

# Lista de medicamentos recetados disponibles para planes comerciales de una Organización de Proveedores Exclusivos (EPO)/EPO con deducible (DEPO) (planes autofinanciados) de California para 2024

(Lista de medicamentos cubiertos)

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS CUANDO USTED PARTICIPA EN UN PLAN AUTOFINANCIADO DE UNA ORGANIZACIÓN DE PROVEEDORES EXCLUSIVOS (EXCLUSIVE PROVIDER ORGANIZATION, EPO) O DE UNA ORGANIZACIÓN DE PROVEEDORES EXCLUSIVOS CON DEDUCIBLE (DEDUCTIBLE EPO, DEPO) DE KAISER PERMANENTE.**

La lista de medicamentos recetados disponibles se actualizó el 1.º de junio de 2024 y tiene vigencia a partir del 7 de junio de 2024. Este documento con la lista de medicamentos recetados disponibles está sujeto a cambios y puede variar según su plan de salud. No proporciona información con respecto a una cobertura específica, lo que incluye exclusiones, copagos o coseguros específicos. Podrá encontrar dicha información en su *Descripción Resumida del Plan* u otros documentos del plan. Para conocer información más reciente sobre qué lista de medicamentos recetados disponibles se aplica a su plan, visite [kp.org/formulary](https://kp.org/formulary) (cambie el idioma a español) o, en caso de tener preguntas sobre sus beneficios de medicamentos recetados, comuníquese con el número de atención al cliente que aparece en su tarjeta de identificación.

**¿Qué es la lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de Kaiser Permanente en California?** La lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de California es una lista de medicamentos cubiertos elegidos por un grupo de médicos y farmacéuticos de Kaiser Permanente, conocidos como el Comité de Farmacia y Terapéutica. Este comité se reúne con regularidad para evaluar y elegir los medicamentos más seguros y eficaces para nuestros miembros. Esta lista de medicamentos recetados disponibles cumple con los requisitos de la legislación, los reglamentos y las guías estatales para planes comerciales.

## ¿Qué medicamentos están cubiertos?

La lista de medicamentos recetados disponibles de Kaiser Permanente incluye medicamentos de marca, genéricos y especializados, necesarios desde el punto de vista médico, que aparecen en la lista de medicamentos recetados disponibles para planes comerciales de California, siempre y cuando la receta se surta en una farmacia de Kaiser Permanente o en una farmacia afiliada y se cumplan otras reglas del plan.

Si se le receta un medicamento que se encuentra en la lista de medicamentos recetados disponibles para planes comerciales de California, el medicamento estará cubierto de acuerdo con los términos de su beneficio de medicamentos.

## Cómo obtener una excepción a la lista de medicamentos recetados disponibles

Los medicamentos que no aparecen en la lista de medicamentos recetados disponibles se llaman medicamentos no incluidos en la lista de medicamentos cubiertos. Cuando un médico de Kaiser Permanente determina que un medicamento no incluido en la lista de medicamentos cubiertos es apropiado y necesario desde el punto de vista médico, ese medicamento estará cubierto de acuerdo con

los términos de sus beneficios de medicamentos recetados. Si no recibe sus beneficios de medicamentos recetados por medio de Kaiser Permanente, se le cobrará el precio de venta al por menor completo.

Puede consultar con su médico si se necesita hacer una excepción a la lista de medicamentos recetados disponibles. Usted y su médico son las personas más indicadas para determinar sus necesidades de medicamentos.

Si desea recibir un medicamento no incluido en la lista de medicamentos cubiertos que su médico determina que no es necesario desde el punto de vista médico, puede presentar una apelación ante Servicio al cliente. Llame al número que se encuentra al reverso de su tarjeta de identificación.

### **¿Hay alguna restricción sobre los medicamentos cubiertos en la lista de medicamentos recetados disponibles?**

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales, como los límites de cantidad. En el caso de algunos medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento entregado a un suministro de ciertos días. Por ejemplo, medicamentos con una alta probabilidad de que se les dé un uso inapropiado o de que se desperdicien.

### **¿Qué es un medicamento de marca?**

Por lo general, la fabricación y venta de los medicamentos de marca están a cargo de la compañía farmacéutica que primero realizó la investigación y desarrolló el medicamento. Cuando vence la patente de un medicamento de marca, otras compañías farmacéuticas pueden fabricar y vender una versión genérica del medicamento, aprobada por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) con los mismos principios activos a precios más bajos.

### **¿Qué es un medicamento genérico?**

Un medicamento genérico está aprobado por la FDA como un medicamento que contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

### **¿Qué es un medicamento especializado?**

Los medicamentos especializados son medicamentos aprobados por la FDA que tienen un costo muy alto, que están incluidos en nuestra lista de medicamentos recetados disponibles y que se usan para tratar condiciones crónicas complejas, tales como artritis reumatoide, esclerosis múltiple o cáncer.

### **¿Cuáles son los medicamentos elegibles para enviarse con el servicio de farmacia por correo?**

La mayoría de los medicamentos se pueden enviar con nuestro servicio de farmacia por correo. Algunos medicamentos (por ejemplo, los que tienen un costo extremadamente alto o que requieren un manejo especial) no son elegibles para enviarse por correo. Los medicamentos no se pueden enviar por correo fuera de los Estados Unidos.

Puede pedir resurtidos por medio de nuestro servicio de pedidos por correo en línea en [kp.org/refill](https://kp.org/refill) (cambie el idioma a español), por teléfono o en la aplicación móvil. Los pedidos por correo no tienen un costo adicional. Se aplicará el costo compartido correspondiente (de acuerdo con su beneficio de medicamentos recetados).

Su beneficio de medicamento recetado tal vez tenga un menor costo compartido si utiliza el servicio de farmacia por correo.

Consulte su *Descripción Resumida del Plan u otros documentos del plan* para conocer la información completa de su beneficio de medicamentos recetados.

Lista de medicamentos recetados disponibles para planes autofinanciados de Kaiser Permanente en California para 2024 •

## Lista de medicamentos recetados disponibles para planes comerciales de Kaiser Permanente en California

Kaiser Permanente puede agregar o eliminar medicamentos de la lista de medicamentos recetados disponibles para planes comerciales de California a lo largo del año. Estos cambios a la lista de medicamentos recetados disponibles se basan en información nueva o medicamentos nuevos disponibles.

NOTA: Esta lista de medicamentos recetados disponibles se actualiza con frecuencia y está sujeta a cambios. Después de la revisión, todas las versiones anteriores de la lista dejan de estar vigentes.

### ¿Cómo uso la lista de medicamentos recetados disponibles?

Hay dos maneras de buscar su medicamento en la lista de medicamentos recetados disponibles:

#### Afección médica

La lista de medicamentos recetados disponibles comienza en la página 5. Los medicamentos de esta lista de medicamentos recetados disponibles están agrupados en categorías según el tipo de afección médica para la que se use el medicamento. Por ejemplo, los medicamentos que se usan para tratar enfermedades cardíacas figuran bajo la categoría “Cardiovascular Drugs” (Medicamentos cardiovasculares). Si sabe para qué se usa el medicamento que toma, busque el nombre de la categoría en la lista que comienza en la página 5. Luego, busque el medicamento bajo el nombre de la categoría.

#### Listado en orden alfabético

Si no sabe en qué categoría debe buscar, busque su medicamento en el índice que comienza en la página 108. El índice ofrece una lista en orden alfabético de todos los medicamentos que figuran en este documento. Consulte el índice y busque su medicamento. Junto a su medicamento, verá el número de la página donde encontrará la información de la cobertura. Pase a la página señalada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca aparecen con letras mayúsculas (p. ej. CAYSTON) y los genéricos con letras minúsculas y en cursiva (p. ej., *amoxicilina*).

**Es posible que no aparezcan** todas las **dosificaciones** y **concentraciones** para un medicamento en particular incluido en la **lista de medicamentos recetados disponibles**. Algunos medicamentos pueden tener múltiples formas de dosificación. En esos casos, algunas dosificaciones pueden estar incluidas en la lista de medicamentos recetados disponibles, mientras que otras no. **Nota:** Algunos de estos medicamentos pueden estar disponibles únicamente en un entorno clínico y puede aplicarse su costo compartido correspondiente.

La segunda columna, “Nivel del medicamento”, indica a qué nivel pertenece el medicamento. Los medicamentos incluidos en la lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de California se categorizan de la siguiente manera:

**Nivel 1:** Medicamentos genéricos preferidos

**Nivel 2:** Medicamentos de marca preferidos

**Nivel 3:** Medicamentos no preferidos (genéricos y de marca) \*\* no aparecen en la lista \*\*

**Nivel 4:** Medicamentos especializados

Nota: Es posible que su plan no incluya beneficios para cada nivel designado. Además, se requiere que algunos medicamentos se proporcionen sin costo a los miembros. Consulte su *Descripción Resumida del Plan u otros documentos del plan* para obtener información sobre la cobertura de medicamentos específicos para su plan.

La tercera columna del cuadro indicará cualquier requisito o límite para ese medicamento:

**QL** = Límites de cantidad. Es posible que limitemos la cantidad que puede obtener de algunos medicamentos. Además, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento suministrado.

**LD** = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, comuníquese con Servicio al cliente.

**MB** = Medicamento de un beneficio médico. Por lo general, estos medicamentos no pueden ser autoadministrados, y en cambio, un profesional de la atención médica los administra en un consultorio médico.

**OC** = Medicamentos de quimioterapia (contra el cáncer) administrados de manera oral.

**PREV** = Medicamentos de salud preventiva.

En su guía electrónica para miembros en [kp.org/eguidebook](https://kp.org/eguidebook) (cambie el idioma a español), encontrará una lista completa de farmacias de Kaiser Permanente (KP) disponibles para usted, o puede comunicarse con Servicio al cliente.



Kaiser Permanente Insurance Company

### Notice of Language Assistance and Non-Discrimination

#### NOTICE OF LANGUAGE ASSISTANCE:

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call: **1-866-213-3062 (TTY: 711)**

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-866-213-3062 (TTY: 711)**.

**አማርኛ (Amharic) ያስተውሉ፡** አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አርዳታ አገልግሎቶች፣ ከክፍያ ነጻ፣ ለአርስቦ ይገኛሉ። ወደ **1-866-213-3062** ይደውሉ (TTY: 711)።

**العربية (Arabic) ملحوظة:** إذا لقيت صعوبة في فهم خدماتنا من خلال لغة أخرى، يمكنك الاتصال بخدماتنا مجاناً. اتصل بنا على رقم **1-866-213-3062 (TTY: 711)**.

**Հայերեն (Armenian):** Ուժեղ ԴՆՈՒՅՈՒՆ. եթե խոսում եք հայերեն, սպասե՛ք անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք **1-866-213-3062 (TTY: 711)**:

**Bàsó ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** Ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin m̀ gbo kpáa. Ɖá **1-866-213-3062 (TTY: 711)**

**বাংলা (Bengali) মনোযোগ দিন:** যদি আপনি বাংলায় কথা বলেন, আপনার জন্য ভাষা সহায়তা পরিষেবা, বিনামূল্যে উপলব্ধ। **1-866-213-3062 (TTY: 711)** এ কল করুন।

**中文 (Chinese) 注意:** 如果您使用繁體中文, 您可以免費獲得語言協助服務。請致電 **1-866-213-3062 (TTY: 711)**。

**فارسی (Farsi) توجه:** اگر به زبان فارسی صحبت می‌کنید، خدمات ما را می‌توانید به صورت رایگان برای شما فراهم کنید. **1-866-213-3062 (TTY: 711)** تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-866-213-3062 (TTY: 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-866-213-3062 (TTY: 711)**.

**ગુજરાતી (Gujarati) ध्यान आपो:** જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વિના મૂલ્યે, આના પર ઉપલબ્ધ છે તમે. **1-866-213-3062 (TTY: 711)** પર કોલ કરો.

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-866-213-3062 (TTY: 711)**.

**हिंदी (Hindi) ध्यान दें:** यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-866-213-3062 (टीटीवाई: 711)** पर कॉल करें।

**Hmoob (Hmong) CEEB TOOM:** Yog tias koj hais lus Hmoob, muaj cov kev pab txhais lus, uas pab dawb rau koj. Hu rau **1-866-213-3062 (TTY: 711)**.

**Igbo (Igbo) GEE NTI:** O buru na i na asu Igbo, oru enyemaka nkowa asusu, du n'efu, diiri gi. Kpoo **1-866-213-3062 (TTY: 711)**.

**Italiano (Italian) ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-866-213-3062 (TTY: 711)**.

**日本語 (Japanese) 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。 **1-866-213-3062 (TTY: 711)** まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) សម្គាល់:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចរកសេវាជំនួយភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅកាន់លេខ **1-866-213-3062 (TTY: 711)**។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-213-3062 (TTY: 711)** 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ກະແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **1-866-213-3062 (TTY: 711)**.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hól'ó, koj'í' hódíílnih **1-866-213-3062 (TTY: 711)**.

**नेपाल (Nepali) यान दनुहोस:** तपाईं नेपाली बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंका लागि निःशुल्क उपलब्ध छन्। **1-866-213-3062 (TTY: 711)** मा फोन गर्नुहोस्।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-866-213-3062 (TTY: 711)**.

**Português (Portuguese) ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-866-213-3062 (TTY: 711)**.

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਦੀ ਸਹਾਇਤਾ ਸੰਬੰਧੀ ਸੇਵਾਵਾਂ, ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। **1-866-213-3062 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ.

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-866-213-3062 (TTY: 711)**.

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-213-3062 (TTY: 711)**.

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-213-3062 (TTY: 711)**.

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-213-3062** (TTY: 711).

**ไทย (Thai) โปรดทราบ:** หากคุณพูดภาษาอังกฤษ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร **1-866-213-3062** (TTY: 711).

