumetanide tab 0.5 mg^*	2	
*bumetanide tab 1 mg^*	2	
*bumetanide tab 2 mg^*	2	
BYSTOLIC - nebivolol hcl tab 2.5 mg	4	
BYSTOLIC - nebivolol hcl tab 5 mg	4	
BYSTOLIC - nebivolol hcl tab 10 mg	4	
BYSTOLIC - nebivolol hcl tab 20 mg	4	
CALAN - verapamil hcl tab 120 mg	4	
CALAN SR - verapamil hcl tab er 120 mg	4	
CALAN SR - verapamil hcl tab er 240 mg	4	
*candesartan cilexetil tab 4 mg^*	2	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*candesartan cilexetil tab 8 mg^*	2	QL (60 tablets/30 days)
*candesartan cilexetil tab 16 mg^*	2	QL (60 tablets/30 days)
*candesartan cilexetil tab 32 mg^*	2	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^*	2	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^*	2	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^*	2	QL (30 tablets/30 days)
*captopril tab 12.5 mg^*	2	
*captopril tab 25 mg^*	2	
*captopril tab 50 mg^*	2	
*captopril tab 100 mg^*	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-25 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-25 mg	4	
CARDIZEM - diltiazem hcl tab 30 mg	4	
CARDIZEM - diltiazem hcl tab 60 mg	4	
CARDIZEM - diltiazem hcl tab 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 180 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 240 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 300 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 120 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 180 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 240 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 300 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 420 mg	4	
CARDURA - doxazosin mesylate tab 1 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 2 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 4 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 8 mg	4	QL (60 tablets/30 days)
*carvedilol phosphate cap er 24hr 10 mg^*	2	
*carvedilol phosphate cap er 24hr 20 mg^*	2	
*carvedilol phosphate cap er 24hr 40 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*carvedilol phosphate cap er 24hr 80 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	
CATAPRES - clonidine hcl tab 0.1 mg	4	
CATAPRES - clonidine hcl tab 0.2 mg	4	
CATAPRES - clonidine hcl tab 0.3 mg	4	
CATAPRES-TTS-1 - clonidine td patch weekly 0.1 mg/24hr	4	
CATAPRES-TTS-2 - clonidine td patch weekly 0.2 mg/24hr	4	
CATAPRES-TTS-3 - clonidine td patch weekly 0.3 mg/24hr	4	
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	3	
*chlorothiazide tab 500 mg^*	2	
*chlorthalidone tab 25 mg^*	2	
*chlorthalidone tab 50 mg^*	2	
*cholestyramine light powder packets 4 gm^*	2	
*cholestyramine light powder 4 gm/dose^*	2	
*cholestyramine powder packets 4 gm^*	2	
*cholestyramine powder 4 gm/dose^*	2	
*choline fenofibrate cap dr 45 mg^*	2	QL (60 capsules/30 days)
*choline fenofibrate cap dr 135 mg^*	2	QL (30 capsules/30 days)
*clonidine hcl tab 0.1 mg^*	2	
*clonidine hcl tab 0.2 mg^*	2	
*clonidine hcl tab 0.3 mg^*	2	
*clonidine td patch weekly 0.1 mg/24hr^*	2	
*clonidine td patch weekly 0.2 mg/24hr^*	2	
*clonidine td patch weekly 0.3 mg/24hr^*	2	
COLESTID - colestipol hcl granule packets 5 gm	4	
COLESTID - colestipol hcl granules 5 gm	4	
COLESTID - colestipol hcl tab 1 gm	4	
COLESTID FLAVORED - colestipol hcl granule packets 5 gm	4	
COLESTID FLAVORED - colestipol hcl granules 5 gm	4	
*colestipol hcl granule packets 5 gm^*	2	
*colestipol hcl granules 5 gm^*	2	
*colestipol hcl tab 1 gm^*	2	
COREG - carvedilol tab 3.125 mg	4	
COREG - carvedilol tab 6.25 mg	4	
COREG - carvedilol tab 12.5 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
COREG - carvedilol tab 25 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 10 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 20 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 40 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 80 mg	4	
CORGARD - nadolol tab 20 mg	4	
CORGARD - nadolol tab 40 mg	4	
CORGARD - nadolol tab 80 mg	4	
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
COZAAR - losartan potassium tab 25 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 50 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 5 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 40 mg	4	QL (30 tablets/30 days)
DEMADEX - torsemide tab 10 mg	4	
DEMSER - metyrosine cap 250 mg	5	
DIGOXIN - digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
*digoxin tab 125 mcg (0.125 mg)#^*	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	4	QL (30 tablets/30 days)
*diltiazem hcl cap er 12hr 60 mg^*	2	
*diltiazem hcl cap er 12hr 90 mg^*	2	
*diltiazem hcl cap er 12hr 120 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 coated beads tab er 24hr 180 mg^*	2	
*diltiazem hcl coated beads tab er 24hr 240 mg^*	2	
*diltiazem hcl coated beads tab er 24hr 300 mg^*	2	
*diltiazem hcl coated beads tab er 24hr 360 mg^*	2	
*diltiazem hcl coated beads tab er 24hr 420 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*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 30 mg^*	2	
*diltiazem hcl tab 60 mg^*	2	
*diltiazem hcl tab 90 mg^*	2	
*diltiazem hcl tab 120 mg^*	2	
DIOVAN - valsartan tab 40 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 80 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 160 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-25 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-25 mg	4	QL (30 tablets/30 days)
*dofetilide cap 125 mcg (0.125 mg)^*	2	
*dofetilide cap 250 mcg (0.25 mg)^*	2	
*dofetilide cap 500 mcg (0.5 mg)^*	2	
*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)
DYAZIDE - triamterene & hydrochlorothiazide cap 37.5-25 mg	4	
*enalapril maleate & hydrochlorothiazide tab 5-12.5 mg^*	2	
*enalapril maleate & hydrochlorothiazide tab 10-25 mg^*	2	
*enalapril maleate tab 2.5 mg^*	2	
*enalapril maleate tab 5 mg^*	2	
*enalapril maleate tab 10 mg^*	2	
*enalapril maleate tab 20 mg^*	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
*eplerenone tab 25 mg^*	2	
*eplerenone tab 50 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 5-320 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-320 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	4	QL (30 tablets/30 days)
*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 43 mg^*	2	QL (60 capsules/30 days)
*fenofibrate micronized cap 67 mg^*	2	QL (30 capsules/30 days)
*fenofibrate micronized cap 130 mg^*	2	QL (30 capsules/30 days)
*fenofibrate micronized cap 134 mg^*	2	QL (30 capsules/30 days)
*fenofibrate micronized cap 200 mg^*	2	QL (30 capsules/30 days)
*fenofibrate tab 48 mg^*	2	QL (60 tablets/30 days)
*fenofibrate tab 54 mg^*	2	QL (60 tablets/30 days)
*fenofibrate tab 145 mg^*	2	QL (30 tablets/30 days)
*fenofibrate tab 160 mg^*	2	QL (30 tablets/30 days)
*flecainide acetate tab 50 mg^*	2	
*flecainide acetate tab 100 mg^*	2	
*flecainide acetate tab 150 mg^*	2	
*fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg^*	2	
*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg^*	2	
*fosinopril sodium tab 10 mg^*	1	
*fosinopril sodium tab 20 mg^*	1	
*fosinopril sodium tab 40 mg^*	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*furosemide inj 10 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^*	1	QL (60 tablets/30 days)
*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	
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-25 mg	4	QL (30 tablets/30 days)
*indapamide tab 1.25 mg^*	2	
*indapamide tab 2.5 mg^*	2	
INDERAL LA - propranolol hcl cap er 24hr 60 mg	5	
INDERAL LA - propranolol hcl cap er 24hr 80 mg	5	
INDERAL LA - propranolol hcl cap er 24hr 120 mg	5	
INDERAL LA - propranolol hcl cap er 24hr 160 mg	5	
INSPRA - eplerenone tab 25 mg	4	
INSPRA - eplerenone tab 50 mg	4	
*irbesartan tab 75 mg^*	2	QL (30 tablets/30 days)
*irbesartan tab 150 mg^*	2	QL (60 tablets/30 days)
*irbesartan tab 300 mg^*	2	QL (30 tablets/30 days)
*irbesartan-hydrochlorothiazide tab 150-12.5 mg^*	2	QL (30 tablets/30 days)
*irbesartan-hydrochlorothiazide tab 300-12.5 mg^*	2	QL (30 tablets/30 days)
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg	4	
*isosorbide dinitrate tab 5 mg^*	2	
*isosorbide dinitrate tab 10 mg^*	2	
*isosorbide dinitrate tab 20 mg^*	2	
*isosorbide dinitrate tab 30 mg^*	2	
*isosorbide mononitrate tab er 24hr 30 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*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	
*isradipine cap 2.5 mg^*	2	
*isradipine cap 5 mg^*	2	
JUXTAPID - lomitapide mesylate cap 5 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 10 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 20 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 30 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 40 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 60 mg*	5	PA
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA
*labetalol hcl tab 100 mg^*	2	
*labetalol hcl tab 200 mg^*	2	
*labetalol hcl tab 300 mg^*	2	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 125 mcg (0.125 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 250 mcg (0.25 mg)#	4	QL (30 tablets/30 days)
LASIX - furosemide tab 20 mg	4	
LASIX - furosemide tab 40 mg	4	
LASIX - furosemide tab 80 mg	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	4	
LIPITOR - atorvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 40 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 80 mg	4	QL (30 tablets/30 days)
*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	
*lisinopril tab 20 mg^*	1	
*lisinopril tab 30 mg^*	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*lisinopril tab 40 mg^*	1	
LOPID - gemfibrozil tab 600 mg	4	QL (60 tablets/30 days)
LOPRESSOR - metoprolol tartrate tab 50 mg	4	
LOPRESSOR - metoprolol tartrate tab 100 mg	4	
LOPRESSOR HCT - metoprolol & hydrochlorothiazide tab 50-25 mg	4	
*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)
LOTENSIN - benazepril hcl tab 10 mg	4	
LOTENSIN - benazepril hcl tab 20 mg	4	
LOTENSIN - benazepril hcl tab 40 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg	4	
*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)
LOVAZA - omega-3-acid ethyl esters cap 1 gm	4	
MAXZIDE - triamterene & hydrochlorothiazide tab 75-50 mg	4	
MAXZIDE-25 - triamterene & hydrochlorothiazide tab 37.5-25 mg	4	
*methazolamide tab 25 mg^*	2	
*methazolamide tab 50 mg^*	2	
*metolazone tab 2.5 mg^*	2	
*metolazone tab 5 mg^*	2	
*metolazone tab 10 mg^*	2	
*metoprolol & hydrochlorothiazide tab 100-50 mg^*	2	
*metoprolol & hydrochlorothiazide tab 50-25 mg^*	2	
*metoprolol & hydrochlorothiazide tab 100-25 mg^*	2	
*metoprolol succinate tab er 24hr 25 mg^*	2	
*metoprolol succinate tab er 24hr 50 mg^*	2	
*metoprolol succinate tab er 24hr 100 mg^*	2	
*metoprolol succinate tab er 24hr 200 mg^*	2	
*metoprolol tartrate tab 25 mg^*	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*metoprolol tartrate tab 50 mg^*	1	
*metoprolol tartrate tab 100 mg^*	1	
*mexiletine hcl cap 150 mg^*	2	
*mexiletine hcl cap 200 mg^*	2	
*mexiletine hcl cap 250 mg^*	2	
MICARDIS - telmisartan tab 20 mg	4	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 40 mg	4	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 80 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-25 mg	4	QL (30 tablets/30 days)
*midodrine hcl tab 2.5 mg^*	2	
*midodrine hcl tab 5 mg^*	2	
*midodrine hcl tab 10 mg^*	2	
MINIPRESS - prazosin hcl cap 1 mg	4	
MINIPRESS - prazosin hcl cap 2 mg	4	
MINIPRESS - prazosin hcl cap 5 mg	4	
*minoxidil tab 2.5 mg^*	2	
*minoxidil tab 10 mg^*	2	
*moexipril hcl tab 7.5 mg^*	2	
*moexipril hcl tab 15 mg^*	2	
MULTAQ - dronedarone hcl tab 400 mg	3	
*nadolol tab 20 mg^*	2	
*nadolol tab 40 mg^*	2	
*nadolol tab 80 mg^*	2	
*niacin tab er 500 mg^*	2	QL (30 tablets/30 days)
*niacin tab er 750 mg^*	2	QL (60 tablets/30 days)
*niacin tab er 1000 mg^*	2	QL (60 tablets/30 days)
NIASPAN - niacin tab er 500 mg	4	QL (30 tablets/30 days)
NIASPAN - niacin tab er 750 mg	4	QL (60 tablets/30 days)
NIASPAN - niacin tab er 1000 mg	4	QL (60 tablets/30 days)
*nicardipine hcl cap 20 mg^*	2	
*nicardipine hcl cap 30 mg^*	2	
*nifedipine tab er 24hr 30 mg^*	2	
*nifedipine tab er 24hr 60 mg^*	2	
*nifedipine tab er 24hr 90 mg^*	2	
*nifedipine tab er 24hr osmotic release 30 mg^*	2	
*nifedipine tab er 24hr osmotic release 60 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*nifedipine tab er 24hr osmotic release 90 mg^*	2	
nimodipine cap 30 mg	5	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
*nisoldipine tab er 24hr 8.5 mg^*	2	
*nisoldipine tab er 24hr 17 mg^*	2	
*nisoldipine tab er 24hr 34 mg^*	2	
NITRO-BID - 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^*	2	
*nitroglycerin td patch 24hr 0.2 mg/hr^*	2	
*nitroglycerin td patch 24hr 0.4 mg/hr^*	2	
*nitroglycerin td patch 24hr 0.6 mg/hr^*	2	
*nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)^*	2	
NITROLINGUAL PUMPSPRAY - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
NITROSTAT - nitroglycerin sl tab 0.3 mg	4	
NITROSTAT - nitroglycerin sl tab 0.4 mg	4	
NITROSTAT - nitroglycerin sl tab 0.6 mg	4	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
NORVASC - amlodipine besylate tab 2.5 mg	4	
NORVASC - amlodipine besylate tab 5 mg	4	
NORVASC - amlodipine besylate tab 10 mg	4	
*olmesartan medoxomil tab 5 mg^*	2	QL (60 tablets/30 days)
*olmesartan medoxomil tab 20 mg^*	2	QL (30 tablets/30 days)
*olmesartan medoxomil tab 40 mg^*	2	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg^*	2	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg^*	2	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg^*	2	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg^*	2	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg^*	2	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg^*	2	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg^*	2	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg^*	2	QL (30 tablets/30 days)
*omega-3-acid ethyl esters cap 1 gm^*	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
*pentoxifylline tab er 400 mg^*	2	
*perindopril erbumine tab 2 mg^*	2	
*perindopril erbumine tab 4 mg^*	2	
*perindopril erbumine tab 8 mg^*	2	
phenoxybenzamine hcl cap 10 mg	5	
*pindolol tab 5 mg^*	2	
*pindolol tab 10 mg^*	2	
PRAVACHOL - pravastatin sodium tab 20 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 40 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 80 mg	4	QL (30 tablets/30 days)
*pravastatin sodium tab 10 mg^*	2	QL (45 tablets/30 days)
*pravastatin sodium tab 20 mg^*	2	QL (45 tablets/30 days)
*pravastatin sodium tab 40 mg^*	2	QL (45 tablets/30 days)
*pravastatin sodium tab 80 mg^*	2	QL (30 tablets/30 days)
*prazosin hcl cap 1 mg^*	2	
*prazosin hcl cap 2 mg^*	2	
*prazosin hcl cap 5 mg^*	2	
PRINIVIL - lisinopril tab 5 mg	4	
PRINIVIL - lisinopril tab 10 mg	4	
PRINIVIL - lisinopril tab 20 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 60 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 90 mg	4	
*propafenone hcl cap er 12hr 225 mg^*	2	
*propafenone hcl cap er 12hr 325 mg^*	2	
*propafenone hcl cap er 12hr 425 mg^*	2	
*propafenone hcl tab 150 mg^*	2	
*propafenone hcl tab 225 mg^*	2	
*propafenone hcl tab 300 mg^*	2	
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	4	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4	
*propranolol hcl cap er 24hr 60 mg^*	2	
*propranolol hcl cap er 24hr 80 mg^*	2	
*propranolol hcl cap er 24hr 120 mg^*	2	
*propranolol hcl cap er 24hr 160 mg^*	2	
*propranolol hcl inj 1 mg/ml^*	2	
*propranolol hcl tab 10 mg^*	2	
*propranolol hcl tab 20 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
*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	
*quinapril-hydrochlorothiazide tab 10-12.5 mg^*	2	
*quinapril-hydrochlorothiazide tab 20-12.5 mg^*	2	
*quinapril-hydrochlorothiazide tab 20-25 mg^*	2	
*quinidine gluconate tab er 324 mg^*	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	3	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	3	
*ramipril cap 1.25 mg^*	1	
*ramipril cap 2.5 mg^*	1	
*ramipril cap 5 mg^*	1	
*ramipril cap 10 mg^*	1	
RANEXA - ranolazine tab er 12hr 500 mg	3	QL (60 tablets/30 days)
RANEXA - ranolazine tab er 12hr 1000 mg	3	QL (60 tablets/30 days)
*ranolazine tab er 12hr 500 mg^*	2	QL (60 tablets/30 days)
*ranolazine tab er 12hr 1000 mg^*	2	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
*rosuvastatin calcium tab 5 mg^*	2	QL (45 tablets/30 days)
*rosuvastatin calcium tab 10 mg^*	2	QL (45 tablets/30 days)
*rosuvastatin calcium tab 20 mg^*	2	QL (45 tablets/30 days)
*rosuvastatin calcium tab 40 mg^*	2	QL (30 tablets/30 days)
RYTHMOL SR - propafenone hcl cap er 12hr 225 mg	5	
RYTHMOL SR - propafenone hcl cap er 12hr 325 mg	5	
RYTHMOL SR - propafenone hcl cap er 12hr 425 mg	5	
*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)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*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	
SULAR - nisoldipine tab er 24hr 8.5 mg	4	
SULAR - nisoldipine tab er 24hr 17 mg	4	
SULAR - nisoldipine tab er 24hr 34 mg	4	
TEKTURNA - aliskiren fumarate tab 150 mg	3	QL (30 tablets/30 days)
TEKTURNA - aliskiren fumarate tab 300 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	QL (30 tablets/30 days)
*telmisartan tab 20 mg^*	2	QL (30 tablets/30 days)
*telmisartan tab 40 mg^*	2	QL (30 tablets/30 days)
*telmisartan tab 80 mg^*	2	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 40-5 mg^*	2	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 40-10 mg^*	2	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 80-5 mg^*	2	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 80-10 mg^*	2	QL (30 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 40-12.5 mg^*	2	QL (30 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 80-12.5 mg^*	2	QL (60 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 80-25 mg^*	2	QL (30 tablets/30 days)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	4	
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	4	
TENORMIN - atenolol tab 25 mg	4	
TENORMIN - atenolol tab 50 mg	4	
TENORMIN - atenolol tab 100 mg	4	
*terazosin hcl cap 1 mg^*	1	QL (90 capsules/30 days)
*terazosin hcl cap 2 mg^*	1	QL (60 capsules/30 days)
*terazosin hcl cap 5 mg^*	1	QL (60 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*terazosin hcl cap 10 mg^*	1	QL (60 capsules/30 days)
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 180 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 240 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 300 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 360 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 420 mg	4	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg)	4	
TIKOSYN - dofetilide cap 250 mcg (0.25 mg)	4	
TIKOSYN - dofetilide cap 500 mcg (0.5 mg)	4	
TIMOLOL MALEATE - timolol maleate tab 10 mg	3	
TIMOLOL MALEATE - timolol maleate tab 20 mg	3	
*timolol maleate tab 5 mg^*	2	