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-866-213-3062** (TTY: 711).

اردو (Urdu) خبردار: اگر آپ اردو زبان بولتے ہیں تو سول سولی معاون تکی خدمات معروضہ، آپکے لیے سے سہیابیوں۔  
پرکالگری (TTY: 711) **1866-213-3062**

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-213-3062** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-866-213-3062** (TTY: 711).

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>ANTI-HISTAMINE DRUGS - Drugs for Allergy</b>		
<b>ANTI-HISTAMINE DRUGS - Drugs for Allergy</b>		
<i>promethazine hcl oral tablet 25 mg</i>	PV	
<b>ETHANOLAMINE DERIVATIVES - Drugs for Allergy</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<b>FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg, 4 mg</i>	1	
ANTIVERT ORAL TABLET 50 MG ( <i>meclizine hcl</i> )	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG ( <i>meclizine hcl</i> )	PV	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>cvs motion sickness oral tablet 50 mg</i>	PV	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>ft cold &amp; cough relief dm oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft motion sickness oral tablet 50 mg</i>	PV	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
<i>goodsense motion sickness oral tablet 50 mg</i>	PV	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>meclizine hcl oral tablet chewable 25 mg</i>	PV	
<i>motion sickness relief oral tablet 50 mg</i>	PV	
<i>motion sickness relief oral tablet chewable 25 mg</i>	PV	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML ( <i>promethazine hcl</i> )	PV	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vcl/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
<b>OTHER ANTIHISTAMINES - Drugs for Allergy</b>		
<i>acid reducer oral tablet 10 mg</i>	PV	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>eye itch relief ophthalmic solution 0.035 %</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PV	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>famotidine orig st oral tablet 10 mg</i>	PV	
<i>ft acid reducer oral tablet 10 mg</i>	PV	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PV	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % ( <i>olopatadine hcl</i> )	1	
PEPCID AC ORAL TABLET 10 MG ( <i>famotidine</i> )	PV	
PEPCID ORAL TABLET 20 MG, 40 MG ( <i>famotidine</i> )	PV	
TAGAMET HB 200 ORAL TABLET 200 MG ( <i>cimetidine</i> )	PV	
<b>PHENOTHIAZINE DERIVATIVES - Drugs for Allergy</b>		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML ( <i>promethazine hcl</i> )	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<b>PROPYLAMINE DERIVATIVES - Drugs for Allergy</b>		
<i>allergy relief oral tablet 4 mg</i>	1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft allergy relief oral tablet 4 mg</i>	1	
<i>ft cold &amp; cough relief dm oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
<b>SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>12hr allergy relief oral tablet 60 mg</i>	1	
<i>24hr allergy &amp; congestion reli oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>24hr allergy relief oral tablet 180 mg</i>	1	
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	1	
<i>allergy 24-hr oral tablet 180 mg</i>	1	
<i>allergy childrens oral solution 5 mg/5ml</i>	1	
<i>allergy childrens oral suspension 30 mg/5ml</i>	1	
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	1	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	1	
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief oral tablet 10 mg, 180 mg</i>	1	
<i>allergy relief indoor/outdoor oral tablet 10 mg, 180 mg</i>	1	
<i>allergy relief nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>cetirizine hcl oral tablet chewable 10 mg</i>	1	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	1	
<i>ft all day allergy oral tablet 10 mg</i>	1	
<i>ft all day allergy relief oral tablet 10 mg</i>	1	
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>ft allergy &amp; congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	1	
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	1	
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	1	
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	1	
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	1	
<i>ft allergy relief loratadine oral tablet 10 mg</i>	1	
<i>ft allergy relief oral tablet 180 mg</i>	1	
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>goodsense aller-ease oral tablet 180 mg</i>	1	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>loratadine childrens oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral tablet chewable 5 mg</i>	1	
<i>loratadine oral solution 5 mg/5ml</i>	1	
<i>loratadine oral tablet 10 mg</i>	1	
<i>loratadine oral tablet dispersible 10 mg</i>	1	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>sm fexofenadine hcl oral tablet 180 mg</i>	1	
<b>ANTI-INFECTIVE AGENTS - Drugs for Infections</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i>	1	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<b>4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<b>ADAMANTANE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PV	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PV	
<i>amantadine hcl oral tablet 100 mg</i>	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	PV	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG ( <i>amantadine hcl</i> )	PV	
<i>rimantadine hcl oral tablet 100 mg</i>	PV	
<b>ALLYLAMINE ANTIFUNGALS - Drugs for Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<b>AMEBICIDES - Drugs for the Mouth and Throat</b>		
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<b>AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	4	DSL = 30 days
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	4	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	4	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	4	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	4	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML ( <i>plazomicin sulfate</i> )	4	
<b>AMINOMETHYLCYCLINES - Antibiotics</b>		
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	4	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )	4	DSL = 30 days
<b>AMINOPENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	1	
<b>ANTHELMINTICS - Drugs for Parasites</b>		
<i>albendazole oral tablet 200 mg</i>	1	DSL = 30 days
<b>BILTRICIDE ORAL TABLET 600 MG (praziquantel)</b>	2	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
<b>ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<b>ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections</b>		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<b>ANTIMALARIALS - Drugs for the Mouth and Throat</b>		
<b>ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)</b>	PV	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	PV	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PV	
<b>COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)</b>	PV	
<b>DARAPRIM ORAL TABLET 25 MG (pyrimethamine)</b>	PV	DSL = 30 days
<b>DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)</b>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	PV	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	PV	
<i>mefloquine hcl oral tablet 250 mg</i>	PV	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyme nl oral capsule 100 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PV	
<i>pyrimethamine oral tablet 25 mg</i>	PV	DSL = 30 days
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
QUALAQUIN ORAL CAPSULE 324 MG ( <i>quinine sulfate</i> )	PV	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	PV	
SOVUNA ORAL TABLET 200 MG, 300 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<b>ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	2	
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	2	
<i>atovaquone oral suspension 750 mg/5ml</i>	PV	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
MEPRON ORAL SUSPENSION 750 MG/5ML ( <i>atovaquone</i> )	PV	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	PV	
<i>nitazoxanide oral tablet 500 mg</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	PV	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PV	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	PV	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<b>ANTITUBERCULOSIS AGENTS - Antibiotics</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	2	
<b>ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections</b>		
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	PV	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML ( <i>foscarnet sodium</i> )	PV	
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	PV	DSL = 30 days
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	2	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML ( <i>Ietermovir</i> )	PV	DSL = 30 days
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>Ietermovir</i> )	PV	DSL = 30 days
<b>AZOLE ANTIFUNGALS - Drugs for Fungus</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG ( <i>posaconazole</i> )	4	DSL = 30 days
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG ( <i>posaconazole</i> )	4	
<i>posaconazole oral suspension 40 mg/ml</i>	1	DSL = 30 days
<i>posaconazole oral tablet delayed release 100 mg</i>	4	
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	2	
TOLSURA ORAL CAPSULE 65 MG	4	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	PV	
VFEND ORAL TABLET 200 MG, 50 MG ( <i>voriconazole</i> )	PV	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PV	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PV	
<b>CARBAPENEM ANTIBIOTICS - Antibiotics</b>		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	1	
<i>meropenem intravenous solution reconstituted 500 mg</i>	1	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM ( <i>imipenem-cilastatin-relebactam</i> )	4	DSL = 30 days
<b>CEPHAMYCIN ANTIBIOTICS - Antibiotics</b>		
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>cefotixin sodium intravenous solution reconstituted 10 gm</i>	1	
<b>CHLORAMPHENICOL ANTIBIOTICS - Antibiotics</b>		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	1	
<b>CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics</b>		
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<b>ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus</b>		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG ( <i>casprofungin acetate</i> )	4	
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>micalfungin sodium intravenous solution reconstituted 100 mg</i>	4	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG ( <i>rezafungin acetate</i> )	4	
<b>ERYTHROMYCIN ANTIBIOTICS - Antibiotics</b>		
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<b>EXTENDED-SPECTRUM PENICILLINS - Antibiotics</b>		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm</i>	1	
<b>GLYCOPEPTIDE ANTIBIOTICS - Antibiotics</b>		
VANCOCIN ORAL CAPSULE 250 MG ( <i>vancomycin hcl</i> )	4	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%</i>	1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
<b>GLYCYLCYCLINE ANTIBIOTICS - Antibiotics</b>		
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>tigecycline</i> )	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	4	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	4	DSL = 30 days
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	4	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	4	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	DSL = 30 days
SOVALDI ORAL PACKET 150 MG, 200 MG (sofosbuvir)	4	DSL = 30 days
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	4	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	4	DSL = 30 days
<b>HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	4	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	4	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	4	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	4	DSL = 30 days
<b>HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	4	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	4	DSL = 30 days
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	4	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	4	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	DSL = 30 days
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	4	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	4	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	4	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	4	DSL = 30 days
<b>HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (enfuvirtide)	2	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG ( <i>maraviroc</i> )	2	
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	2	
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	2	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	2	
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	2	
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	2	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	2	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	2	
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	
<b>HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	2	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	2	
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	2	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	2	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	2	
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	2	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	2	
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	2	
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PV	
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	2	
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	2	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>zidovudine</i> )	2	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG ( <i>emtricitabine-tenofovir df</i> )	2	
TRUVADA ORAL TABLET 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	PV	
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	2	
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	2	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	2	
<b>INTERFERON ANTIVIRALS - Drugs for Viral Infections</b>		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	4	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	4	DSL = 30 days
<b>LINCOMYCIN ANTIBIOTICS - Antibiotics</b>		
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>lincomycin hcl injection solution 300 mg/ml</i>	1	
<b>MONOBACTAM ANTIBIOTICS - Antibiotics</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	4	DSL = 30 days
<b>MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> )	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	4	
<b>NATURAL PENICILLIN ANTIBIOTICS - Antibiotics</b>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML ( <i>penicillin g benzathine</i> )	2	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PV	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PV	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML ( <i>peramivir</i> )	PV	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	PV	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	PV	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML ( <i>oseltamivir phosphate</i> )	PV	
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>acyclovir oral suspension 200 mg/5ml</i>	PV	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PV	
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	4	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	4	
<i>cidofovir intravenous solution 75 mg/ml</i>	PV	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PV	
LAGEVRIO ORAL CAPSULE 200 MG ( <i>molnupiravir</i> )	PV	
<i>ribavirin inhalation solution reconstituted 6 gm</i>	4	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )	PV	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PV	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )	PV	DSL = 30 days
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	PV	DSL = 30 days
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PV	DSL = 30 days
<i>valganciclovir hcl oral tablet 450 mg</i>	PV	DSL = 30 days
VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )	PV	
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	4	DSL = 30 days
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM ( <i>ribavirin</i> )	4	
<b>OTHER MACROLIDE ANTIBIOTICS - Antibiotics</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	4	DSL = 30 days
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	4	DSL = 30 days
ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>OXAZOLIDINONE ANTIBIOTICS - Antibiotics</b>		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG ( <i>tedizolid phosphate</i> )	4	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	4	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML ( <i>linezolid</i> )	4	
ZYVOX ORAL TABLET 600 MG ( <i>linezolid</i> )	4	
<b>PENICILLINASE-RESISTANT PENICILLINS - Antibiotics</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
<b>POLYENE ANTIFUNGALS - Drugs for Fungus</b>		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<b>POLYMYXIN ANTIBIOTICS - Antibiotics</b>		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<b>PYRIMIDINE ANTIFUNGALS - Drugs for Fungus</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG ( <i>flucytosine</i> )	4	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<b>QUINOLONE ANTIBIOTICS - Antibiotics</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>RIFAMYCIN ANTIBIOTICS - Antibiotics</b>		
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	4	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	2	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	2	DSL = 30 days
<b>SIDEROPHORE CEPHALOSPORINS - Antibiotics</b>		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM ( <i>cefiderocol sulfate tosylate</i> )	4	DSL = 30 days
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<b>TETRACYCLINE ANTIBIOTICS - Antibiotics</b>		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG ( <i>doxycycline hyclate</i> )	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>URINARY ANTI-INFECTIVES - Drugs for the Urinary System</b>		
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
<i>me/naphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS ( <i>idecabtagene vicleucef</i> )	4	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	4	OC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG ( <i>paclitaxel protein-bound part</i> )	4	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>brentuximab vedotin</i> )	2	
<i>adriamycin intravenous solution reconstituted 50 mg</i>	1	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	4	DSL = 30 days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )	4	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	4	DSL = 30 days; OC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG ( <i>niraparib-abiraterone acetate</i> )	4	DSL = 30 days
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	4	DSL = 30 days; OC
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG ( <i>copanlisib hcl</i> )	4	DSL = 30 days
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	4	DSL = 30 days; OC

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	4	DSL = 30 days; OC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-maly</i> )	4	DSL = 30 days
<i>anastrozole oral tablet 1 mg</i>	PV	OC
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	PV	OC
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	PV	OC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML ( <i>nelarabine</i> )	4	
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	4	
<i>arsenic trioxide intravenous solution 12 mg/6ml</i>	4	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML ( <i>ofatumumab</i> )	4	DSL = 30 days
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML ( <i>calaspargase pegol-mknl</i> )	4	DSL = 30 days
AUGTYRO ORAL CAPSULE 40 MG ( <i>repotrectinib</i> )	4	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab</i> )	4	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	4	DSL = 30 days
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	4	DSL = 30 days
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML ( <i>avelumab</i> )	4	DSL = 30 days
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>belinostat</i> )	4	DSL = 30 days
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bendamustine hcl</i> )	2	DSL = 30 days
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bendamustine hcl</i> )	2	DSL = 30 days
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG ( <i>inotuzumab ozogamicin</i> )	4	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	DSL = 30 days
<i>bexarotene oral capsule 75 mg</i>	4	OC
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG ( <i>blinatumomab</i> )	4	DSL = 30 days
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	1	