TOPROL XL - metoprolol succinate tab er 24hr 25 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 50 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 100 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 200 mg	4	
*torsemide tab 5 mg^*	1	
*torsemide tab 10 mg^*	1	
*torsemide tab 20 mg^*	1	
*torsemide tab 100 mg^*	1	
*trandolapril tab 1 mg^*	2	
*trandolapril tab 2 mg^*	2	
*trandolapril tab 4 mg^*	2	
*triamterene & hydrochlorothiazide cap 37.5-25 mg^*	1	
*triamterene & hydrochlorothiazide tab 37.5-25 mg^*	1	
*triamterene & hydrochlorothiazide tab 75-50 mg^*	1	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	4	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	4	QL (30 tablets/30 days)
*valsartan tab 40 mg^*	2	QL (60 tablets/30 days)
*valsartan tab 80 mg^*	2	QL (60 tablets/30 days)
*valsartan tab 160 mg^*	2	QL (60 tablets/30 days)
*valsartan tab 320 mg^*	2	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 80-12.5 mg^*	2	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 160-12.5 mg^*	2	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 160-25 mg^*	2	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 320-12.5 mg^*	2	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 320-25 mg^*	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
VASOTEC - enalapril maleate tab 2.5 mg	4	
VASOTEC - enalapril maleate tab 5 mg	5	
VASOTEC - enalapril maleate tab 10 mg	5	
VASOTEC - enalapril maleate tab 20 mg	5	
*verapamil hcl cap er 24hr 360 mg^*	2	
*verapamil hcl cap er 24hr 100 mg^*	2	
*verapamil hcl cap er 24hr 120 mg^*	2	
*verapamil hcl cap er 24hr 180 mg^*	2	
*verapamil hcl cap er 24hr 200 mg^*	2	
*verapamil hcl cap er 24hr 240 mg^*	2	
*verapamil hcl cap er 24hr 300 mg^*	2	
*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^*	2	
*verapamil hcl tab 80 mg^*	2	
*verapamil hcl tab 120 mg^*	2	
VERELAN - verapamil hcl cap er 24hr 120 mg	4	
VERELAN - verapamil hcl cap er 24hr 180 mg	4	
VERELAN - verapamil hcl cap er 24hr 240 mg	4	
VERELAN - verapamil hcl cap er 24hr 360 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 100 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 200 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VERELAN PM - verapamil hcl cap er 24hr 300 mg	4	
VYTORIN - ezetimibe-simvastatin tab 10-10 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-20 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-40 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-80 mg	4	QL (30 tablets/30 days)
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-12.5 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-25 mg	4	
ZESTRIL - lisinopril tab 2.5 mg	4	
ZESTRIL - lisinopril tab 5 mg	4	
ZESTRIL - lisinopril tab 10 mg	4	
ZESTRIL - lisinopril tab 20 mg	4	
ZESTRIL - lisinopril tab 30 mg	4	
ZESTRIL - lisinopril tab 40 mg	4	
ZETIA - ezetimibe tab 10 mg	4	QL (30 tablets/30 days)
ZIAC - bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 10-6.25 mg	4	
ZOCOR - simvastatin tab 5 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 10 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 20 mg	4	QL (60 tablets/30 days)
ZOCOR - simvastatin tab 40 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 80 mg	4	QL (30 tablets/30 days)
Agentes del sistema nervioso central		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine cap er 24hr 5 mg^*	2	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine cap er 24hr 10 mg^*	2	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine cap er 24hr 15 mg^*	2	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine cap er 24hr 20 mg^*	2	QL (30 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*amphetamine-dextroamphetamine cap er 24hr 25 mg^*	2	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine cap er 24hr 30 mg^*	2	QL (30 capsules/30 days)
*amphetamine-dextroamphetamine tab 5 mg^*	2	QL (60 tablets/30 days)
*amphetamine-dextroamphetamine tab 7.5 mg^*	2	QL (60 tablets/30 days)
*amphetamine-dextroamphetamine tab 10 mg^*	2	QL (60 tablets/30 days)
*amphetamine-dextroamphetamine tab 12.5 mg^*	2	QL (60 tablets/30 days)
*amphetamine-dextroamphetamine tab 15 mg^*	2	QL (60 tablets/30 days)
*amphetamine-dextroamphetamine tab 20 mg^*	2	QL (90 tablets/30 days)
*amphetamine-dextroamphetamine tab 30 mg^*	2	QL (60 tablets/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*	5	PA
*atomoxetine hcl cap 10 mg^*	2	QL (60 capsules/30 days)
*atomoxetine hcl cap 18 mg^*	2	QL (60 capsules/30 days)
*atomoxetine hcl cap 25 mg^*	2	QL (60 capsules/30 days)
*atomoxetine hcl cap 40 mg^*	2	QL (60 capsules/30 days)
*atomoxetine hcl cap 60 mg^*	2	QL (30 capsules/30 days)
*atomoxetine hcl cap 80 mg^*	2	QL (30 capsules/30 days)
*atomoxetine hcl cap 100 mg^*	2	QL (30 capsules/30 days)
AUBAGIO - teriflunomide tab 7 mg	5	PA, QL (30 tablets/30 days)
AUBAGIO - teriflunomide tab 14 mg	5	PA, QL (30 tablets/30 days)
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
*clonidine hcl tab er 12hr 0.1 mg^*	2	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
dalfampridine tab er 12hr 10 mg	5	PA
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 5 mg	5	QL (90 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	5	QL (120 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 15 mg	5	QL (120 capsules/30 days)
*dexmethylphenidate hcl tab 2.5 mg^*	2	QL (60 tablets/30 days)
*dexmethylphenidate hcl tab 5 mg^*	2	QL (60 tablets/30 days)
*dexmethylphenidate hcl tab 10 mg^*	2	QL (60 tablets/30 days)
*dextroamphetamine sulfate cap er 24hr 5 mg^*	2	QL (90 capsules/30 days)
*dextroamphetamine sulfate cap er 24hr 10 mg^*	2	QL (120 capsules/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*dextroamphetamine sulfate cap er 24hr 15 mg^*	2	QL (120 capsules/30 days)
*dextroamphetamine sulfate tab 5 mg^*	2	QL (90 tablets/30 days)
*dextroamphetamine sulfate tab 10 mg^*	2	QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 10 mg	4	QL (60 tablets/30 days)
GILENYA - fingolimod hcl cap 0.5 mg	5	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)
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
*methylphenidate hcl tab er 20 mg^*	2	QL (90 tablets/30 days)
*methylphenidate hcl tab 5 mg^*	2	QL (90 tablets/30 days)
*methylphenidate hcl tab 10 mg^*	2	QL (90 tablets/30 days)
*methylphenidate hcl tab 20 mg^*	2	QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
*riluzole tab 50 mg^*	2	
RITALIN - methylphenidate hcl tab 5 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 10 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 20 mg	4	QL (90 tablets/30 days)
STRATTERA - atomoxetine hcl cap 10 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 18 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 25 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 80 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 100 mg	4	QL (30 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
XENAZINE - tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
XENAZINE - tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
Agentes dentales y orales		
*cevimeline hcl cap 30 mg^*	2	
*chlorhexidine gluconate soln 0.12%^*	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
*pilocarpine hcl tab 5 mg^*	2	
*pilocarpine hcl tab 7.5 mg^*	2	
SALAGEN - pilocarpine hcl tab 5 mg	4	
SALAGEN - pilocarpine hcl tab 7.5 mg	4	
*triamcinolone acetonide dental paste 0.1%^*	2	
Agentes dermatológicos		
*acitretin cap 10 mg^*	2	
*acitretin cap 17.5 mg^*	2	
*acitretin cap 25 mg^*	2	
*alclometasone dipropionate cream 0.05%^*	2	
*alclometasone dipropionate oint 0.05%^*	2	
ALDARA - imiquimod cream 5%	5	PA
*azelaic acid gel 15%^*	2	
AZELEX - azelaic acid cream 20%	4	
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	4	
*benzoyl peroxide-erythromycin gel 5-3%^*	2	
*betamethasone dipropionate augmented cream 0.05%^*	2	
*betamethasone dipropionate augmented gel 0.05%^*	2	
*betamethasone dipropionate augmented lotion 0.05%^*	2	
*betamethasone dipropionate augmented oint 0.05%^*	2	
*betamethasone dipropionate cream 0.05%^*	2	
*betamethasone dipropionate lotion 0.05%^*	2	
*betamethasone dipropionate oint 0.05%^*	2	
*betamethasone valerate cream 0.1%^*	2	
*betamethasone valerate lotion 0.1%^*	2	
*betamethasone valerate oint 0.1%^*	2	
*calcipotriene cream 0.005%^*	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*calcipotriene oint 0.005%^*	2	
*calcipotriene soln 0.005% (50 mcg/ml)^*	2	
CARAC - fluorouracil cream 0.5%	5	
*clindamycin phosphate-benzoyl peroxide gel 1-5%^*	2	
*clobetasol propionate cream 0.05%^*	2	
*clobetasol propionate emollient base cream 0.05%^*	2	
*clobetasol propionate gel 0.05%^*	2	
*clobetasol propionate oint 0.05%^*	2	
*clobetasol propionate soln 0.05%^*	2	
*clotrimazole w/ betamethasone cream 1-0.05%^*	2	
*clotrimazole w/ betamethasone lotion 1-0.05%^*	2	
*desonide cream 0.05%^*	2	
*desonide lotion 0.05%^*	2	
*desonide oint 0.05%^*	2	
*desoximetasone cream 0.05%^*	2	
*desoximetasone cream 0.25%^*	2	
*desoximetasone gel 0.05%^*	2	
*desoximetasone oint 0.25%^*	2	
diclofenac sodium gel 3%	5	
*diflorasone diacetate oint 0.05%^*	2	
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	4	
DOVONEX - calcipotriene cream 0.005%	5	
ELIDEL - pimecrolimus cream 1%	4	PA
ELOCON - mometasone furoate cream 0.1%	4	
ELOCON - mometasone furoate oint 0.1%	4	
FINACEA - azelaic acid foam 15%	3	
FINACEA - azelaic acid gel 15%	3	
*fluocinolone acetonide cream 0.01%^*	2	
*fluocinonide cream 0.05%^*	2	
*fluocinonide emulsified base cream 0.05%^*	2	
*fluocinonide gel 0.05%^*	2	
*fluocinonide oint 0.05%^*	2	
*fluocinonide soln 0.05%^*	2	
FLUOROURACIL - fluorouracil soln 2%^	2	
FLUOROURACIL - fluorouracil soln 5%^	2	
*fluorouracil cream 5%^*	2	
*fluticasone propionate cream 0.05%^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*fluticasone propionate oint 0.005%^*	2	
*gentamicin sulfate cream 0.1%^*	2	
*gentamicin sulfate oint 0.1%^*	2	
*halobetasol propionate cream 0.05%^*	2	
*halobetasol propionate oint 0.05%^*	2	
*hydrocortisone butyrate cream 0.1%^*	2	
*hydrocortisone butyrate hydrophilic lipo base cream 0.1%^*	2	
*hydrocortisone butyrate oint 0.1%^*	2	
*hydrocortisone butyrate soln 0.1%^*	2	
*hydrocortisone cream 1%^*	1	
*hydrocortisone cream 2.5%^*	2	
*hydrocortisone lotion 2.5%^*	2	
*hydrocortisone oint 1%^*	2	
*hydrocortisone oint 2.5%^*	2	
*hydrocortisone valerate cream 0.2%^*	2	
*hydrocortisone valerate oint 0.2%^*	2	
*imiquimod cream 5%^*	2	PA
*isotretinoin cap 10 mg^*	2	
*isotretinoin cap 20 mg^*	2	
*isotretinoin cap 30 mg^*	2	
*isotretinoin cap 40 mg^*	2	
*lactic acid (ammonium lactate) cream 12%^*	2	
*lactic acid (ammonium lactate) lotion 12%^*	2	
LOCOID - hydrocortisone butyrate cream 0.1%	4	
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	
LOTRISONE - clotrimazole w/ betamethasone cream 1-0.05%	4	
methoxsalen rapid cap 10 mg	5	
METROCREAM - metronidazole cream 0.75%	4	
METROGEL - metronidazole gel 1%	4	
METROLOTION - metronidazole lotion 0.75%	5	
*metronidazole cream 0.75%^*	2	
*metronidazole gel 0.75%^*	2	
*metronidazole gel 1%^*	2	
*metronidazole lotion 0.75%^*	2	
*mometasone furoate cream 0.1%^*	2	
*mometasone furoate oint 0.1%^*	2	
*mometasone furoate solution 0.1% (lotion)^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*mupirocin oint 2%^*	2	
*nystatin-triamcinolone cream 100000-0.1 unit/gm-%^*	2	
*nystatin-triamcinolone oint 100000-0.1 unit/gm-%^*	2	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	4	
PICATO - ingenol mebutate gel 0.015%	3	QL (3 tubes/30 days)
PICATO - ingenol mebutate gel 0.05%	3	QL (2 tubes/30 days)
*pimecrolimus cream 1%^*	2	PA
*podofilox soln 0.5%^*	2	
PREDNICARBATE - prednicarbate oint 0.1%^	2	
*prednicarbate cream 0.1%^*	2	
PRUDOXIN - doxepin hcl cream 5%	5	PA
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
RETIN-A - tretinoin cream 0.025%	4	
RETIN-A - tretinoin cream 0.05%	4	
RETIN-A - tretinoin cream 0.1%	4	
RETIN-A - tretinoin gel 0.01%	4	
RETIN-A - tretinoin gel 0.025%	4	
SANTYL - collagenase oint 250 unit/gm	3	
*selenium sulfide lotion 2.5%^*	2	
SILVADENE - silver sulfadiazine cream 1%	4	
*silver sulfadiazine cream 1%^*	2	
SOOLANTRA - ivermectin cream 1%	3	
*tacrolimus oint 0.03%^*	2	PA
*tacrolimus oint 0.1%^*	2	PA
*tazarotene cream 0.1%^*	2	
TAZORAC - tazarotene cream 0.05%	4	
TAZORAC - tazarotene gel 0.05%	4	
TAZORAC - tazarotene gel 0.1%	4	
*tretinoin cream 0.025%^*	2	
*tretinoin cream 0.05%^*	2	
*tretinoin cream 0.1%^*	2	
*tretinoin gel 0.01%^*	2	
*tretinoin gel 0.025%^*	2	
*triamcinolone acetonide cream 0.025%^*	2	
*triamcinolone acetonide cream 0.1%^*	2	
*triamcinolone acetonide cream 0.5%^*	2	
*triamcinolone acetonide lotion 0.025%^*	2	
*triamcinolone acetonide lotion 0.1%^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*triamcinolone acetonide oint 0.025%^*	2	
*triamcinolone acetonide oint 0.1%^*	2	
*triamcinolone acetonide oint 0.5%^*	2	
ULTRAVATE - halobetasol propionate cream 0.05%	4	
ULTRAVATE - halobetasol propionate oint 0.05%	4	
ZONALON - doxepin hcl cream 5%	5	PA
Electrolitos/Minerales/Metales/Vitaminas		
*amino acid infusion 6%^*	2	BD
*amino acid infusion 15%^*	2	BD
AMINOSYN II - amino acid infusion 15%	4	BD
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA
*calcium acetate cap 667 mg^*	2	
*calcium acetate tab 667 mg^*	2	
CARBAGLU - carglumic acid tab 200 mg	5	PA
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	4	
CARNITOR - levocarnitine tab 330 mg	4	
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	4	
CHEMET - succimer cap 100 mg	4	
deferasirox tab for oral susp 125 mg	5	PA
deferasirox tab for oral susp 250 mg	5	PA
deferasirox tab for oral susp 500 mg	5	PA
*dextrose inj 5%^*	2	
*dextrose inj 10%^*	2	
*dextrose 2.5% w/ sodium chloride 0.45%^*	1	
*dextrose 5% in lactated ringers^*	2	
*dextrose 5% w/ sodium chloride 0.2%^*	1	
*dextrose 5% w/ sodium chloride 0.33%^*	1	
*dextrose 5% w/ sodium chloride 0.45%^*	1	
*dextrose 5% w/ sodium chloride 0.9%^*	1	
EXJADE - deferasirox tab for oral susp 125 mg*	5	PA
EXJADE - deferasirox tab for oral susp 250 mg*	5	PA
EXJADE - deferasirox tab for oral susp 500 mg*	5	PA
fat emulsion plant based iv emulsion 20%	4	BD
fomepizole inj 1 gm/ml (for iv infusion)	5	
FOSRENOL - lanthanum carbonate chew tab 500 mg	5	
FOSRENOL - lanthanum carbonate chew tab 750 mg	5	
FOSRENOL - lanthanum carbonate chew tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	
HEPATAMINE - amino acid infusion 8%	3	BD
JADENU - deferasirox tab 90 mg	5	PA
JADENU - deferasirox tab 180 mg	5	PA
JADENU - deferasirox tab 360 mg	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg	5	PA
JADENU SPRINKLE - deferasirox granules packet 180 mg	5	PA
JADENU SPRINKLE - deferasirox granules packet 360 mg	5	PA
K-TAB - potassium chloride tab er 10 meq	4	
K-TAB - potassium chloride tab er 20 meq (1500 mg)	4	
*kcl 20 meq/l (0.15%) in nacl 0.45% inj^*	1	
*kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj^*	2	
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj^*	2	
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj^*	2	
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj^*	2	
*kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj^*	2	
*kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj^*	2	
*lactated ringer's solution^*	2	
lanthanum carbonate chew tab 500 mg	5	
lanthanum carbonate chew tab 750 mg	5	
lanthanum carbonate chew tab 1000 mg	5	
*levocarnitine oral soln 1 gm/10ml (10%)^*	2	
*levocarnitine tab 330 mg^*	2	
*magnesium sulfate inj 50%^*	2	
MICRO-K - potassium chloride cap er 8 meq	4	
MICRO-K - potassium chloride cap er 10 meq	4	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3	
*potassium chloride cap er 8 meq^*	2	
*potassium chloride cap er 10 meq^*	2	
POTASSIUM CHLORIDE ER - potassium chloride tab er 20 meq (1500 mg)	4	
*potassium chloride inj 2 meq/ml^*	2	
*potassium chloride microencapsulated crys er tab 10 meq^*	2	
*potassium chloride microencapsulated crys er tab 20 meq^*	2	
*potassium chloride oral soln 10% (20 meq/15ml)^*	2	
*potassium chloride tab er 8 meq (600 mg)^*	2	
*potassium chloride tab er 10 meq^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*potassium chloride 20 meq/l (0.15%) in dextrose 5% inj^*	2	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	4	
*potassium citrate tab er 5 meq (540 mg)^*	2	
*potassium citrate tab er 10 meq (1080 mg)^*	2	
*potassium citrate tab er 15 meq (1620 mg)^*	2	
RENVELA - sevelamer carbonate packet 0.8 gm	5	
RENVELA - sevelamer carbonate packet 2.4 gm	5	
RENVELA - sevelamer carbonate tab 800 mg	5	
SAMSCA - tolvaptan tab 15 mg	5	PA
SAMSCA - tolvaptan tab 30 mg	5	PA
sevelamer carbonate packet 0.8 gm	5	
sevelamer carbonate packet 2.4 gm	5	
*sevelamer carbonate tab 800 mg^*	2	
*sodium chloride irrigation soln 0.9%^*	2	
*sodium chloride iv soln 0.45%^*	2	
*sodium chloride iv soln 0.9%^*	2	
*sodium polystyrene sulfonate oral susp 15 gm/60ml^*	2	
*sodium polystyrene sulfonate powder^*	2	
*sodium polystyrene sulfonate rectal susp 30 gm/120ml^*	2	
SYPRINE - trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 6%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm	4	
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm	4	
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm	4	
*water for irrigation, sterile irrigation soln^*	2	
Agentes gastrointestinales		
ACTIGALL - ursodiol cap 300 mg	5	
alosetron hcl tab 0.5 mg	5	
alosetron hcl tab 1 mg	5	
AMITIZA - lubiprostone cap 8 mcg	3	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
CARAFATE - sucralfate susp 1 gm/10ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CARAFATE - sucralfate tab 1 gm	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
CIMETIDINE HCL - cimetidine hcl soln 300 mg/5ml^	2	
*cimetidine tab 200 mg^*	2	
*cimetidine tab 300 mg^*	2	
*cimetidine tab 400 mg^*	2	
*cimetidine tab 800 mg^*	2	
COLYTE-FLAVOR PACKS - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4	
*cromolyn sodium oral conc 100 mg/5ml^*	2	
CYTOTEC - misoprostol tab 100 mcg	4	
CYTOTEC - misoprostol tab 200 mcg	4	
dicyclomine hcl cap 10 mg#	3	PA
dicyclomine hcl tab 20 mg#	4	PA
*esomeprazole magnesium cap delayed release 20 mg^*	2	QL (30 capsules/30 days)
*esomeprazole magnesium cap delayed release 40 mg^*	2	QL (30 capsules/30 days)
ESOMEPRAZOLE SODIUM - esomeprazole sodium for intravenous soln 20 mg	3	
*esomeprazole sodium for intravenous soln 40 mg^*	2	
*famotidine for susp 40 mg/5ml^*	2	
*famotidine inj 20 mg/2ml^*	2	
*famotidine inj 40 mg/4ml^*	2	
*famotidine inj 200 mg/20ml^*	2	
*famotidine tab 20 mg^*	2	
*famotidine tab 40 mg^*	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
*glycopyrrolate tab 1 mg^*	2	
*glycopyrrolate tab 2 mg^*	2	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	4	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	4	
*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	PA
LINZESS - linaclotide cap 145 mcg	3	PA
LINZESS - linaclotide cap 290 mcg	3	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*loperamide hcl cap 2 mg^*	1	
LOTRONEX - alosetron hcl tab 0.5 mg	5	