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<i>bortezomib intravenous solution 3.5 mg/1.4ml</i>	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG ( <i>bosutinib</i> )	4	DSL = 30 days
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )	4	DSL = 30 days; OC
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	4	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML ( <i>lisocabtagene maraleucel</i> )	4	
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	4	DSL = 30 days
<i>busulfan intravenous solution 6 mg/ml</i>	4	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML ( <i>busulfan</i> )	4	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	4	DSL = 30 days; OC
CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	4	DSL = 30 days
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 40 MG/2ML ( <i>irinotecan hcl</i> )	2	
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	4	OC
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	1	
<i>carmustine intravenous solution reconstituted 100 mg, 300 mg</i>	1	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS ( <i>ciltacabtagene autoleucl</i> )	4	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	1	
<i>cisplatin intravenous solution 50 mg/50ml</i>	1	
<i>cladribine intravenous solution 10 mg/10ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML ( <i>glofitamab-gxbm</i> )	4	DSL = 30 days
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG ( <i>cabozantinib s-malate</i> )	4	DSL = 30 days; OC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	4	DSL = 30 days
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	4	DSL = 30 days; OC
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	4	DSL = 30 days
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>ramucirumab</i> )	4	DSL = 30 days
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	4	

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DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML ( <i>naxitamab-gqqk</i> )	4	DSL = 30 days
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML ( <i>daratumumab-hyaluronidase-fihj</i> )	4	DSL = 30 days
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML ( <i>daratumumab</i> )	4	DSL = 30 days
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	4	
<i>decitabine intravenous solution reconstituted 50 mg</i>	4	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml</i>	1	
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	4	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	1	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	1	
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	1	
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	1	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML ( <i>mirvetuximab soravtansine-gynx</i> )	4	DSL = 30 days
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	2	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML ( <i>elranatamab-bcmm</i> )	4	DSL = 30 days
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML ( <i>tagraxofusp-erzs</i> )	4	DSL = 30 days
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	4	DSL = 30 days; OC
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG ( <i>elotuzumab</i> )	4	DSL = 30 days
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>fam-trastuzumab deruxtec-nxki</i> )	2	DSL = 30 days
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML ( <i>cetuximab</i> )	4	
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	4	DSL = 30 days; OC
ERLEADA ORAL TABLET 240 MG ( <i>apalutamide</i> )	4	DSL = 30 days
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	4	DSL = 30 days; OC
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	4	DSL = 30 days; OC



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ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>etoposide phosphate</i> )	4	DSL = 30 days
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	
EULEXIN ORAL CAPSULE 125 MG ( <i>flutamide</i> )	4	DSL = 30 days; OC
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days; OC
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	4	DSL = 30 days; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>melphalan hcl</i> )	4	DSL = 30 days
<i>exemestane oral tablet 25 mg</i>	PV	OC
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	4	DSL = 30 days
FARESTON ORAL TABLET 60 MG ( <i>toremifene citrate</i> )	PV	OC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML ( <i>fulvestrant</i> )	4	DSL = 30 days
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	PV	OC
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	1	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	4	DSL = 30 days
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG ( <i>fruquintinib</i> )	4	DSL = 30 days
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	4	DSL = 30 days
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	4	DSL = 30 days
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML ( <i>obinutuzumab</i> )	4	DSL = 30 days
<i>gefitinib oral tablet 250 mg</i>	1	DSL = 30 days; OC
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	1	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	4	
<i>gemcitabine hcl intravenous solution reconstituted 2 gm, 200 mg</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	4	DSL = 30 days; OC
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML ( <i>eribulin mesylate</i> )	4	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>trastuzumab</i> )	4	DSL = 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-pkrb</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG ( <i>topotecan hcl</i> )	4	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	4	DSL = 30 days; OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	4	DSL = 30 days; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	4	DSL = 30 days
ICLUSIG ORAL TABLET 15 MG, 45 MG ( <i>ponatinib hcl</i> )	4	DSL = 30 days; OC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML ( <i>idarubicin hcl</i> )	2	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	4	DSL = 30 days; OC
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	1	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	1	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	4	DSL = 30 days; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	4	DSL = 30 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ( <i>ibrutinib</i> )	4	DSL = 30 days; OC
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML ( <i>durvalumab</i> )	4	DSL = 30 days
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML ( <i>tremelimumab-actl</i> )	4	DSL = 30 days
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML ( <i>talimogene laherparepvec</i> )	4	
INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )	4	DSL = 30 days; OC
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	4	DSL = 30 days
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	4	DSL = 30 days
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	1	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG ( <i>romidepsin</i> )	4	
IWILFIN ORAL TABLET 192 MG ( <i>eflornithine hcl</i> )	PV	DSL = 30 days
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG ( <i>ixabepilone</i> )	4	DSL = 30 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	4	DSL = 30 days; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )	4	DSL = 30 days
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG ( <i>mitomycin</i> )	4	DSL = 30 days
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML ( <i>dostarlimab-gxly</i> )	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (cabazitaxel)	4	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (ado-trastuzumab emtansine)	4	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (trastuzumab-anns)	4	DSL = 30 days
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (pembrolizumab)	4	DSL = 30 days
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	DSL = 30 days; OC
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	DSL = 30 days; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate)	4	DSL = 30 days
KRAZATI ORAL TABLET 200 MG (adagrasib)	4	DSL = 30 days
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (carfilzomib)	4	DSL = 30 days
lapatinib ditosylate oral tablet 250 mg	4	DSL = 30 days; OC
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG (lenvatinib mesylate)	4	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG (lenvatinib mesylate)	4	DSL = 30 days
letrozole oral tablet 2.5 mg	PV	OC
leuprolide acetate injection kit 1 mg/0.2ml	1	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (cemiplimab-rwlc)	4	DSL = 30 days
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	4	DSL = 30 days; OC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (toripalimab-tpzi)	4	DSL = 30 days
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	4	DSL = 30 days
LUMAKRAS ORAL TABLET 120 MG, 320 MG (sotorasib)	4	DSL = 30 days
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (mosunetuzumab-axgb)	4	DSL = 30 days
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (leuprolide acetate)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (leuprolide acetate (3 month))	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (leuprolide acetate (4 month))	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	2	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	4	DSL = 30 days; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	DSL = 30 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	DSL = 30 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	DSL = 30 days
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML ( <i>margetuximab-cmkb</i> )	4	DSL = 30 days
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	4	DSL = 30 days; OC
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PV	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	4	DSL = 30 days
MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	4	DSL = 30 days; OC
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	4	DSL = 30 days
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	4	OC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	1	
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG ( <i>tafasitamab-cxix</i> )	4	DSL = 30 days
<i>mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bevacizumab-awwb</i> )	4	DSL = 30 days
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	4	OC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG ( <i>gemtuzumab ozogamicin</i> )	4	DSL = 30 days
<i>nelarabine intravenous solution 5 mg/ml</i>	4	
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	4	DSL = 30 days; OC

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	4	DSL = 30 days; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG ( <i>pentostatin</i> )	4	
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	4	DSL = 30 days
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	4	DSL = 30 days; OC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-dkst</i> )	4	DSL = 30 days
OGSIVEO ORAL TABLET 50 MG ( <i>nirogacestat hydrobromide</i> )	4	DSL = 30 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG ( <i>momelotinib dihydrochloride</i> )	4	DSL = 30 days
ONCASPAR INJECTION SOLUTION 750 UNIT/ML ( <i>pegaspargase</i> )	4	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML ( <i>irinotecan hcl liposome</i> )	4	DSL = 30 days
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-dttb</i> )	4	DSL = 30 days
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	4	DSL = 30 days
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML ( <i>nivolumab</i> )	4	DSL = 30 days
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML ( <i>nivolumab-relatlimab-rmbw</i> )	4	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	4	DSL = 30 days
ORSERDU ORAL TABLET 345 MG, 86 MG ( <i>elacestrant hydrochloride</i> )	4	DSL = 30 days
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	4	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	4	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG ( <i>enfortumab vedotin-ejfv</i> )	4	DSL = 30 days
<i>pazopanib hcl oral tablet 200 mg</i>	1	DSL = 30 days; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	4	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML	2	DSL = 30 days
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	1	DSL = 30 days
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>pemetrexed disodium</i> )	4	DSL = 30 days



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PERJETA INTRAVENOUS SOLUTION 420 MG/14ML ( <i>pertuzumab</i> )	4	DSL = 30 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML ( <i>pertuz-trastuz-hyaluron-zzxf</i> )	4	DSL = 30 days
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG ( <i>alpelisib</i> )	4	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG ( <i>polatuzumab vedotin-piiq</i> )	4	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG ( <i>polatuzumab vedotin-piiq</i> )	4	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	4	DSL = 30 days; OC
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML ( <i>necitumumab</i> )	4	DSL = 30 days
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML ( <i>mogamulizumab-kpkc</i> )	4	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT ( <i>aldesleukin</i> )	4	DSL = 30 days
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	4	DSL = 30 days; OC
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	4	DSL = 30 days
RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )	4	DSL = 30 days
REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )	4	DSL = 30 days
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-arrx</i> )	4	DSL = 30 days
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML ( <i>rituximab-hyaluronidase human</i> )	4	DSL = 30 days
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab</i> )	2	
<i>romidepsin intravenous solution reconstituted 10 mg</i>	1	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	4	DSL = 30 days
ROZLYTREK ORAL PACKET 50 MG ( <i>entrectinib</i> )	4	DSL = 30 days
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	4	DSL = 30 days; OC
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML ( <i>rituximab-pvvr</i> )	4	DSL = 30 days
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML ( <i>amivantamab-vmjw</i> )	4	DSL = 30 days
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	4	DSL = 30 days; OC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML ( <i>asparaginase erwinia chry-rywn</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML ( <i>isatuximab-irfc</i> )	4	DSL = 30 days
SCEMBLIX ORAL TABLET 20 MG, 40 MG ( <i>asciminib hcl</i> )	4	DSL = 30 days
SIKLOS ORAL TABLET 1000 MG ( <i>hydroxyurea</i> )	4	DSL = 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	PV	OC
<i>sorafenib tosylate oral tablet 200 mg</i>	1	DSL = 30 days; OC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	4	DSL = 30 days; OC
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	4	DSL = 30 days; OC
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	DSL = 30 days; OC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG ( <i>siltuximab</i> )	4	DSL = 30 days
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	4	DSL = 30 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	4	DSL = 30 days; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib mesylate</i> )	4	DSL = 30 days
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	4	DSL = 30 days; OC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML ( <i>talquetamab-tgvs</i> )	4	DSL = 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG ( <i>talazoparib tosylate</i> )	4	DSL = 30 days
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	PV	OC
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG ( <i>erlotinib hcl</i> )	4	DSL = 30 days; OC
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	4	OC
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib hcl</i> )	4	DSL = 30 days; OC
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib hcl</i> )	4	DSL = 30 days
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	4	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS ( <i>brexucabtagene autoleucl</i> )	4	
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML ( <i>atezolizumab</i> )	4	DSL = 30 days
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML ( <i>teclistamab-cqyv</i> )	4	DSL = 30 days
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>temozolomide</i> )	4	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	OC
<i>temsirolimus intravenous solution 25 mg/ml</i>	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG ( <i>thiotepa</i> )	4	DSL = 30 days
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	4	DSL = 30 days
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	4	DSL = 30 days
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	4	DSL = 30 days
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG ( <i>bcg live</i> )	2	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG ( <i>tisotumab vedotin-tftv</i> )	4	DSL = 30 days
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	1	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	4	
<i>toremifene citrate oral tablet 60 mg</i>	PV	OC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML ( <i>temsirolimus</i> )	4	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG ( <i>trastuzumab-qyyp</i> )	4	DSL = 30 days
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	4	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML ( <i>arsenic trioxide</i> )	4	DSL = 30 days
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG ( <i>sacituzumab govitecan-hziy</i> )	4	DSL = 30 days
TRUQAP ORAL TABLET 160 MG, 200 MG ( <i>capivasertib</i> )	4	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML ( <i>rituximab-abbs</i> )	4	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 500 MG/50ML ( <i>rituximab-abbs</i> )	2	DSL = 30 days
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	4	DSL = 30 days
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )	4	DSL = 30 days
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	4	DSL = 30 days; OC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML ( <i>dinutuximab</i> )	4	DSL = 30 days
<i>valrubicin intravesical solution 40 mg/ml</i>	4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML ( <i>valrubicin</i> )	4	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG ( <i>quizartinib dihydrochloride</i> )	4	DSL = 30 days
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML ( <i>panitumumab</i> )	4	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-adcd</i> )	4	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG ( <i>bortezomib</i> )	4	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	4	DSL = 30 days; OC
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	1	
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	1	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )	4	DSL = 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	4	DSL = 30 days
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	4	DSL = 30 days
VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )	4	DSL = 30 days
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG ( <i>daunorubicin-cytarabine lipo</i> )	4	DSL = 30 days
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	4	DSL = 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	4	DSL = 30 days; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG ( <i>crizotinib</i> )	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	DSL = 30 days; OC
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	4	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	DSL = 30 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	4	DSL = 30 days
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	4	DSL = 30 days; OC
XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )	4	DSL = 30 days
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML ( <i>ipilimumab</i> )	4	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS ( <i>axicabtagene ciloleucef</i> )	4	