LOTRONEX - alosetron hcl tab 1 mg	5	
*methscopolamine bromide tab 2.5 mg^*	2	
*methscopolamine bromide tab 5 mg^*	2	
*metoclopramide hcl inj 5 mg/ml^*	2	
*metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)^*	2	
*metoclopramide hcl tab 5 mg^*	1	
*metoclopramide hcl tab 10 mg^*	1	
*misoprostol tab 100 mcg^*	2	
*misoprostol tab 200 mcg^*	2	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium cap delayed release 20 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium cap delayed release 40 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
NEXIUM I.V. - esomeprazole sodium for intravenous soln 40 mg	4	
*nizatidine cap 150 mg^*	2	
*nizatidine cap 300 mg^*	2	
NULYTELY/FLAVOR PACKS - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	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^*	1	QL (30 tablets/30 days)
*pantoprazole sodium ec tab 40 mg^*	1	QL (60 tablets/30 days)
*pantoprazole sodium for iv soln 40 mg^*	2	
*peg 3350-kcl-sod bicarb-nacl for soln 420 gm^*	2	
*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm^*	2	
*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PREVACID - lansoprazole cap delayed release 15 mg	4	QL (30 capsules/30 days)
PREVACID - lansoprazole cap delayed release 30 mg	4	QL (30 capsules/30 days)
PROTONIX - pantoprazole sodium ec tab 20 mg	4	QL (30 tablets/30 days)
PROTONIX - pantoprazole sodium ec tab 40 mg	4	QL (60 tablets/30 days)
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	5	
*rabeprazole sodium ec tab 20 mg^*	2	QL (30 tablets/30 days)
*ranitidine hcl cap 150 mg^*	2	
*ranitidine hcl cap 300 mg^*	2	
*ranitidine hcl syrup 15 mg/ml (75 mg/5ml)^*	2	
*ranitidine hcl tab 150 mg^*	1	
*ranitidine hcl tab 300 mg^*	1	
REGLAN - metoclopramide hcl tab 5 mg	4	
REGLAN - metoclopramide hcl tab 10 mg	4	
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
*sucralfate tab 1 gm^*	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
*ursodiol cap 300 mg^*	2	
*ursodiol tab 250 mg^*	2	
*ursodiol tab 500 mg^*	2	
XIFAXAN - rifaximin tab 550 mg	5	
Trastorno genético o enzimático:		
ADAGEN - pegademase bovine inj 250 unit/ml*	5	
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	PA
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)*	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
LUMIZYME - alglucosidase alfa for iv soln 50 mg	5	
*miglustat cap 100 mg**	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
sodium phenylbutyrate tab 500 mg	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA

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STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
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	
Agentes genitourinarios		
*alfuzosin hcl tab er 24hr 10 mg^*	1	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	4	QL (30 capsules/30 days)
*bethanechol chloride tab 5 mg^*	2	
*bethanechol chloride tab 10 mg^*	2	
*bethanechol chloride tab 25 mg^*	2	
*bethanechol chloride tab 50 mg^*	2	
D-PENAMINE - penicillamine tab 125 mg	5	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DETROL - tolterodine tartrate tab 1 mg	4	QL (60 tablets/30 days)
DETROL - tolterodine tartrate tab 2 mg	4	QL (60 tablets/30 days)
DETROL LA - tolterodine tartrate cap er 24hr 2 mg	4	QL (30 capsules/30 days)
DETROL LA - tolterodine tartrate cap er 24hr 4 mg	4	QL (30 capsules/30 days)
DITROPAN XL - oxybutynin chloride tab er 24hr 5 mg	4	QL (30 tablets/30 days)
DITROPAN XL - oxybutynin chloride tab er 24hr 10 mg	4	QL (90 tablets/30 days)
*dutasteride cap 0.5 mg^*	2	QL (30 capsules/30 days)
*dutasteride-tamsulosin hcl cap 0.5-0.4 mg^*	2	QL (30 capsules/30 days)
*finasteride tab 5 mg^*	1	QL (30 tablets/30 days)
FLOMAX - tamsulosin hcl cap 0.4 mg	4	QL (60 capsules/30 days)
methylergonovine maleate tab 0.2 mg	5	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	4	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	4	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*oxybutynin chloride syrup 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 (90 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)
PROSCAR - finasteride tab 5 mg	4	QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg	3	QL (30 capsules/30 days)
RAPAFLO - silodosin cap 8 mg	3	QL (30 capsules/30 days)
sildenafil citrate tab 25 mg^‡	6	QL (4 tablets/30 days)
sildenafil citrate tab 50 mg^‡	6	QL (4 tablets/30 days)
sildenafil citrate tab 100 mg^‡	6	QL (4 tablets/30 days)
*silodosin cap 4 mg^*	2	QL (30 capsules/30 days)
*silodosin cap 8 mg^*	2	QL (30 capsules/30 days)
*tamsulosin hcl cap 0.4 mg^*	2	QL (60 capsules/30 days)
*tolterodine tartrate cap er 24hr 2 mg^*	2	QL (30 capsules/30 days)
*tolterodine tartrate cap er 24hr 4 mg^*	2	QL (30 capsules/30 days)
*tolterodine tartrate tab 1 mg^*	2	QL (60 tablets/30 days)
*tolterodine tartrate tab 2 mg^*	2	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg	3	QL (30 tablets/30 days)
*trospium chloride cap er 24hr 60 mg^*	2	QL (30 capsules/30 days)
*trospium chloride tab 20 mg^*	2	QL (60 tablets/30 days)
VIAGRA - sildenafil citrate tab 25 mg^‡	6	QL (4 tablets/30 days)
VIAGRA - sildenafil citrate tab 50 mg^‡	6	QL (4 tablets/30 days)
VIAGRA - sildenafil citrate tab 100 mg^‡	6	QL (4 tablets/30 days)
Agentes hormonales, estimulantes/sustitutos/modificadores		
CORTEF - hydrocortisone tab 5 mg	4	
CORTEF - hydrocortisone tab 10 mg	4	
CORTEF - hydrocortisone tab 20 mg	4	
CORTISONE ACETATE - cortisone acetate tab 25 mg	3	
DEXAMETHASONE - dexamethasone tab 1 mg	3	
DEXAMETHASONE - dexamethasone tab 2 mg	3	
*dexamethasone elixir 0.5 mg/5ml^*	2	
*dexamethasone sodium phosphate inj 4 mg/ml^*	2	
*dexamethasone sodium phosphate inj 20 mg/5ml^*	2	
*dexamethasone sodium phosphate inj 120 mg/30ml^*	2	
*dexamethasone tab 0.5 mg^*	1	
*dexamethasone tab 0.75 mg^*	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*dexamethasone tab 1.5 mg^*	1	
*dexamethasone tab 4 mg^*	1	
*dexamethasone tab 6 mg^*	1	
*fludrocortisone acetate tab 0.1 mg^*	2	
H.P. ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
*hydrocortisone butyrate hydrophilic lipo base cream 0.1%^*	2	
*hydrocortisone tab 5 mg^*	2	
*hydrocortisone tab 10 mg^*	2	
*hydrocortisone tab 20 mg^*	2	
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	
MEDROL - methylprednisolone tab 4 mg	4	
MEDROL - methylprednisolone tab 8 mg	4	
MEDROL - methylprednisolone tab 16 mg	4	
MEDROL - methylprednisolone tab 32 mg	4	
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	4	
*methylprednisolone sod succ for inj 40 mg^*	2	
*methylprednisolone sod succ for inj 125 mg^*	2	
*methylprednisolone sod succ for inj 1000 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 phosph oral soln 6.7 mg/5ml (5 mg/5ml base)^*	2	
*prednisolone sod phosphate oral soln 15 mg/5ml^*	2	
*prednisolone syrup 15 mg/5ml^*	2	
PREDNISONE - prednisone oral soln 5 mg/5ml	3	
PREDNISONE - prednisone tab therapy pack 5 mg (21)^	2	
PREDNISONE - prednisone tab therapy pack 5 mg (48)^	2	
PREDNISONE - prednisone tab therapy pack 10 mg (21)^	2	
PREDNISONE - prednisone tab therapy pack 10 mg (48)^	2	
PREDNISONE - prednisone tab 50 mg	3	
*prednisone tab 1 mg^*	1	
*prednisone tab 2.5 mg^*	1	
*prednisone tab 5 mg^*	2	
*prednisone tab 10 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*prednisone tab 20 mg^*	1	
SOLU-MEDROL - methylprednisolone sod succ for inj 40 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 125 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 500 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 1000 mg	4	
Agentes hormonales, estimulantes/sustitutos/modificadores		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit^	2	PA
DDAVP - desmopressin acetate nasal spray soln 0.01%	5	
DDAVP - desmopressin acetate tab 0.1 mg	4	
DDAVP - desmopressin acetate tab 0.2 mg	4	
*desmopressin acetate inj 4 mcg/ml^*	2	
*desmopressin acetate nasal spray soln 0.01%^*	2	
*desmopressin acetate nasal spray soln 0.01% (refrigerated)^*	2	
*desmopressin acetate tab 0.1 mg^*	2	
*desmopressin acetate tab 0.2 mg^*	2	
EGRIFTA - tesamorelin acetate for inj 1 mg*	5	PA
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin inj 5 mg/1.5ml	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit^	2	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5	
Agentes hormonales, estimulantes/sustitutos/modificadores		
ANADROL-50 - oxymetholone tab 50 mg	5	PA
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
ANDROGEL - testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
ANDROGEL - testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%)	3	PA, QL (30 packets/30 days)
ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%)	3	PA, QL (60 packets/30 days)
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	3	PA, QL (2 pump bottles/30 days)
AYGESTIN - norethindrone acetate tab 5 mg	4	
*danazol cap 50 mg^*	2	PA
*danazol cap 100 mg^*	2	PA
*danazol cap 200 mg^*	2	PA

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp 150 mg/ml	4	
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 100 mg/ml	4	PA
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 200 mg/ml	4	PA
*desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)^*	2	
*desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg^*	2	
*desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg^*	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	
*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg^*	2	
*drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg^*	2	
*drospirenone-ethinyl estradiol tab 3-0.02 mg^*	2	
*drospirenone-ethinyl estradiol tab 3-0.03 mg^*	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
ELLA - ulipristal acetate tab 30 mg	3	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	
estradiol & norethindrone acetate tab 1-0.5 mg#	4	
estradiol tab 0.5 mg#	4	
estradiol tab 1 mg#	4	
estradiol tab 2 mg#	4	
estradiol td patch weekly 0.025 mg/24hr#	4	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	4	
estradiol td patch weekly 0.05 mg/24hr#	4	
estradiol td patch weekly 0.06 mg/24hr#	4	
estradiol td patch weekly 0.075 mg/24hr#	4	
estradiol td patch weekly 0.1 mg/24hr#	4	
*estradiol vaginal cream 0.1 mg/gm^*	2	
*estradiol vaginal tab 10 mcg^*	2	
ESTROSTEP FE - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg^*	2	
*ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg^*	2	
EVISTA - raloxifene hcl tab 60 mg	4	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
*levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)^*	2	
*levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)^*	2	
*levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg^*	2	
*levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg^*	2	
*levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg^*	2	
*levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg^*	2	
*levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg^*	2	
LOESTRIN FE 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
LOESTRIN FE 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
LOESTRIN 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
LOESTRIN 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
LOSEASONIQUE - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
*medroxyprogesterone acetate im susp prefilled syr 150 mg/ml^*	2	
*medroxyprogesterone acetate im susp 150 mg/ml^*	2	
*medroxyprogesterone acetate tab 2.5 mg^*	1	
*medroxyprogesterone acetate tab 5 mg^*	1	
*medroxyprogesterone acetate tab 10 mg^*	1	
megestrol acetate susp 40 mg/ml#	4	PA
megestrol acetate tab 20 mg#	4	PA
megestrol acetate tab 40 mg#	4	PA
MENEST - esterified estrogens tab 0.3 mg#	4	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
METHYLTESTOSTERONE - methyltestosterone cap 10 mg	5	PA
MIRCETTE - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
*norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg^*	2	
*norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg^*	2	
*norethindrone & ethinyl estradiol tab 1 mg-35 mcg^*	2	
*norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg^*	2	
*norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg^*	2	
*norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg^*	2	
*norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg^*	2	
*norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg^*	2	
*norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg^*	2	
*norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)^*	2	
*norethindrone acetate tab 5 mg^*	2	
*norethindrone tab 0.35 mg^*	2	
*norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg^*	2	
*norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg^*	2	
*norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg^*	2	
*norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg^*	2	
*norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg^*	2	
*norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg^*	2	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
ORTHO MICRONOR - norethindrone tab 0.35 mg	4	
ORTHO-NOVUM 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg	4	
ORTHO-NOVUM 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
*oxandrolone tab 2.5 mg^*	2	PA
oxandrolone tab 10 mg	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	4	
PREMARIN - estrogens, conjugated tab 0.45 mg#	4	
PREMARIN - estrogens, conjugated tab 0.625 mg#	4	
PREMARIN - estrogens, conjugated tab 0.9 mg#	4	
PREMARIN - estrogens, conjugated tab 1.25 mg#	4	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*progesterone micronized cap 100 mg^*	2	
*progesterone micronized cap 200 mg^*	2	
PROVERA - medroxyprogesterone acetate tab 2.5 mg	4	
PROVERA - medroxyprogesterone acetate tab 5 mg	4	
PROVERA - medroxyprogesterone acetate tab 10 mg	4	
*raloxifene hcl tab 60 mg^*	2	
SEASONIQUE - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	4	
*testosterone cypionate im inj in oil 100 mg/ml^*	2	PA
*testosterone cypionate im inj in oil 200 mg/ml^*	2	PA
*testosterone enanthate im inj in oil 200 mg/ml^*	2	PA
*testosterone td gel 25 mg/2.5gm (1%)^*	2	PA, QL (90 packets/30 days)
*testosterone td gel 50 mg/5gm (1%)^*	2	PA, QL (60 units/30 days)
*testosterone td gel 12.5 mg/act (1%)^*	2	PA, QL (4 pump bottles/30 days)
*testosterone td gel 20.25 mg/1.25gm (1.62%)^*	2	PA, QL (30 packets/30 days)
*testosterone td gel 40.5 mg/2.5gm (1.62%)^*	2	PA, QL (60 packets/30 days)
*testosterone td gel 20.25 mg/act (1.62%)^*	2	PA, QL (2 pump bottles/30 days)
*testosterone td soln 30 mg/act^*	2	PA, QL (2 pump bottles/30 days)
VAGIFEM - estradiol vaginal tab 10 mcg	4	
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	4	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
Agentes hormonales, estimulantes/sustitutos/modificadores)		
CYTOMEL - liothyronine sodium tab 5 mcg	4	
CYTOMEL - liothyronine sodium tab 25 mcg	4	
CYTOMEL - liothyronine sodium tab 50 mcg	4	
*levothyroxine sodium tab 25 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 50 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 75 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 88 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 100 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 112 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*levothyroxine sodium tab 125 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 137 mcg (levo-t, levoxyl, unithroid)^*	2	
*levothyroxine sodium tab 150 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 175 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 200 mcg (levo-t, levoxyl, unithroid, unithroid direct)^*	2	
*levothyroxine sodium tab 300 mcg (levo-t, unithroid, unithroid direct)^*	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	
TIROSINT - levothyroxine sodium cap 13 mcg	4	
TIROSINT - levothyroxine sodium cap 25 mcg	4	
TIROSINT - levothyroxine sodium cap 50 mcg	4	
TIROSINT - levothyroxine sodium cap 75 mcg	4	
TIROSINT - levothyroxine sodium cap 88 mcg	4	
TIROSINT - levothyroxine sodium cap 100 mcg	4	
TIROSINT - levothyroxine sodium cap 112 mcg	4	
TIROSINT - levothyroxine sodium cap 125 mcg	4	
TIROSINT - levothyroxine sodium cap 137 mcg	4	
TIROSINT - levothyroxine sodium cap 150 mcg	4	
TIROSINT - levothyroxine sodium cap 175 mcg	4	
TIROSINT - levothyroxine sodium cap 200 mcg	4	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TIROSINT-SOL - levothyroxine sodium oral solution 25 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 50 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 75 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 88 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 100 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 112 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 125 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 137 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 150 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 175 mcg/ml	4	
TIROSINT-SOL - levothyroxine sodium oral solution 200 mcg/ml	4	
Agentes hormonales, supresores (suprarrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Agentes hormonales, supresores (pituitarios)		
cabergoline tab 0.5 mg^	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg	5	
leuprolide acetate inj kit 5 mg/ml	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	
*octreotide acetate inj 50 mcg/ml (0.05 mg/ml)^*	2	PA
*octreotide acetate inj 100 mcg/ml (0.1 mg/ml)^*	2	PA
*octreotide acetate inj 200 mcg/ml (0.2 mg/ml)^*	2	PA
*octreotide acetate inj 500 mcg/ml (0.5 mg/ml)^*	2	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5	PA
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5	PA

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	PA
Agentes hormonales, supresores (tiroides)		
methimazole tab 5 mg^	1	
methimazole tab 10 mg^	1	
propylthiouracil tab 50 mg^	2	
Agentes inmunológicos		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg	4	BD
ASTAGRAF XL - tacrolimus cap er 24hr 1 mg	4	BD
ASTAGRAF XL - tacrolimus cap er 24hr 5 mg	4	BD
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZASAN - azathioprine tab 75 mg	4	BD
AZASAN - azathioprine tab 100 mg	4	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	3	BD
azathioprine tab 50 mg^	2	BD
BCG VACCINE - bcg vaccine inj	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
CELLCEPT - mycophenolate mofetil cap 250 mg	5	BD
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	BD
CELLCEPT - mycophenolate mofetil tab 500 mg	5	BD
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	BD
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
*cyclosporine cap 25 mg^*	2	BD
*cyclosporine cap 100 mg^*	2	BD
*cyclosporine iv soln 50 mg/ml^*	2	BD
CYCLOSPORINE MODIFIED - cyclosporine modified cap 50 mg^	2	BD
*cyclosporine modified cap 25 mg^*	2	BD
*cyclosporine modified cap 100 mg^*	2	BD
*cyclosporine modified oral soln 100 mg/ml^*	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
FIRAZYR - icatibant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