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YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG ( <i>trabectedin</i> )	4	DSL = 30 days
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate micronized</i> )	4	DSL = 30 days
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML ( <i>ziv-aflibercept</i> )	4	DSL = 30 days
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM ( <i>streptozocin</i> )	4	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )	4	DSL = 30 days
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	4	DSL = 30 days; OC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG ( <i>lurbinectedin</i> )	4	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bevacizumab-bvzr</i> )	4	DSL = 30 days
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	4	OC
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	4	DSL = 30 days; OC
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	4	DSL = 30 days
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG ( <i>loncastuximab tesirine-lpyl</i> )	4	DSL = 30 days
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML ( <i>retifanlimab-dlwr</i> )	4	DSL = 30 days
ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )	4	DSL = 30 days; OC
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	2	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM ( <i>dust mite mixed allergen ext</i> )	2	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG ( <i>peanut powder-dnfp</i> )	4	DSL = 30 days
PALFORZIA ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	2	
PALFORZIA ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	4	DSL = 30 days
<b>ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant</b>		
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-slra</i> )	4	DSL = 30 days
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	

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CROFAB INTRAVENOUS SOLUTION RECONSTITUTED ( <i>crotalidae polyval immune fab</i> )	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML ( <i>immune globulin (human)-hipp</i> )	4	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	4	DSL = 30 days
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML ( <i>immune globulin (human)</i> )	2	DSL = 30 days
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML ( <i>cytomegalovirus immune glob</i> )	2	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG ( <i>digoxin immune fab</i> )	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML ( <i>immune globulin (human)</i> )	2	
GAMASTAN INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	2	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	2	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	4	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML ( <i>immune globulin (human)</i> )	2	DSL = 30 days
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML ( <i>hepatitis b immune globulin</i> )	2	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML ( <i>hepatitis b immune globulin</i> )	2	
HYPERRAB INJECTION SOLUTION 300 UNIT/ML ( <i>rabies immune globulin</i> )	2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT ( <i>rho d immune globulin</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML ( <i>tetanus immune globulin</i> )	2	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	4	DSL = 30 days
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML ( <i>rabies immune globulin</i> )	2	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	2	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT ( <i>rho d immune globulin</i> )	2	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML ( <i>hepatitis b immune globulin</i> )	2	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	2	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	4	DSL = 30 days
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML ( <i>bezlotoxumab</i> )	4	
<b>TOXOIDS - Vaccines</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 ( <i>diphth-acell pertussis-tetanus</i> )	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	2	
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML ( <i>tetanus-diphtheria toxoids td</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
<b>VACCINES - Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	PV	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	PV	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML ( <i>rsvpref3 vac recomb adjuvanted</i> )	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	PV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	2	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	2	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML ( <i>influenza vac a&amp;b sa adj quad</i> )	PV	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	PV	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac recomb ha quad</i> )	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac subunit quad</i> )	PV	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	PV	
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	PV	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML ( <i>influenza vac high-dose quad</i> )	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	2	DSL = 30 days
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG ( <i>haemophilus b polysac conj vac</i> )	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 ( <i>diphth-acell pertussis-tetanus</i> )	2	
IPOLE INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	2	
IXIARO INTRAMUSCULAR SUSPENSION ( <i>japanese encephalitis vac inac</i> )	2	
MENVEO INTRAMUSCULAR SOLUTION ( <i>meningococcal a c y&amp;w-135 olig</i> )	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	2	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	2	
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	2	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies vaccine, pcec</i> )	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	2	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	2	
ROTARIX ORAL SUSPENSION ( <i>rotavirus vaccine live oral</i> )	2	
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ( <i>zoster vac recomb adjuvanted</i> )	2	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG ( <i>bcg live</i> )	2	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	PV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML ( <i>hepatitis a-hep b recomb vac</i> )	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML ( <i>typhoid vi polysaccharide vacc</i> )	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML ( <i>typhoid vi polysaccharide vacc</i> )	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML ( <i>hepatitis a vaccine</i> )	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML ( <i>varicella virus vaccine live</i> )	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED ( <i>cholera vac live attenuated</i> )	2	
YF-VAX SUBCUTANEOUS INJECTABLE ( <i>yellow fever vaccine</i> )	2	
<b>AUTONOMIC DRUGS</b>		
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PV	
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PV	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	PV	
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )	PV	
NICORETTE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG ( <i>nicotine polacrilex</i> )	PV	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	PV	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	PV	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	PV	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	PV	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PV	
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	PV	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PV	
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	PV	
<b>AUTONOMIC DRUGS - Drugs for the Nervous System</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>24hr allergy &amp; congestion reli oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>cold &amp; sinus oral tablet 30-200 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	DSL = 30 days
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	1	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>ft allergy &amp; congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	1	
<i>ft nasal decongestant max str oral tablet 30 mg</i>	1	
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	1	
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>nasal decongestant oral tablet 30 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	4	DSL = 30 days
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest maximum strength oral tablet 30 mg</i>	1	
<i>sudogest oral tablet 30 mg</i>	1	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	1	
<b>ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft cold &amp; cough relief dm oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft nasal decongestant pe oral tablet 10 mg</i>	1	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>goodsense day time cold &amp; flu oral capsule 10-5-325 mg</i>	1	
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	4	DSL = 30 days
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nasal decongestant pe oral tablet 10 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML ( <i>dexmedetomidine hcl</i> )	2	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
<b>ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson</b>		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	PV	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	PV	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML ( <i>pb-hyoscy-atropine-scopolamine</i> )	2	
DONNATAL ORAL TABLET 16.2 MG ( <i>pb-hyoscy-atropine-scopolamine</i> )	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	4	DSL = 30 days
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PV	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PV	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> )	1	
LEVSIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG ( <i>hyoscyamine sulfate</i> )	1	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
<i>pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml</i>	1	
<i>pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg</i>	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML ( <i>pb-hyoscy-atropine-scopolamine</i> )	2	
PHENOHYTRO ORAL TABLET 16.2 MG ( <i>pb-hyoscy-atropine-scopolamine</i> )	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PV	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	2	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )	PV	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )	4	
<b>ANTIPARKINSONIAN AGENTS - Drugs for Parkinson</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System</b>		
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PV	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	PV	
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )	PV	
NICORETTE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG ( <i>nicotine polacrilex</i> )	PV	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	PV	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	PV	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	PV	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	PV	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PV	
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	PV	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	PV	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PV	
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	PV	
<b>BOTULINUM TOXINS - Drugs for Relaxing Muscles</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>onabotulinumtoxina (cosmetic)</i> )	2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxina</i> )	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML ( <i>rimabotulinumtoxinb</i> )	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT ( <i>incobotulinumtoxina</i> )	4	
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg</i>	1	DSL = 30 days
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles</b>		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	1	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	1	
BACLOFEN ORAL SOLUTION 10 MG/5ML	4	DSL = 30 days
<i>baclofen oral suspension 25 mg/5ml</i>	1	DSL = 30 days
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
GABLOFEN INTRATHECAL SOLUTION 20000 MCG/20ML ( <i>baclofen</i> )	2	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML ( <i>baclofen</i> )	2	
LYVISPAH ORAL PACKET 20 MG ( <i>baclofen</i> )	4	DSL = 30 days
OZOBAX DS ORAL SOLUTION 10 MG/5ML ( <i>baclofen</i> )	4	DSL = 30 days
<b>INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	DSL = 30 days
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	DSL = 30 days
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine- caffeine</i> )	2	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	4	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PV	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PV	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PV	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	PV	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	4	DSL = 30 days
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate (sensor)</i> )	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	2	
<i>terbutaline sulfate injection solution 1 mg/ml</i>	PV	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PV	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>onabotulinumtoxinA (cosmetic)</i> )	2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxinA</i> )	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML ( <i>rimabotulinumtoxinB</i> )	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT ( <i>incobotulinumtoxinA</i> )	4	
<b>BLOOD DERIVATIVES - Drugs for the Blood</b>		
<b>BLOOD DERIVATIVES - Drugs for the Blood</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	2	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML ( <i>alpha1-proteinase inhibitor</i> )	4	DSL = 30 days
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG ( <i>plasminogen human-tvmh</i> )	4	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> )	4	DSL = 30 days
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood</b>		
<b>ANTIANEMIA DRUGS - Vitamins and Minerals</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PV	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	PV	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PV	DSL = 30 days
<b>ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots</b>		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML ( <i>anticoagulant cit dext soln a</i> )	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	DSL = 30 days
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>antithrombin iii (human)</i> )	2	
<b>ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding</b>		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML ( <i>idarucizumab</i> )	4	
<b>ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots</b>		
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding</b>		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML ( <i>crizanlizumab-tmca</i> )	4	DSL = 30 days
OXBRYTA ORAL TABLET 300 MG, 500 MG ( <i>voxelotor</i> )	4	DSL = 30 days
OXBRYTA ORAL TABLET SOLUBLE 300 MG ( <i>voxelotor</i> )	4	DSL = 30 days
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	4	DSL = 30 days
<b>COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots</b>		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<b>DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots</b>		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	2	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )	4	DSL = 30 days
<b>HEMATOPOIETIC AGENTS - Drugs for Anemia</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG ( <i>eltrombopag choline</i> )	4	DSL = 30 days
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG ( <i>motixafortide acetate</i> )	4	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PV	DSL = 30 days
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	4	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	PV	DSL = 30 days
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	PV	DSL = 30 days
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-pbbk</i> )	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	PV	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	PV	DSL = 30 days
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	PV	DSL = 30 days
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	PV	
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	4	DSL = 30 days
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PV	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PV	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	PV	DSL = 30 days
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PV	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG ( <i>romiplostim</i> )	4	DSL = 30 days
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	PV	DSL = 30 days
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	PV	DSL = 30 days
PROMACTA ORAL PACKET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	4	DSL = 30 days
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	4	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG ( <i>luspatercept-aamt</i> )	4	DSL = 30 days
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PV	DSL = 30 days
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML ( <i>eflapegrastim-xnst</i> )	PV	DSL = 30 days
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-fpgk</i> )	PV	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PV	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PV	DSL = 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PV	DSL = 30 days
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	PV	DSL = 30 days
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	PV	DSL = 30 days
<b>HEMORRHOLOGIC AGENTS - Drugs for Blood Flow</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<b>HEMOSTATICS - Drugs to Prevent Bleeding</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
GELFILM OPHTHALMIC FILM ( <i>gelatin adsorbable</i> )	2	
GELFOAM SPONGE EXTERNAL 12-7 MM ( <i>gelatin absorbable</i> )	2	
GELFOAM SPONGE SIZE 100 EXTERNAL ( <i>gelatin absorbable</i> )	2	
GELFOAM SPONGE SIZE 50 EXTERNAL ( <i>gelatin absorbable</i> )	2	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML ( <i>etranacogene dezaparvovec-drlb</i> )	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	DSL = 30 days
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT ( <i>thrombin (recombinant)</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT ( <i>thrombin (recombinant)</i> )	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	4	DSL = 30 days
THROMBIN-JMI EXTERNAL KIT 20000 UNIT ( <i>thrombin</i> )	2	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	1	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML ( <i>beremagene geperpavec-svdt</i> )	4	DSL = 30 days
<b>HEPARINS - Drugs to Prevent Blood Clots</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	DSL = 30 days
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	DSL = 30 days
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1	
<i>heparin na (pork) lock flush pf intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	
LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )	2	DSL = 30 days
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML ( <i>enoxaparin sodium</i> )	2	DSL = 30 days
<b>IRON PREPARATIONS - Vitamins and Minerals</b>		
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML ( <i>ferumoxytol</i> )	PV	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
<i>ferrous fumarate oral tablet 324 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml</i>	1	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	1	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	1	
<i>ferumoxylol intravenous solution 510 mg/17ml</i>	PV	
<i>foltrin oral capsule</i>	PV	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML ( <i>iron dextran</i> )	2	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )	PV	
MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )	PV	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	1	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	1	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
TRICON ORAL CAPSULE ( <i>fe fumarate-b12-vit c-fa-ifc</i> )	PV	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML ( <i>iron sucrose</i> )	2	
<b>LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals</b>		
<i>b-12 oral tablet 1000 mcg</i>	1	
<i>b-12 oral tablet extended release 1000 mcg</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )	PV	
<b>PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots</b>		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG ( <i>aspirin</i> )	PV	
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG ( <i>prasugrel hcl</i> )	2	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>goodsense aspirin oral tablet 325 mg</i>	PV	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	PV	
<b>PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<b>THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots</b>		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG ( <i>alteplase</i> )	2	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	PV	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (alteplase)	2	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>goodsense aspirin oral tablet 325 mg</i>	PV	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	PV	
<b>CARDIOVASCULAR DRUGS - Drugs for the Heart</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart</b>		
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<b>ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	PV	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PV	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	PV	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol</b>		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (evinacumab-dgnb)	4	DSL = 30 days
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	DSL = 30 days
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>BILE ACID SEQUESTRANTS - Drugs for Cholesterol</b>		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina</b>		
<b>CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)</b>	4	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<b>VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)</b>	4	DSL = 30 days
<b>VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))</b>	4	
<b>CARDIOTONIC AGENTS - Drugs for Angina</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	PV	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PV	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)</b>	PV	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	1	
<b>CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<b>CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<b>CLASS IA ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	2	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<b>CLASS IB ANTIARRHYTHMICS - Drugs for Angina</b>		
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<b>CLASS IC ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<b>CLASS II ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>CLASS III ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<b>CLASS IV ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>DIHYDROPYRIDINES - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<b>NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)</b>	4	DSL = 30 days
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	4	DSL = 30 days
<b>DIRECT VASODILATORS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<b>DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>FIBRIC ACID DERIVATIVES - Drugs for Cholesterol</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<b>HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PV	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	PV	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PV	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PV	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG ( <i>fluvastatin sodium</i> )	PV	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG ( <i>atorvastatin calcium</i> )	PV	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	PV	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	PV	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PV	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PV	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	PV	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	PV	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>NITRATES AND NITRITES - Drugs for the Heart</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>nitroglycerin</i> )	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG ( <i>nitroglycerin</i> )	2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG ( <i>nitroglycerin</i> )	1	
<b>PCSK9 INHIBITORS - Drugs for Cholesterol</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	4	DSL = 30 days
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
<i>alyq oral tablet 20 mg</i>	4	DSL = 30 days
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML ( <i>sildenafil citrate</i> )	4	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	4	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	4	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	4	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	4	
<i>sildenafil citrate oral tablet 25 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>tadalafil (pah) oral tablet 20 mg</i>	4	DSL = 30 days
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	1	
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<b>RENIN INHIBITORS - Drugs for the Heart</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<b>RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	2	
<b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b>VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	DSL = 30 days
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	DSL = 30 days
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	4	DSL = 30 days
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	4	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	4	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	4	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	4	DSL = 30 days
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	4	DSL = 30 days
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>CELLULAR AND GENE THERAPY - Drugs for Cancer</b>		
<b>GENE THERAPY - Drugs for Cancer</b>		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS ( <i>idecabtagene vicleucef</i> )	4	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	4	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML ( <i>lisocabtagene maraleucef</i> )	4	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS ( <i>ciltacabtagene autoleucef</i> )	4	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML ( <i>etranacogene dezaparvovec-drlb</i> )	4	
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML ( <i>talimogene laherparepvec</i> )	4	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS ( <i>tisagenlecleucef</i> )	4	
SKYSONA INTRAVENOUS SUSPENSION ( <i>elivaldogene autotemcel</i> )	4	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS ( <i>brexucabtagene autoleucef</i> )	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (beremagene geperpavec-svdt)	4	DSL = 30 days
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (axicabtagene ciloleucef)	4	
ZOLGENSMA INTRAVENOUS KIT 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (onasemnogene abeparvovec-xioi)	4	
<b>CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System</b>		
<b>ADAMANTANES (CNS) - Drugs for Parkinson</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PV	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PV	
<i>amantadine hcl oral tablet 100 mg</i>	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	PV	DSL = 30 days
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG ( <i>amantadine hcl</i> )	PV	
<b>AMPHETAMINE DERIVATIVES - Drugs for the Nervous System</b>		
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	1	
<i>diethylpropion hcl oral tablet 25 mg</i>	1	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine hcl oral tablet 37.5 mg</i>	1	
<b>AMPHETAMINES - Drugs for the Nervous System</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	DSL = 30 days
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	DSL = 30 days
<i>benzphetamine hcl oral tablet 50 mg</i>	1	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	DSL = 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	DSL = 30 days
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	DSL = 30 days
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	2	DSL = 30 days
<b>ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain</b>		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	1	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	1	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	1	
<i>acetaminophen er oral tablet extended release 650 mg</i>	1	
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	
<i>acetaminophen oral liquid 160 mg/5ml</i>	1	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	1	
<i>acetaminophen oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	4	DSL = 30 days
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	4	DSL = 30 days
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	

<b>Nombre del medicamento recetado</b>	<b>Nivel</b>	<b>Requisitos/límites de cobertura</b>
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	1	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	1	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	1	
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
<i>ft pain &amp; fever childrens oral suspension 160 mg/5ml</i>	1	
<i>ft pain &amp; fever infants oral suspension 160 mg/5ml</i>	1	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	1	
<i>ft pain relief extra strength oral tablet 500 mg</i>	1	
<i>ft pain relief oral tablet 325 mg</i>	1	
<i>ft pain reliever ex str adult oral tablet 500 mg</i>	1	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>goodsense day time cold &amp; flu oral capsule 10-5-325 mg</i>	1	
<i>goodsense pain &amp; fever child oral suspension 160 mg/5ml</i>	1	
<i>goodsense pain relief oral tablet 325 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<b>ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)</b>	4	DSL = 30 days
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	1	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
<i>mm acetaminophen ex str oral tablet 500 mg</i>	1	
<i>m-pap oral liquid 160 mg/5ml</i>	1	
<b>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML</b>	4	DSL = 30 days
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
<i>pain &amp; fever childrens oral suspension 160 mg/5ml</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>pain &amp; fever infants oral suspension 160 mg/5ml</i>	1	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	1	
<i>pain relief extra strength oral capsule 500 mg</i>	1	
<i>pain relief extra strength oral tablet 500 mg</i>	1	
<i>pain relief oral liquid 500 mg/15ml</i>	1	
<i>pain relief regular strength oral tablet 325 mg</i>	1	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	1	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	
<b>PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)</b>	4	DSL = 30 days
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
<b>ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System</b>		
<b>IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)</b>	4	DSL = 30 days
<b>ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<b>ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	4	
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML ( <i>brivaracetam</i> )	4	DSL = 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	4	DSL = 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	4	DSL = 30 days
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	PV	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG ( <i>levetiracetam</i> )	4	DSL = 30 days
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	4	DSL = 30 days
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ( <i>carbamazepine (antipsychotic)</i> )	2	
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FELBATOL ORAL TABLET 400 MG, 600 MG ( <i>felbamate</i> )	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	4	DSL = 30 days
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide intravenous solution 200 mg/20ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	PV	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PV	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	PV	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PV	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PV	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PV	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	2	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	2	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>lacosamide</i> )	4	DSL = 30 days
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>subvenite starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PV	
<i>subvenite starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PV	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	4	
<i>vigabatrin oral tablet 500 mg</i>	1	DSL = 30 days
<i>vigadrone oral packet 500 mg</i>	4	
<i>vigadrone oral tablet 500 mg</i>	1	DSL = 30 days
<i>vigpoder oral packet 500 mg</i>	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	4	DSL = 30 days
<b>ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )	PV	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PV	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PV	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PV	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	PV	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PV	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ( <i>bupropion hcl</i> )	PV	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PV	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PV	
REMERON ORAL TABLET 15 MG, 30 MG ( <i>mirtazapine</i> )	PV	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG ( <i>mirtazapine</i> )	PV	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	4	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	4	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG ( <i>bupropion hcl</i> )	PV	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>bupropion hcl</i> )	PV	
<b>ANTIMANIC AGENTS - Drugs for Personality Disorder</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML ( <i>aripiprazole</i> )	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )	PV	
<i>aripiprazole oral solution 1 mg/ml</i>	PV	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PV	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	PV	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	PV	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ( <i>carbamazepine (antipsychotic)</i> )	2	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	PV	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	PV	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PV	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	PV	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PV	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PV	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PV	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PV	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PV	
<i>lithium carbonate oral tablet 300 mg</i>	PV	
<i>lithium oral solution 8 meq/5ml</i>	PV	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )	PV	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PV	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PV	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PV	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML ( <i>risperidone</i> )	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	PV	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PV	
<i>risperidone oral solution 1 mg/ml</i>	PV	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG ( <i>risperidone</i> )	4	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	PV	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	PV	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>subvenite starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PV	
<i>subvenite starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PV	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PV	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG ( <i>olanzapine</i> )	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG ( <i>olanzapine</i> )	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG ( <i>olanzapine pamoate</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>olanzapine</i> )	PV	
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment</b>		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	1	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	1	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	1	
<i>acetaminophen er oral tablet extended release 650 mg</i>	1	
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	
<i>acetaminophen oral liquid 160 mg/5ml</i>	1	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	1	
<i>acetaminophen oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG ( <i>ibuprofen</i> )	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG ( <i>ibuprofen</i> )	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL ORAL TABLET 200 MG ( <i>ibuprofen</i> )	PV	
ALEVE ORAL TABLET 220 MG ( <i>naproxen sodium</i> )	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	PV	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	PV	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	PV	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	DSL = 30 days
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	DSL = 30 days
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG ( <i>naproxen</i> )	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
ELYXYB ORAL SOLUTION 120 MG/4.8ML ( <i>celecoxib (migraine)</i> )	4	DSL = 30 days
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	1	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	PV	
<i>ft ibuprofen minis oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral tablet 200 mg</i>	PV	
<i>ft pain &amp; fever childrens oral suspension 160 mg/5ml</i>	1	
<i>ft pain &amp; fever infants oral suspension 160 mg/5ml</i>	1	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	1	
<i>ft pain relief extra strength oral tablet 500 mg</i>	1	
<i>ft pain relief oral tablet 325 mg</i>	1	
<i>ft pain reliever ex str adult oral tablet 500 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>goodsense aspirin oral tablet 325 mg</i>	PV	
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	PV	
<i>goodsense ibuprofen oral capsule 200 mg</i>	PV	
<i>goodsense ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
<i>goodsense pain &amp; fever child oral suspension 160 mg/5ml</i>	1	
<i>goodsense pain relief oral tablet 325 mg</i>	1	
IBUPAK ORAL KIT 600 MG ( <i>ibuprofen</i> )	PV	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	PV	
<i>ibuprofen oral capsule 200 mg</i>	PV	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PV	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PV	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PV	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	PV	
KIPROFEN ORAL CAPSULE 25 MG ( <i>ketoprofen</i> )	PV	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	2	
<i>mm acetaminophen ex str oral tablet 500 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
<i>mm ibuprofen oral tablet 200 mg</i>	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG ( <i>ibuprofen</i> )	PV	
MOTRIN IB ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
<i>m-pap oral liquid 160 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> )	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	PV	
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	PV	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>pain &amp; fever childrens oral suspension 160 mg/5ml</i>	1	
<i>pain &amp; fever infants oral suspension 160 mg/5ml</i>	1	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	1	
<i>pain relief extra strength oral capsule 500 mg</i>	1	
<i>pain relief extra strength oral tablet 500 mg</i>	1	
<i>pain relief oral liquid 500 mg/15ml</i>	1	
<i>pain relief regular strength oral tablet 325 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
PROPRINAL ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	PV	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<b>ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG ( <i>loxapine</i> )	PV	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PV	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>pimozide oral tablet 1 mg, 2 mg</i>	PV	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PV	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	DSL = 30 days
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<b>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)</b>	4	DSL = 30 days
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML ( <i>promethazine hcl</i> )	PV	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML ( <i>dexmedetomidine hcl</i> )	2	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>ramelteon oral tablet 8 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>tasimelteon oral capsule 20 mg</i>	1	DSL = 30 days
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	DSL = 30 days
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	DSL = 30 days
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	DSL = 30 days
<b>ATYPICAL ANTIPSYCHOTICS - Drugs for Depression &amp; Psychosis</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML ( <i>aripiprazole</i> )	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )	PV	
<i>aripiprazole oral solution 1 mg/ml</i>	PV	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PV	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	PV	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PV	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	4	DSL = 30 days
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PV	DSL = 30 days
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PV	DSL = 30 days
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	PV	DSL = 30 days
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	PV	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	PV	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (ziprasidone mesylate)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	PV	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (paliperidone palmitate)	PV	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (paliperidone)	PV	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (paliperidone palmitate)	PV	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (paliperidone palmitate)	PV	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (lurasidone hcl)	PV	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PV	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine-samidorphan)	4	
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	4	DSL = 30 days
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	4	DSL = 30 days
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PV	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PV	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PV	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML ( <i>risperidone</i> )	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	PV	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PV	
<i>risperidone oral solution 1 mg/ml</i>	PV	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG ( <i>risperidone</i> )	4	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	PV	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG ( <i>olanzapine-fluoxetine hcl</i> )	PV	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML ( <i>risperidone</i> )	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	PV	DSL = 30 days
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG ( <i>olanzapine</i> )	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG ( <i>olanzapine</i> )	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG ( <i>olanzapine pamoate</i> )	PV	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>olanzapine</i> )	PV	
<b>BARBITURATES (ANTICONSULTANTS) - Drugs for Seizures</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML ( <i>pb-hyoscy-atropine-scopolamine</i> )	2	
DONNATAL ORAL TABLET 16.2 MG ( <i>pb-hyoscy-atropine-scopolamine</i> )	1	
<i>pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml</i>	1	
<i>pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML ( <i>pb-hyoscy-atropine-scopolamine</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PHENOHYTRO ORAL TABLET 16.2 MG ( <i>pb-hyoscy-atropine-scopolamine</i> )	1	
<b>BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures</b>		
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	PV	DSL = 30 days
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PV	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral solution 5 mg/5ml</i>	PV	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PV	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
SYMPAZAN ORAL FILM 10 MG, 20 MG ( <i>clobazam</i> )	4	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	PV	
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PV	DSL = 30 days
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	PV	DSL = 30 days
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PV	DSL = 30 days
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	PV	DSL = 30 days
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PV	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PV	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PV	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral solution 5 mg/5ml</i>	PV	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PV	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	DSL = 30 days
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PV	DSL = 30 days
<i>quazepam oral tablet 15 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG ( <i>clobazam</i> )	4	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	DSL = 30 days
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	DSL = 30 days
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	PV	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	PV	DSL = 30 days
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> )	PV	DSL = 30 days
<b>BUTYROPHENONES - Drugs for Depression &amp; Psychosis</b>		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML ( <i>haloperidol decanoate</i> )	PV	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PV	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PV	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PV	
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment</b>		
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	4	
NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )	4	DSL = 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )	4	DSL = 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	4	DSL = 30 days
ZAVZPRET NASAL SOLUTION 10 MG/ACT ( <i>zavegepant hcl</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
TASMAR ORAL TABLET 100 MG ( <i>tolcapone</i> )	4	
<i>tolcapone oral tablet 100 mg</i>	4	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML ( <i>aducanumab-avwa</i> )	4	DSL = 30 days
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	4	DSL = 30 days
EXSERVAN ORAL FILM 50 MG ( <i>riluzole</i> )	4	DSL = 30 days
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML ( <i>lecanemab-irmb</i> )	4	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM ( <i>sodium oxybate</i> )	4	DSL = 30 days
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )	2	
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	4	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML ( <i>tofersen</i> )	4	DSL = 30 days
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML ( <i>edaravone</i> )	4	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	4	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	4	DSL = 30 days
RELYVRIO ORAL PACKET 3-1 GM ( <i>phenylbutyrate- taurursodiol</i> )	4	DSL = 30 days
RILUTEK ORAL TABLET 50 MG ( <i>riluzole</i> )	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>riluzole oral tablet 50 mg</i>	4	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )	4	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	4	DSL = 30 days
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	4	DSL = 30 days
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML ( <i>celecoxib (migraine)</i> )	4	DSL = 30 days
<b>DOPAMINE PRECURSORS - Drugs for Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	4	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	4	DSL = 30 days
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG ( <i>carbidopa-levodopa</i> )	4	
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson</b>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<b>FIBROMYALGIA AGENTS - Drugs for Nerve Pain</b>		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )	PV	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PV	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	2	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<b>HYDANTOINS - Drugs for Seizures</b>		