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	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	BD
IMURAN - azathioprine tab 50 mg	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
*leflunomide tab 10 mg^*	2	
*leflunomide tab 20 mg^*	2	
M-M-R II - measles, mumps & rubella virus vaccines for inj	3	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	2	
*methotrexate sodium for inj 1 gm^*	2	
*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 50 mg/2ml (25 mg/ml)^*	2	
*methotrexate sodium tab 2.5 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*mycophenolate mofetil cap 250 mg^*	2	BD
mycophenolate mofetil for oral susp 200 mg/ml	5	BD
*mycophenolate mofetil hcl for iv soln 500 mg^*	2	BD
*mycophenolate mofetil tab 500 mg^*	2	BD
*mycophenolate sodium tab dr 180 mg^*	2	BD
*mycophenolate sodium tab dr 360 mg^*	2	BD
NEORAL - cyclosporine modified cap 25 mg	4	BD
NEORAL - cyclosporine modified cap 100 mg	4	BD
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PROGRAF - tacrolimus cap 0.5 mg	4	BD
PROGRAF - tacrolimus cap 1 mg	4	BD
PROGRAF - tacrolimus cap 5 mg	4	BD
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
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	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine cap 25 mg	4	BD
SANDIMMUNE - cyclosporine cap 100 mg	4	BD
SANDIMMUNE - cyclosporine iv soln 50 mg/ml	4	BD
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD
sirolimus oral soln 1 mg/ml	5	BD
*sirolimus tab 0.5 mg^*	2	BD
*sirolimus tab 1 mg^*	2	BD
sirolimus tab 2 mg	5	BD
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
*tacrolimus cap 0.5 mg^*	2	BD
*tacrolimus cap 1 mg^*	2	BD
*tacrolimus cap 5 mg^*	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	5	BD
XOLAIR - omalizumab for inj 150 mg*	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
YF-VAX - yellow fever vaccine subcutaneous inj	3	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	3	QL (1 vaccine/lifetime)
Agentes para tratar la enfermedad inflamatoria intestinal		
APRISO - mesalamine cap er 24hr 0.375 gm	4	
ASACOL HD - mesalamine tab delayed release 800 mg	3	
AZULFIDINE - sulfasalazine tab 500 mg	4	
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	4	
*balsalazide disodium cap 750 mg^*	2	
*budesonide delayed release particles cap 3 mg^*	2	
CANASA - mesalamine suppos 1000 mg	3	
COLAZAL - balsalazide disodium cap 750 mg	5	
DELZICOL - mesalamine cap dr 400 mg	3	
DIPENTUM - olsalazine sodium cap 250 mg	5	
*hydrocortisone enema 100 mg/60ml^*	2	
*hydrocortisone rectal cream 1%^*	1	
*hydrocortisone rectal cream 2.5%^*	2	
LIALDA - mesalamine tab delayed release 1.2 gm	4	
*mesalamine cap dr 400 mg^*	2	
*mesalamine enema 4 gm^*	2	
*mesalamine rectal enema 4 gm & cleanser wipe kit^*	2	
*mesalamine suppos 1000 mg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*mesalamine tab delayed release 800 mg^*	2	
*mesalamine tab delayed release 1.2 gm^*	2	
PENTASA - mesalamine cap er 250 mg	4	
PENTASA - mesalamine cap er 500 mg	4	
ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit	4	
SFROWASA - mesalamine sulfite-free enema 4 gm/60ml	4	
*sulfasalazine tab delayed release 500 mg^*	2	
*sulfasalazine tab 500 mg^*	2	
Agentes para tratar la enfermedad ósea metabólica		
*alendronate sodium tab 5 mg^*	1	QL (30 tablets/30 days)
*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)
ATELVIA - risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
BONIVA - ibandronate sodium iv soln 3 mg/3ml	4	
*calcitonin (salmon) nasal soln 200 unit/act^*	2	
*calcitriol cap 0.25 mcg^*	2	
*calcitriol cap 0.5 mcg^*	2	
*calcitriol inj 1 mcg/ml^*	2	
*calcitriol oral soln 1 mcg/ml^*	2	
cinacalcet hcl tab 30 mg	5	PA
cinacalcet hcl tab 60 mg	5	PA
cinacalcet hcl tab 90 mg	5	PA
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	4	
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	4	
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	PA
FOSAMAX - alendronate sodium tab 70 mg	4	QL (4 tablets/28 days)
*ibandronate sodium iv soln 3 mg/3ml^*	2	
*ibandronate sodium tab 150 mg^*	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	5	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
*paricalcitol cap 1 mcg^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*paricalcitol cap 2 mcg^*	2	
*paricalcitol cap 4 mcg^*	2	
*paricalcitol iv soln 2 mcg/ml^*	2	
*paricalcitol iv soln 5 mcg/ml^*	2	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
*risedronate sodium tab delayed release 35 mg^*	2	QL (4 tablets/28 days)
*risedronate sodium tab 5 mg^*	2	QL (30 tablets/30 days)
*risedronate sodium tab 30 mg^*	2	QL (30 tablets/30 days)
*risedronate sodium tab 35 mg^*	2	QL (4 tablets/28 days)
*risedronate sodium tab 150 mg^*	2	QL (1 tablet/28 days)
ROCALTROL - calcitriol cap 0.25 mcg	4	
ROCALTROL - calcitriol cap 0.5 mcg	4	
ROCALTROL - calcitriol oral soln 1 mcg/ml	4	
SENSIPAR - cinacalcet hcl tab 30 mg	5	PA
SENSIPAR - cinacalcet hcl tab 60 mg	5	PA
SENSIPAR - cinacalcet hcl tab 90 mg	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
ZEMPLAR - paricalcitol iv soln 2 mcg/ml	4	
ZEMPLAR - paricalcitol iv soln 5 mcg/ml	4	
*zoledronic acid inj conc for iv infusion 4 mg/5ml^*	2	
*zoledronic acid iv soln 5 mg/100ml^*	2	
Agentes oftálmicos		
ACULAR - ketorolac tromethamine ophth soln 0.5%	4	
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	3	
*azelastine hcl ophth soln 0.05%^*	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
*bacitracin-polymyxin b ophth oint^*	2	
*bacitracin-polymyxin-neomycin-hc ophth oint 1%^*	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
*betaxolol hcl ophth soln 0.5%^*	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
*bimatoprost ophth soln 0.03%^*	2	
*brimonidine tartrate ophth soln 0.15%^*	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
*brimonidine tartrate ophth soln 0.2%^*	2	
*bromfenac sodium ophth soln 0.09% (once-daily)^*	2	
*carteolol hcl ophth soln 1%^*	1	
CILOXAN - ciprofloxacin hcl ophth soln 0.3%	4	
*ciprofloxacin hcl ophth soln 0.3%^*	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	4	
*cromolyn sodium ophth soln 4%^*	1	
CYSTARAN - cysteamine hcl ophth soln 0.44%	5	
DEXAMETHASONE SODIUM PHOSPHATE - 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 22.3-6.8 mg/ml^*	2	
DUREZOL - difluprednate ophth emulsion 0.05%	3	
*epinastine hcl ophth soln 0.05%^*	2	
*erythromycin ophth oint 5 mg/gm^*	2	
*fluorometholone ophth susp 0.1%^*	2	
*flurbiprofen sodium ophth soln 0.03%^*	2	
FML LIQUIFILM - fluorometholone ophth susp 0.1%	4	
*gentamicin sulfate ophth oint 0.3%^*	2	
*gentamicin sulfate ophth soln 0.3%^*	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4	
*ketorolac tromethamine ophth soln 0.4%^*	2	
*ketorolac tromethamine ophth soln 0.5%^*	2	
LACRISERT - artificial tear ophth insert	4	
*latanoprost ophth soln 0.005%^*	2	
*levobunolol hcl ophth soln 0.5%^*	1	
LUMIGAN - bimatoprost ophth soln 0.01%	3	
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	4	
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	4	
*moxifloxacin hcl ophth soln 0.5%^*	2	
NATACYN - natamycin ophth susp 5%	4	
*neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin^*	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml^*	2	
*neomycin-polymyxin-dexamethasone ophth oint 0.1%^*	2	
*neomycin-polymyxin-dexamethasone ophth susp 0.1%^*	2	
OCUFLOX - ofloxacin ophth soln 0.3%	4	
*ofloxacin ophth soln 0.3%^*	2	
*olopatadine hcl ophth soln 0.1%^*	2	
*olopatadine hcl ophth soln 0.2%^*	2	
OMNIPRED - prednisolone acetate ophth susp 1%	4	
PATADAY - olopatadine hcl ophth soln 0.2%	4	
PATANOL - olopatadine hcl ophth soln 0.1%	4	
PAZEO - olopatadine hcl ophth soln 0.7%	3	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
*pilocarpine hcl ophth soln 1%^*	2	
*pilocarpine hcl ophth soln 2%^*	2	
*pilocarpine hcl ophth soln 4%^*	2	
*polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%^*	1	
POLYTRIM - polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	4	
PRED FORTE - prednisolone acetate ophth susp 1%	4	
PRED MILD - prednisolone acetate ophth susp 0.12%	4	
*prednisolone acetate ophth susp 1%^*	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (2 bottles/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
*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%^*	2	
*timolol maleate ophth gel forming soln 0.5%^*	2	
*timolol maleate ophth soln 0.25%^*	1	
*timolol maleate ophth soln 0.5%^*	1	
*timolol maleate ophth soln 0.5% (once-daily)^*	2	
TIMOPTIC - timolol maleate ophth soln 0.25%	4	
TIMOPTIC - timolol maleate ophth soln 0.5%	4	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.5%	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
TOBRADEX - tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
*tobramycin ophth soln 0.3%^*	2	
*tobramycin-dexamethasone ophth susp 0.3-0.1%^*	2	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
*trifluridine ophth soln 1%^*	2	
TRUSOPT - dorzolamide hcl ophth soln 2%	4	
VIGAMOX - moxifloxacin hcl ophth soln 0.5%	4	
Agentes óticos		
acetic acid otic soln 2%	3	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
*fluocinolone acetonide (otic) oil 0.01%^*	2	
*hydrocortisone w/ acetic acid otic soln 1-2%^*	2	
*neomycin-polymyxin-hc otic soln 1%^*	2	
*neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%^*	2	
*ofloxacin otic soln 0.3%^*	2	
Agentes para el tracto respiratorio/pulmonar		
ACCOLATE - zafirlukast tab 10 mg	4	
ACCOLATE - zafirlukast tab 20 mg	4	