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	2	
<i>fosphenytoin sodium injection solution 500 mg pe/10ml</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<b>INHALATION ANESTHETICS - Anesthetics</b>		
<i>desflurane inhalation solution</i>	1	
<b>FORANE INHALATION SOLUTION (isoflurane)</b>	2	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
<i>terrell inhalation solution</i>	1	
<b>MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<b>MARPLAN ORAL TABLET 10 MG (isocarboxazid)</b>	PV	
<b>NARDIL ORAL TABLET 15 MG (phenelzine sulfate)</b>	PV	
<b>PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)</b>	PV	
<i>phenelzine sulfate oral tablet 15 mg</i>	PV	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PV	
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (apomorphine hcl)</b>	4	DSL = 30 days
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<b>OPIATE AGONISTS - Drugs for Pain</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	4	DSL = 30 days
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	4	DSL = 30 days
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	DSL = 30 days
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml</i>	1	DSL = 30 days
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	DSL = 30 days
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	DSL = 30 days
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	DSL = 30 days
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	DSL = 30 days
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	DSL = 30 days
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	DSL = 30 days
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	DSL = 30 days
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	DSL = 30 days
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	DSL = 30 days
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) ( <i>morphine sulfate microinfusion</i> )	2	DSL = 30 days
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) ( <i>morphine sulfate microinfusion</i> )	2	DSL = 30 days
<i>levorphanol tartrate oral tablet 2 mg</i>	1	DSL = 30 days
<i>levorphanol tartrate oral tablet 3 mg</i>	1	
<i>meperidine hcl injection solution 50 mg/ml</i>	1	DSL = 30 days
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	DSL = 30 days
<i>meperidine hcl oral tablet 50 mg</i>	1	DSL = 30 days
<i>methadone hcl injection solution 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	DSL = 30 days
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>methadone hcl oral tablet soluble 40 mg</i>	1	DSL = 30 days
<i>methadose oral tablet soluble 40 mg</i>	1	DSL = 30 days
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	1	DSL = 30 days
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	1	DSL = 30 days
<i>morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone hcl oral capsule 5 mg</i>	1	DSL = 30 days
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	DSL = 30 days
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	DSL = 30 days
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	DSL = 30 days
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
PROLATE ORAL SOLUTION 10-300 MG/5ML ( <i>oxycodone-acetaminophen</i> )	4	DSL = 30 days
QDOLO ORAL SOLUTION 5 MG/ML ( <i>tramadol hcl</i> )	4	DSL = 30 days
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )	4	DSL = 30 days
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	4	DSL = 30 days
<i>tramadol hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
<b>OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	DSL = 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	4	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	4	DSL = 30 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>OPIATE PARTIAL AGONISTS - Drugs for Pain</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	4	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML ( <i>buprenorphine</i> )	4	DSL = 30 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML ( <i>buprenorphine</i> )	4	DSL = 30 days
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	DSL = 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	DSL = 30 days
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>nalbuphine hcl injection solution 20 mg/ml</i>	1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	4	DSL = 30 days
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain</b>		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG ( <i>ibuprofen</i> )	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG ( <i>ibuprofen</i> )	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
ADVIL ORAL TABLET 200 MG ( <i>ibuprofen</i> )	PV	
ALEVE ORAL TABLET 220 MG ( <i>naproxen sodium</i> )	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	PV	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML ( <i>ibuprofen</i> )	PV	
<i>cold &amp; sinus oral tablet 30-200 mg</i>	1	
COXANTO ORAL CAPSULE 300 MG ( <i>oxaprozin</i> )	PV	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )	PV	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	PV	
<i>diclofenac potassium oral capsule 25 mg</i>	PV	
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	PV	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PV	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PV	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG ( <i>naproxen</i> )	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PV	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PV	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PV	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	PV	
<i>fenoprofen calcium oral tablet 600 mg</i>	PV	
FLECTOR EXTERNAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	PV	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PV	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	PV	
<i>ft ibuprofen minis oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	PV	
<i>goodsense ibuprofen oral capsule 200 mg</i>	PV	
<i>goodsense ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
IBUPAK ORAL KIT 600 MG ( <i>ibuprofen</i> )	PV	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	PV	
<i>ibuprofen oral capsule 200 mg</i>	PV	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PV	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
<i>inavix combination therapy pack 75 &amp; 0.025 mg-%</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	PV	DSL = 30 days
<i>indomethacin er oral capsule extended release 75 mg</i>	PV	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PV	
<i>indomethacin oral suspension 25 mg/5ml</i>	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
<i>indomethacin rectal suppository 50 mg</i>	PV	DSL = 30 days
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PV	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	PV	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	PV	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	PV	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	PV	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PV	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	PV	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
KIPROFEN ORAL CAPSULE 25 MG ( <i>ketoprofen</i> )	PV	
LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	PV	
LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )	PV	
LOFENA ORAL TABLET 25 MG ( <i>diclofenac potassium</i> )	PV	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PV	
<i>mefenamic acid oral capsule 250 mg</i>	PV	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	PV	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	PV	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PV	
<i>mm ibuprofen oral tablet 200 mg</i>	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG ( <i>ibuprofen</i> )	PV	
MOTRIN IB ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PV	
NALFON ORAL CAPSULE 400 MG ( <i>fenoprofen calcium</i> )	PV	
NALFON ORAL TABLET 600 MG ( <i>fenoprofen calcium</i> )	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> )	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	PV	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG ( <i>diclofenac sodium-liniment</i> )	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG ( <i>diclofenac sodium-liniment</i> )	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG ( <i>etodolac-liniment</i> )	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG ( <i>ibuprofen-liniment</i> )	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG ( <i>meloxicam-liniment</i> )	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG ( <i>nabumetone-liniment</i> )	PV	
OXAPROZIN ORAL CAPSULE 300 MG	PV	DSL = 30 days
<i>oxaprozin oral tablet 600 mg</i>	PV	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PV	
<i>previdolrx plus analgesic combination therapy pack 75 &amp; 0.025 mg-%</i>	1	
PROPRINAL ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	PV	
RELAFEN DS ORAL TABLET 1000 MG ( <i>nabumetone</i> )	PV	DSL = 30 days
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	PV	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PV	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	
<i>tolmetin sodium oral capsule 400 mg</i>	PV	
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	PV	
<b>PHENOTHIAZINES - Drugs for Depression &amp; Psychosis</b>		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	PV	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	
<i>compro rectal suppository 25 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PV	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PV	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PV	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PV	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PV	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PV	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PV	
<i>prochlorperazine rectal suppository 25 mg</i>	PV	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PV	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PV	
<b>RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System</b>		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	2	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	DSL = 30 days
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	DSL = 30 days
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	DSL = 30 days
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	1	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	DSL = 30 days
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	DSL = 30 days
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	DSL = 30 days
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	
<b>MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)</b>	2	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>SALICYLATES - Drugs for Pain</b>		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	PV	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>goodsense aspirin oral tablet 325 mg</i>	PV	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	PV	
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression &amp; Psychosis</b>		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )	PV	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	PV	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PV	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PV	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	PV	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	PV	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	PV	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> )	PV	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	PV	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PV	
<b>SELECTIVE SEROTONIN AGONISTS - Migraine Treatment</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	4	DSL = 30 days
<i>zolmitriptan nasal solution 5 mg</i>	1	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>citalopram hydrobromide</i> )	PV	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	PV	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PV	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PV	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PV	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	PV	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PV	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PV	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PV	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	PV	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PV	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>escitalopram oxalate</i> )	PV	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PV	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PV	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	PV	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PV	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG ( <i>paroxetine hcl</i> )	PV	
PAXIL ORAL SUSPENSION 10 MG/5ML ( <i>paroxetine hcl</i> )	PV	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG ( <i>paroxetine hcl</i> )	PV	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG ( <i>fluoxetine hcl</i> )	PV	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PV	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG ( <i>olanzapine-fluoxetine hcl</i> )	PV	
ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )	PV	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sertraline hcl</i> )	PV	
<b>SEROTONIN MODULATORS - Drugs for Depression &amp; Psychosis</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	PV	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PV	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	PV	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	PV	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<b>SUCCINIMIDES - Drugs for Seizures</b>		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
<b>THIOXANTHENES - Drugs for Depression &amp; Psychosis</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PV	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )	PV	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PV	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PV	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PV	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	PV	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PV	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PV	
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	PV	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PV	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG ( <i>nortriptyline hcl</i> )	PV	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PV	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PV	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	PV	
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	4	DSL = 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	4	DSL = 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ( <i>deutetrabenazine</i> )	4	DSL = 30 days
INGREZZA ORAL CAPSULE 40 MG, 80 MG ( <i>valbenazine tosylate</i> )	4	DSL = 30 days
INGREZZA ORAL CAPSULE 60 MG ( <i>valbenazine tosylate</i> )	4	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	4	
<b>WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PV	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )	2	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	4	DSL = 30 days
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK AVIVA IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	PV	
ACCU-CHEK FASTCLIX LANCET KIT KIT ( <i>lancets misc.</i> )	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT ( <i>lancets misc.</i> )	2	
ADULT AEROSOL MASK	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
AEROCHAMBER HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE ( <i>spacer/aero-holding chambers</i> )	2	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
AEROECLIPSE EZ TWIST TUBING ( <i>respiratory therapy supplies</i> )	2	
AEROECLIPSE MASK LARGE ( <i>respiratory therapy supplies</i> )	2	
AEROECLIPSE MASK MEDIUM ( <i>respiratory therapy supplies</i> )	2	
AEROECLIPSE MASK SMALL ( <i>respiratory therapy supplies</i> )	2	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PV	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	PV	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	PV	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	PV	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	PV	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )	PV	
AUTOLET LANCING DEVICE ( <i>lancet devices</i> )	PV	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	PV	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" ( <i>needle (disp)</i> )	2	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PV	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PV	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	PV	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE NEB MASK/CHILD	2	
BREATHE EASE NEB MASK/INFANT	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2"	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	PV	
CARESENS LANCETS 30G ( <i>lancets</i> )	PV	
CARETOUCH 2 CPAP HOSE HANGER ( <i>respiratory therapy supplies</i> )	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
CARETOUCH CPAP & BIPAP HOSE ( <i>respiratory therapy supplies</i> )	2	
CARETOUCH CPAP MASK WIPES ( <i>respiratory therapy supplies</i> )	2	
CARETOUCH CPAP PRE-WASH SOLN ( <i>respiratory therapy supplies</i> )	2	
CARETOUCH CPAP TUBE BRUSH ( <i>respiratory therapy supplies</i> )	2	
CARETOUCH LANCING/EJECTOR ( <i>lancet devices</i> )	PV	
CARETOUCH UNIVERSL CPAP FILTER ( <i>respiratory therapy supplies</i> )	2	
CEQR SIMPLICITY 2U DEVICE ( <i>injection device for insulin</i> )	PV	
CHEMSTRIP BG LOG BOOK ( <i>blood glucose monitoring suppl</i> )	PV	
CLEVER CHOICE COMFORT EZ ( <i>lancets</i> )	PV	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )	PV	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL ( <i>blood glucose calibration</i> )	PV	
CONTOUR MONITOR KIT W/DEVICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL ( <i>blood glucose calibration</i> )	PV	
CONTOUR NEXT EZ KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT LINK KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PV	
EASIVENT ( <i>spacer/aero-holding chambers</i> )	2	
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL ( <i>blood glucose calibration</i> )	PV	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
FLEXICHAMBER ADULT MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER CHILD MASK/LARGE ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL ( <i>blood glucose calibration</i> )	PV	
HUMATROPEN FOR 12MG DEVICE ( <i>injection device</i> )	PV	
HUMATROPEN FOR 24MG DEVICE ( <i>injection device</i> )	PV	
HUMATROPEN FOR 6MG DEVICE ( <i>injection device</i> )	PV	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	PV	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	PV	
INPEN 100-GREY-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	PV	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	PV	
INPEN 100-PINK-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	PV	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	PV	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ( <i>insulin pen needle</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	PV	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	PV	
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PV	
LANCETS ( <i>lancets</i> )	PV	
MICROLET NEXT LANCING DEVICE ( <i>lancet devices</i> )	PV	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
NEBULIZER MASK ADULT	2	
NEBULIZER MASK CHILD	2	
NORDIPEN 5 INJECTION DEVICE ( <i>injection device</i> )	PV	
NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )	PV	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
NOVOPEN ECHO DEVICE ( <i>injection device for insulin</i> )	PV	
OMBRA COMPRESSOR AIR FILTERS ( <i>respiratory therapy supplies</i> )	2	
ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )	PV	
ONETOUCH DELICA SAFETY LANCING ( <i>lancets</i> )	PV	
ONETOUCH ULTRA 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
ONETOUCH ULTRA IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
ONETOUCH VERIO IN VITRO LIQUID HIGH ( <i>blood glucose calibration</i> )	PV	
ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
PARI ALTERA NEBULIZER HANDSET ( <i>respiratory therapy supplies</i> )	2	
PARI SMARTMASK BABY/ELBOW ( <i>respiratory therapy supplies</i> )	2	
PARI VORTEX ADULT MASK ( <i>spacer/aero-hold chamber mask</i> )	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PRONEB ULTRA FILTER SET ( <i>respiratory therapy supplies</i> )	2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	PV	
REUSABLE COMFORTSEAL MASK-LRG ( <i>respiratory therapy supplies</i> )	2	
REUSABLE COMFORTSEAL MASK-MED ( <i>respiratory therapy supplies</i> )	2	
REUSABLE COMFORTSEAL MASK-SML ( <i>respiratory therapy supplies</i> )	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	PV	
TECHLITE LANCETS 26G ( <i>lancets</i> )	PV	
TEMPO SMART BUTTON ( <i>blood glucose monitoring suppl</i> )	PV	
TEMPO WELCOME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW ( <i>blood glucose calibration</i> )	PV	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL ( <i>blood glucose calibration</i> )	PV	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH ( <i>blood glucose calibration</i> )	PV	
TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	2	
ULTRA NEB ACCESSORIES KIT	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
UNISTRIP CONTROL IN VITRO SOLUTION LOW ( <i>blood glucose calibration</i> )	PV	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	PV	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PV	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	PV	
VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )	PV	
VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )	PV	
VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )	PV	
VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )	PV	
VORTEX VALVED HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	DSL = 30 days
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG ( <i>cosyntropin</i> )	2	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
<b>CARDIAC FUNCTION</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<b>DIABETES MELLITUS</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PV	
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PV	
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	PV	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	PV	
CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	PV	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
FORTISCARE G1 TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )	PV	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
FREESTYLE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
GLUCOCARD SHINE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
MM BLULINK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	PV	
ONETOUCH ULTRA TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PV	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )	PV	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PTS PANELS EGLU TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	PV	
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	PV	
<b>KETONES</b>		
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	2	
<b>OCULAR DISORDERS</b>		
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
BIO GLO OPHTHALMIC STRIP 1 MG ( <i>fluorescein sodium</i> )	1	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	1	
<i>fluor-i-strips a.t. ophthalmic strip 1 mg</i>	1	
GLOSTRIPS OPHTHALMIC STRIP 1 MG ( <i>fluorescein sodium</i> )	1	
<i>proparacaine-fluorescein ophthalmic solution 0.5-0.25 %</i>	1	
<b>PHEOCHROMOCYTOMA</b>		
<i>metyrosine oral capsule 250 mg</i>	1	
<b>PITUITARY FUNCTION</b>		
METOPIRONE ORAL CAPSULE 250 MG ( <i>metyrapone</i> )	2	
<b>PROTEIN</b>		
CHEMSTRIP MICRAL IN VITRO STRIP ( <i>albumin (urine) test</i> )	2	
<b>SUGAR</b>		
DIASTIX REAGENT IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )	2	
<b>THYROID FUNCTION</b>		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG ( <i>thyrotropin alfa</i> )	2	
<b>URINE AND FECES CONTENTS</b>		
CHEMSTRIP 10 MD IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP 10/SG IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP 2 GP IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP 5 OB IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP 7 IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP 9 IN VITRO STRIP ( <i>multiple urine tests</i> )	2	
CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
CVS KETONE CARE IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	2	
KETO-DIASTIX IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	2	
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants</b>		
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants</b>		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AGENTS</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>pot &amp; sod ac phosphates</i> )	PV	
<b>ALKALINIZING AGENTS</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	4	DSL = 30 days
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	4	DSL = 30 days
<i>carglumic acid oral tablet soluble 200 mg</i>	1	DSL = 30 days
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 10 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	2	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM ( <i>sodium phenylbutyrate</i> )	4	DSL = 30 days
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM ( <i>sodium phenylbutyrate</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (sodium phenylbutyrate)	4	DSL = 30 days
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (sodium phenylbutyrate)	4	DSL = 30 days
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (sodium phenylbutyrate)	4	DSL = 30 days
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (sodium phenylbutyrate)	4	DSL = 30 days
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	4	DSL = 30 days
sodium phenylbutyrate oral powder 3 gmltsp	4	DSL = 30 days
sodium phenylbutyrate oral tablet 500 mg	4	DSL = 30 days
<b>CALORIC AGENTS - Drugs for Nutrition</b>		
asilnasalrms oral capsule	1	
cefazolin sodium-dextrose intravenous solution 2-4 gml/100ml-%	1	
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	4	DSL = 30 days
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	PV	
MULTIGEN ORAL TABLET 70 MG (fe-succ-c-thre-b12-des stomach)	PV	
protein fortifier oral liquid	1	
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance</b>		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
<b>DIURETICS, MISCELLANEOUS - Drugs for Water Balance</b>		
elixophyllin oral elixir 80 mg/15ml	1	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
<b>ELECTROLYTIC,CALORIC,WATER BALANCE MISC,</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (burosumab-twza)	4	DSL = 30 days
<b>IRRIGATING SOLUTIONS</b>		
glycine irrigation solution 1.5 %	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>ringers irrigation irrigation solution</i>	1	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	1	
<b>LOOP DIURETICS - Drugs for Water Balance</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PV	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PV	
<i>calcium acetate oral tablet 667 mg</i>	PV	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )	PV	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PV	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )	PV	
RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )	PV	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PV	
<i>sevelamer carbonate oral tablet 800 mg</i>	PV	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PV	
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate oral powder</i>	1	
<b>POTASSIUM-SPARING DIURETICS - Drugs for Water Balance</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>REPLACEMENT PREPARATIONS</b>		
<i>biocel oral tablet</i>	1	
<i>b-plex plus oral tablet</i>	1	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PV	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PV	
<i>calcium acetate oral tablet 667 mg</i>	PV	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
<b>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)</b>	PV	
<i>effe-k oral tablet effervescent 25 meq</i>	1	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	1	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	PV	
<i>klor-con m10 oral tablet extended release 10 meq</i>	PV	
<i>klor-con m15 oral tablet extended release 15 meq</i>	PV	
<i>klor-con m20 oral tablet extended release 20 meq</i>	PV	
<i>klor-con oral packet 20 meq</i>	PV	
<i>klor-con oral tablet extended release 8 meq</i>	PV	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	1	
<b>K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)</b>	PV	
<b>K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di &amp; mono)</b>	PV	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)</b>	PV	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	4	
<i>lysiplex plus oral tablet</i>	1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>magnesium-oxide oral tablet 400 (240 mg) mg</i>	PV	
<i>mag-oxide oral tablet 200 mg</i>	PV	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
<i>nutrifac zx oral tablet</i>	1	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg</i>	1	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	PV	
<i>phosphorous oral tablet 155-852-130 mg</i>	PV	
<i>phosphorus supplement oral packet 280-160-250 mg</i>	PV	
<i>phosphorus w/sod &amp; potassium oral packet 280-160-250 mg</i>	PV	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	PV	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (potassium phosphate monobasic)	PV	
POKONZA ORAL PACKET 10 MEQ (potassium chloride)	PV	DSL = 30 days
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	PV	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PV	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	PV	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride oral packet 20 meq</i>	PV	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	PV	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride intravenous solution 4 meq/ml</i>	1	
<i>sodium chloride oral solution 4 meq/ml</i>	1	
<i>sodium chloride oral tablet 1 gm</i>	1	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gml/200ml-%</i>	1	
<i>v-c forte oral capsule</i>	1	
<i>vic-forte oral capsule</i>	1	
<i>vita s forte oral tablet</i>	1	
<i>vitacel oral tablet</i>	1	
<i>vitachew adult multi vitamin oral tablet chewable</i>	1	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	PV	
<i>zinc oral tablet 50 mg</i>	1	
<b>THIAZIDE DIURETICS - Drugs for Water Balance</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>THIAZIDE-LIKE DIURETICS - Drugs for Water Balance</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b>URICOSURIC AGENTS</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<b>VASOPRESSIN ANTAGONISTS - Drugs for Water Balance</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	4	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	4	DSL = 30 days
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG ( <i>tolvaptan</i> )	4	
SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	4	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG ( <i>alteplase</i> )	2	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	4	DSL = 30 days
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML ( <i>laronidase</i> )	4	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG ( <i>alteplase</i> )	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	4	DSL = 30 days
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	4	DSL = 30 days
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )	2	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML ( <i>pegunigalsidase alfa-iwxj</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG ( <i>rasburicase</i> )	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG ( <i>agalsidase beta</i> )	4	DSL = 30 days
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	4	DSL = 30 days
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML ( <i>sebelipase alfa</i> )	4	DSL = 30 days
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG ( <i>velmanase alfa-tycv</i> )	4	DSL = 30 days
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>alglucosidase alfa</i> )	4	DSL = 30 days
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML ( <i>galsulfase</i> )	4	DSL = 30 days
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>avalglucosidase alfa-ngpt</i> )	4	DSL = 30 days
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	4	DSL = 30 days
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG ( <i>cipaglucoisidase alfa-atga</i> )	4	DSL = 30 days
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	4	
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML ( <i>elapegademase-lvlr</i> )	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	4	DSL = 30 days
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML ( <i>elosulfase alfa</i> )	4	DSL = 30 days
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>glucarpidase</i> )	PV	DSL = 30 days
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )	4	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 4 MG ( <i>olipudase alfa-rpcp</i> )	4	DSL = 30 days
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye</b>		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<b>ANTIALLERGIC AGENTS - Drugs for Allergy</b>		
<i>ALOCRILOPHthalmic SOLUTION 2 % (nedocromil sodium)</i>	2	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PV	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>eye itch relief ophthalmic solution 0.035 %</i>	1	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
<i>PATADAY OPHthalmic SOLUTION 0.1 % (olopatadine hcl)</i>	1	
<b>ANTIBACTERIALS (EENT) - Drugs for Infections</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (tobramycin)</i>	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
<i>CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (tobramycin)</i>	4	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
<i>MITOSOL OPHthalmic KIT 0.2 MG (mitomycin)</i>	2	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 % , 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	4	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	4	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	2	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBEX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	2	
<b>ANTIFUNGALS (EENT) - Drugs for Infections</b>		
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	2	
<b>ANTIVIRALS (EENT) - Drugs for Infections</b>		
<i>trifluridine ophthalmic solution 1 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
<b>DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC</b>	1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>CORTICOSTEROIDS (EENT) - Drugs for Inflammation</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
<b>CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)</b>	2	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>flac otic oil 0.01 %</i>	1	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<b>FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)</b>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG ( <i>fluocinolone acetonide</i> )	4	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG ( <i>dexamethasone</i> )	4	
PRED FORTE OPHTHALMIC SUSPENSION 1 % ( <i>prednisolone acetate</i> )	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG ( <i>fluocinolone acetonide</i> )	4	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	1	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG ( <i>fluocinolone acetonide</i> )	4	
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections</b>		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>ft earwax removal kit otic solution 6.5 %</i>	1	
<i>ft earwax removal otic solution 6.5 %</i>	1	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	1	
<i>perio gard mouth/throat solution 0.12 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVI OPTHALMIC SOLUTION 0.25 % ( <i>lotilaner</i> )	4	DSL = 30 days
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation</b>		
CEQUA OPTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid otic solution 2 %</i>	1	
<i>altachlore ophthalmic ointment 5 %</i>	1	
<i>altachlore ophthalmic solution 5 %</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>artificial tears ophthalmic solution , 0.5-0.6 %</i>	1	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	1	
CYSTADROPS OPTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	4	DSL = 30 days
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	4	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	4	
<i>ft lubricant eye drops ophthalmic solution 0.4-0.3 % , 0.5 %</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML ( <i>cromolyn sodium</i> )	4	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	1	
<i>goodsense lubricating plus pf ophthalmic solution 0.5 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	2	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML ( <i>avacincaptad pegol</i> )	4	DSL = 30 days
LACRISERT OPTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	2	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	1	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	1	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	1	
<i>lubricant pm ophthalmic ointment</i>	1	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (perfluorohexyloctane)	4	
nasal moisturizing spray nasal solution 0.65 %	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	4	DSL = 30 days
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % (riboflav5 & riboflav5-dextran)	2	
polyvinyl alcohol ophthalmic solution 1.4 %	1	
sodium chloride (hypertonic) ophthalmic ointment 5 %	1	
sodium chloride (hypertonic) ophthalmic solution 5 %	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (ranibizumab)	4	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (pegcetacoplan (ophthalmic))	4	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (teprotumumab-trbw)	4	DSL = 30 days
ultra fresh pm ophthalmic ointment	1	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	1	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (verteporfin)	2	
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation</b>		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	PV	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	PV	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	PV	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	PV	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	PV	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	PV	
diclofenac sodium ophthalmic solution 0.1 %	PV	
flurbiprofen sodium ophthalmic solution 0.03 %	PV	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	PV	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	PV	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	PV	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>LOCAL ANESTHETICS (EENT) - Drugs for Numbing</b>		
AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )	2	
ALCAINE OPHTHALMIC SOLUTION 0.5 % ( <i>proparacaine hcl</i> )	2	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % ( <i>tetracaine hcl</i> )	2	
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 % <i>cough drops mouth/throat lozenge 5.4 mg</i>	1	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	1	
<i>goodsense cough simply menthol mouth/throat lozenge 5.4 mg</i>	1	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>proparacaine-fluorescein ophthalmic solution 0.5-0.25 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