*acetylcysteine inhal soln 10%^*	2	BD
*acetylcysteine inhal soln 20%^*	2	BD
ADCIRCA - tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
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 DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)^*	2	BD
*albuterol sulfate soln nebu 0.5% (5 mg/ml)^*	2	BD
*albuterol sulfate soln nebu 0.63 mg/3ml^*	2	BD
*albuterol sulfate soln nebu 1.25 mg/3ml^*	2	BD
*albuterol sulfate syrup 2 mg/5ml^*	2	
*albuterol sulfate tab er 12hr 4 mg^*	2	
*albuterol sulfate tab er 12hr 8 mg^*	2	
*albuterol sulfate tab 2 mg^*	2	
*albuterol sulfate tab 4 mg^*	2	
*ambrisentan tab 5 mg**	5	PA, QL (30 tablets/30 days)
*ambrisentan tab 10 mg**	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	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 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASTEPRO - azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	4	QL (2 bottles/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 canisters/30 days)
*azelastine hcl nasal spray 0.1% (137 mcg/spray)^*	2	QL (2 bottles/30 days)
*azelastine hcl nasal spray 0.15% (205.5 mcg/spray)^*	2	QL (2 bottles/30 days)
*bosentan tab 62.5 mg**	5	PA, QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
*bosentan tab 125 mg**	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)
*budesonide inhalation susp 0.25 mg/2ml^*	2	BD
*budesonide inhalation susp 0.5 mg/2ml^*	2	BD
*budesonide inhalation susp 1 mg/2ml^*	2	BD
*caffeine citrate oral soln 60 mg/3ml^*	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
DALIRESP - roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
DALIRESP - roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
*desloratadine tab 5 mg^*	2	
*diphenhydramine hcl inj 50 mg/ml^*	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
*epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)^*	2	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/ blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/ blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
*fluticasone propionate nasal susp 50 mcg/act^*	1	QL (1 bottle/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3	QL (30 blisters/30 days)
*ipratropium bromide inhal soln 0.02%^*	2	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)
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)
LETAIRIS - ambrisentan tab 5 mg*	5	PA, QL (30 tablets/30 days)
LETAIRIS - ambrisentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
*levocetirizine dihydrochloride tab 5 mg^*	1	
*mometasone furoate nasal susp 50 mcg/act^*	2	QL (2 bottles/30 days)
*montelukast sodium chew tab 4 mg^*	2	
*montelukast sodium chew tab 5 mg^*	2	
*montelukast sodium oral granules packet 4 mg^*	2	
*montelukast sodium tab 10 mg^*	1	
NASONEX - mometasone furoate nasal susp 50 mcg/act	4	QL (2 bottles/30 days)
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
*olopatadine hcl nasal soln 0.6%^*	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PATANASE - olopatadine hcl nasal soln 0.6%	4	QL (1 bottle/30 days)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 canister/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 canisters/30 days)
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 200 mg/20ml (10 mg/ml)*	5	BD
ribavirin for inhal soln 6 gm	5	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/ dose	3	QL (1 inhaler/30 days)
*sildenafil citrate tab 20 mg^*	2	PA, QL (90 tablets/30 days)
SINGULAIR - montelukast sodium chew tab 4 mg	4	
SINGULAIR - montelukast sodium chew tab 5 mg	4	
SINGULAIR - montelukast sodium oral granules packet 4 mg	4	
SINGULAIR - montelukast sodium tab 10 mg	4	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate 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)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
*terbutaline sulfate tab 2.5 mg^*	2	
*terbutaline sulfate tab 5 mg^*	2	
THEO-24 - theophylline cap er 24hr 100 mg	4	
THEO-24 - theophylline cap er 24hr 200 mg	4	
THEO-24 - theophylline cap er 24hr 300 mg	4	
THEO-24 - theophylline cap er 24hr 400 mg	4	
*theophylline tab er 12hr 100 mg^*	2	
*theophylline tab er 12hr 200 mg^*	2	
*theophylline tab er 12hr 300 mg^*	2	
*theophylline tab er 12hr 450 mg^*	2	
*theophylline tab er 24hr 400 mg^*	2	

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*theophylline tab er 24hr 600 mg^*	2	
tobramycin nebu soln 300 mg/5ml	5	BD
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 125 mg*	5	PA, QL (60 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
*treprostinil inj soln 20 mg/20ml (1 mg/ml)**	5	BD
*treprostinil inj soln 50 mg/20ml (2.5 mg/ml)**	5	BD
*treprostinil inj soln 100 mg/20ml (5 mg/ml)**	5	BD
*treprostinil inj soln 200 mg/20ml (10 mg/ml)**	5	BD
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
*zafirlukast tab 10 mg^*	2	
*zafirlukast tab 20 mg^*	2	
Relajantes de los músculos esqueléticos		
cyclobenzaprine hcl tab 5 mg#	4	PA
cyclobenzaprine hcl tab 7.5 mg#	4	PA
cyclobenzaprine hcl tab 10 mg#	4	PA
methocarbamol tab 500 mg#	4	
methocarbamol tab 750 mg#	4	
Agentes para tratar los trastornos del sueño		
*armodafinil tab 50 mg^*	2	PA, QL (30 tablets/30 days)
*armodafinil tab 150 mg^*	2	PA, QL (30 tablets/30 days)
*armodafinil tab 200 mg^*	2	PA, QL (30 tablets/30 days)
*armodafinil tab 250 mg^*	2	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg	3	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BELSOMRA - suvorexant tab 10 mg	3	QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 15 mg	3	QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 20 mg	3	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
*modafinil tab 100 mg^*	2	PA, QL (30 tablets/30 days)
*modafinil tab 200 mg^*	2	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 150 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 200 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 250 mg	4	PA, QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 3 mg	3	QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 6 mg	3	QL (30 tablets/30 days)
*temazepam cap 15 mg^*	1	QL (30 capsules/30 days)
*temazepam cap 30 mg^*	1	QL (30 capsules/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
zaleplon cap 5 mg#	4	PA
zaleplon cap 10 mg#	4	PA
zolpidem tartrate tab 5 mg#	4	PA
zolpidem tartrate tab 10 mg#	4	PA

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

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Este formulario fue actualizado el 07/18/2019. Si tiene preguntas o desea información más actualizada, comuníquese con Florida Blue al 1-800-926-6565 o, los usuarios de equipo teleescritor TTY deben llamar al 1-877-955-8773 de 8:00 a.m. a 8:00 p.m., hora local, siete días a la semana del 1 de octubre hasta el 31 de marzo, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 1 de abril hasta el 30 de septiembre, nuestro horario es de lunes a viernes de 8:00 a.m. a 8:00 p.m., hora local, excepto los días feriados.
O visite **www.floridablue/medicare.**

Notificación de la sección 1557: La discriminación es en contra de la ley.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (colectivamente "Florida Blue"), Florida Combined Life y el Blue Cross and Blue Shield Federal Employee Program® (FEP) cumplen con las leyes federales de derechos civiles aplicables y no discriminan por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. No excluimos a las personas ni las tratamos de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life y FEP:

- Proporcionan ayuda y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
    - Intérpretes de lenguaje de señas capacitados
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporcionan servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
    - Intérpretes capacitados
    - Información escrita en otros idiomas

Si necesita recibir estos servicios, llame a:

- Florida Blue (cobertura para la salud y la visión): 1-800-352-2583
- Florida Combined Life (cobertura dental, de vida y discapacidad): 1-888-223-4892
- Federal Employee Program (FEP): 1-800-333-2227

Si considera que no le proporcionamos estos servicios o lo discriminamos de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a:

Florida Blue (incluyendo miembros FEP):
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:
Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el Coordinador de la sección 1557 está disponible para ayudarle. También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal de Reclamaciones de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, por correo postal o por teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Puede obtener los formularios de reclamo en http://www.hhs.gov/ocr/office/file/index.html

87768S 0217R
Esta es una traducción de su original en inglés. La versión en inglés prevalecerá.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583（TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-253-008-1 3852 (رقم هاتف الصم والبكم: 1-800-559-008-1 0778. اتصل برقم 1-800-333-008-1 7222.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: **ફોન કરો** 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรฟรี **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ **FEP** โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره (TTY: 1-800-955-8770) 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti’go, saad bee áká anáwo’, t’áá jíík’eh, ná hóló. Kojį’ hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojį’ hodíílnih 1-800-333-2227.