<b>MIOTICS - Drugs for the Eye</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<b>MYDRIATICS - Drugs for the Eye</b>		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % ( <i>cyclopentolate-phenylephrine</i> )	2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	1	
<b>PROSTAGLANDIN ANALOGS - Drugs for the Eye</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG ( <i>bimatoprost</i> )	4	DSL = 30 days
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG</b>		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-maly</i> )	4	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab</i> )	4	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML ( <i>ranibizumab-nuna</i> )	2	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab-eqnr</i> )	4	DSL = 30 days
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	4	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	4	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	4	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bevacizumab-awwb</i> )	4	DSL = 30 days
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML ( <i>ranibizumab</i> )	4	DSL = 30 days
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-adcd</i> )	4	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML ( <i>bevacizumab-bvzr</i> )	4	DSL = 30 days
<b>VASOCONSTRICTORS</b>		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	1	
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % ( <i>cyclopentolate-phenylephrine</i> )	2	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>ft eye drops ophthalmic solution 0.05 %</i>	1	
<i>ft nasal spray nasal solution 0.05 %</i>	1	
<i>giltuss severe sinus nasal solution 0.05 %</i>	1	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	1	
<i>nasal spray 12 hour nasal solution 0.05 %</i>	1	
<i>nasal spray no drip nasal solution 0.05 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTACIDS AND ADSORBENTS</b>		
<i>alum &amp; mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	1	
<i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml</i>	1	
<i>antacid calcium oral tablet chewable 500 mg</i>	1	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	1	
<i>antacid extra strength oral tablet chewable 160-105 mg, 750 mg</i>	1	
<i>antacid maximum oral tablet chewable 1000 mg</i>	1	
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	1	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	1	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
<i>ft antacid &amp; antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	1	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	
<b>GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (alum &amp; mag hydroxide-simeth)</b>	2	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	1	
<i>goodsense antacid &amp; gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	1	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	1	
<i>goodsense antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>goodsense omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	1	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	PV	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	1	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
<b>IMMUNOMODULATORY AGENT</b>		
<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (vedolizumab)</b>	4	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML ( <i>vedolizumab</i> )	4	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG ( <i>etrasimod arginine</i> )	4	DSL = 30 days
<b>GASTROINTESTINAL DRUGS - Drugs for the Stomach</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	2	DSL = 30 days
ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )	PV	DSL = 30 days
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	PV	
<i>granisetron hcl oral tablet 1 mg</i>	PV	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	PV	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	PV	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PV	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PV	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	PV	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	PV	
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	PV	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	PV	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML ( <i>granisetron</i> )	PV	
<b>ANTIDIARRHEA AGENTS - Drugs for Diarrhea</b>		
<i>acidophilus lactobacillus oral capsule</i>	1	
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
<i>anti-diarrheal oral tablet 2 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
<i>ft anti-diarrheal oral tablet 2 mg</i>	1	
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
<i>high potency probiotic oral capsule</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
<i>lactobacillus oral tablet , 0.05-0.05 mg</i>	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	1	
<i>loperamide hcl oral tablet 2 mg</i>	1	
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
<i>quad-probiotic oral capsule</i>	1	
<i>saccharomyces boulardii oral capsule 250 mg</i>	1	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	4	DSL = 30 days
<b>ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML ( <i>promethazine hcl</i> )	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PV	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	4	DSL = 30 days
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )	PV	
<b>ANTIFLATULENTS - Drugs for Gas</b>		
<i>alum &amp; mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	1	
<i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml</i>	1	
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	1	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	1	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	1	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	1	
<i>ft antacid &amp; antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	1	
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	1	
<i>ft gas relief extra strength oral capsule 125 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	1	
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	1	
<i>ft gas relief oral tablet chewable 80 mg</i>	1	
<i>ft gas relief ultra strength oral capsule 180 mg</i>	1	
<i>gas relief extra strength oral capsule 125 mg</i>	1	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	1	
<i>gas relief oral tablet chewable 80 mg</i>	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG ( <i>alum &amp; mag hydroxide-simeth</i> )	2	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	1	
<i>goodsense antacid &amp; gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	1	
<i>heartland gas relief oral tablet chewable 80 mg</i>	1	
<i>infants gas relief oral suspension 20 mg/0.3ml</i>	1	
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	1	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	1	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	1	
<i>simethicone oral capsule 125 mg</i>	1	
<i>simethicone oral tablet chewable 80 mg</i>	1	
<i>simethicone ultra strength oral capsule 180 mg</i>	1	
<b>ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea</b>		
ANTIVERT ORAL TABLET 50 MG ( <i>meclizine hcl</i> )	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG ( <i>meclizine hcl</i> )	PV	
<i>compro rectal suppository 25 mg</i>	PV	
<i>cvs motion sickness oral tablet 50 mg</i>	PV	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	DSL = 30 days
<i>ft motion sickness oral tablet 50 mg</i>	PV	
<i>goodsense motion sickness oral tablet 50 mg</i>	PV	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>meclizine hcl oral tablet chewable 25 mg</i>	PV	
<i>motion sickness relief oral tablet 50 mg</i>	PV	
<i>motion sickness relief oral tablet chewable 25 mg</i>	PV	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PV	
<i>prochlorperazine rectal suppository 25 mg</i>	PV	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML ( <i>trimethobenzamide hcl</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PV	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	4	DSL = 30 days
<i>balsalazide disodium oral capsule 750 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	2	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	4	DSL = 30 days
LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	4	DSL = 30 days
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid</b>		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>antacid calcium oral tablet chewable 500 mg</i>	1	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	1	
<i>antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>antacid maximum oral tablet chewable 1000 mg</i>	1	
<i>antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	1	
<i>goodsense antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	PV	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	1	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>CATHARTICS AND LAXATIVES - Drugs for Constipation</b>		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	1	
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	PV	
<i>bisacodyl oral tablet delayed release 5 mg</i>	PV	
<i>bisacodyl rectal suppository 10 mg</i>	PV	
<i>chocolated laxative oral tablet chewable 15 mg</i>	1	
<i>citroma oral solution 1.745 gm/30ml</i>	PV	
<i>clearlax oral powder 17 gm/scoop</i>	PV	
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (sod picosulfate-mag ox-cit acd)</b>	PV	
<i>cvs gentle laxative rectal suppository 10 mg</i>	PV	
<i>docusate calcium oral capsule 240 mg</i>	1	
<i>docusate mini rectal enema 283 mg/5ml</i>	1	
<i>docusate sodium oral capsule 100 mg</i>	PV	
<i>docusate sodium oral capsule 250 mg</i>	1	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	1	
<i>docusate sodium oral syrup 60 mg/15ml</i>	1	
<i>docuzen oral tablet 8.6-50 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>dok oral tablet 100 mg</i>	1	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG ( <i>bisacodyl</i> )	PV	
<i>fiber laxative + calcium oral tablet 625 mg</i>	1	
<i>fiber laxative oral tablet 625 mg</i>	1	
<i>fiber oral powder 28.3 %</i>	1	
<i>ft clearlax oral powder 17 gm/scoop</i>	PV	
<i>ft fiber laxative oral tablet 500 mg, 625 mg</i>	1	
<i>ft fiber oral powder 43 %</i>	1	
<i>ft gentle laxative rectal suppository 10 mg</i>	PV	
<i>ft laxative oral tablet delayed release 5 mg</i>	PV	
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>ft mineral oil oral oil</i>	1	
<i>ft senna laxative oral tablet 8.6 mg</i>	1	
<i>ft senna laxatives oral tablet 8.6 mg</i>	1	
<i>ft senna-s oral tablet 8.6-50 mg</i>	1	
<i>ft stool softener oral capsule 100 mg</i>	PV	
<i>ft stool softener oral capsule 250 mg</i>	1	
<i>ft stool softener oral tablet 100 mg, 50-8.6 mg</i>	1	
<i>gavilax oral powder 17 gm/scoop</i>	PV	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	PV	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	PV	
<i>gentle laxative oral tablet delayed release 5 mg</i>	PV	
<i>gentle laxative rectal suppository 10 mg</i>	PV	
<i>gentlelax oral powder 17 gm/scoop</i>	PV	
<i>geri-kot oral tablet 8.6 mg</i>	1	
<i>glycerin (adult) rectal suppository 2 gm</i>	1	
<i>glycerin adult rectal suppository 2 gm</i>	1	
<i>glycerin childrens rectal suppository 1.2 gm</i>	1	
<i>glycolax oral powder 17 gm/scoop</i>	PV	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	PV	
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	PV	
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>goodsense senna laxative oral tablet 8.6 mg</i>	1	
<i>goodsense stimulant lax plus oral tablet 8.6-50 mg</i>	1	
<i>goodsense stool softener oral capsule 100 mg</i>	PV	
<i>hm stool softener oral capsule 100 mg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>laxative max str oral tablet 25 mg</i>	1	
<i>laxative regular strength oral tablet 15 mg</i>	1	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	1	
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	1	
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	PV	
<i>mm stool softener laxative oral capsule 100 mg</i>	PV	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	PV	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	PV	
<i>natural senna laxative oral tablet 8.6 mg</i>	1	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (magnesium citrate)	PV	
ONELAX RECTAL SUPPOSITORY 10 MG (bisacodyl)	PV	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PV	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PV	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	PV	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	PV	
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	PV	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	PV	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	PV	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>reguloid oral powder 43 %</i>	1	
<i>senexon-s oral tablet 8.6-50 mg</i>	1	
<i>senna oral liquid 8.8 mg/5ml</i>	1	
<i>senna oral syrup 8.8 mg/5ml</i>	1	
<i>senna oral tablet 8.6 mg</i>	1	
<i>senna plus oral tablet 8.6-50 mg</i>	1	
<i>senna s oral tablet 8.6-50 mg</i>	1	
<i>senna smooth oral tablet 15 mg</i>	1	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	1	
<i>senna-lax oral tablet 8.6 mg</i>	1	
<i>senna-plus oral tablet 8.6-50 mg</i>	1	
<i>senna-s oral tablet 8.6-50 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	1	
<i>stool softener laxative oral capsule 100 mg</i>	PV	
<i>stool softener oral capsule 100 mg</i>	PV	
<i>stool softener oral capsule 250 mg</i>	1	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	1	
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	1	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM ( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )	PV	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	PV	
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	PV	
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	1	
<i>wal-mucil oral powder 43 %</i>	1	
<b>CHOLELITHOLYTIC AGENTS - Drugs for the Stomach</b>		
RELTONE ORAL CAPSULE 200 MG, 400 MG ( <i>ursodiol</i> )	4	DSL = 30 days
URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	4	DSL = 30 days
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
<b>DIGESTANTS - Drugs for the Stomach</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot- amyl)</i> )	2	
<i>lactase enzyme oral tablet 3000 unit, 9000 unit</i>	1	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>GI DRUGS, MISCELLANEOUS - Drugs for the Stomach</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
<i>alvimopan oral capsule 12 mg</i>	1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )	4	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )	4	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )	4	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )	4	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML ( <i>vedolizumab</i> )	4	DSL = 30 days
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	4	DSL = 30 days
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )	4	DSL = 30 days
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )	4	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	4	DSL = 30 days
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	4	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	4	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	4	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
STELARA INTRAVENOUS SOLUTION 130 MG/26ML ( <i>ustekinumab</i> )	4	
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	4	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML ( <i>adalimumab-aqvh</i> )	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )	4	
<b>HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid</b>		
<i>acid reducer oral tablet 10 mg</i>	PV	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PV	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PV	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>famotidine orig st oral tablet 10 mg</i>	PV	
<i>ft acid reducer oral tablet 10 mg</i>	PV	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PEPCID AC ORAL TABLET 10 MG ( <i>famotidine</i> )	PV	
PEPCID ORAL TABLET 20 MG, 40 MG ( <i>famotidine</i> )	PV	
TAGAMET HB 200 ORAL TABLET 200 MG ( <i>cimetidine</i> )	PV	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	2	DSL = 30 days
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML ( <i>aprepitant</i> )	PV	DSL = 30 days
<i>aprepitant oral 80 &amp; 125 mg</i>	PV	DSL = 30 days
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	PV	DSL = 30 days
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>fosaprepitant dimeglumine</i> )	PV	
EMEND ORAL CAPSULE 80 MG ( <i>aprepitant</i> )	PV	DSL = 30 days
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )	PV	DSL = 30 days
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG ( <i>aprepitant</i> )	PV	DSL = 30 days
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	PV	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> )	PV	
<b>PROKINETIC AGENTS - Drugs for the Stomach</b>		
GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )	PV	DSL = 30 days
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PV	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PV	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PV	
REGLAN ORAL TABLET 10 MG, 5 MG ( <i>metoclopramide hcl</i> )	PV	
<b>PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid</b>		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	PV	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PV	
<b>PROTECTANTS - Drugs for Ulcers and Stomach Acid</b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML ( <i>sucralfate</i> )	PV	
CARAFATE ORAL TABLET 1 GM ( <i>sucralfate</i> )	PV	
<i>sucralfate oral suspension 1 gm/10ml</i>	PV	
<i>sucralfate oral tablet 1 gm</i>	PV	
<b>PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid</b>		
<i>acid reducer oral tablet delayed release 20 mg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PV	
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PV	
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML ( <i>pantoprazole sodium</i> )	PV	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML ( <i>lansoprazole</i> )	PV	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML ( <i>omeprazole</i> )	PV	
<i>ft acid reducer oral capsule delayed release 15 mg</i>	PV	
<i>ft omeprazole oral tablet delayed release 20 mg</i>	PV	
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	PV	
<i>goodsense omepl/sod bicarb oral capsule 20-1100 mg</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PV	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PV	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	PV	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )	PV	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	PV	
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PV	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	PV	
<i>omeprazole oral tablet delayed release 20 mg</i>	PV	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML ( <i>omeprazole</i> )	PV	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	
<i>pantoprazole sodium oral packet 40 mg</i>	PV	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PV	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG ( <i>lansoprazole</i> )	PV	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> )	PV	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	PV	
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	PV	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	PV	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	PV	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	2	
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	4	
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	4	
CUVRIOR ORAL TABLET 300 MG ( <i>trientine tetrahydrochloride</i> )	4	DSL = 30 days
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	4	
<i>deferiprone oral tablet 1000 mg</i>	1	
<i>deferiprone oral tablet 500 mg</i>	4	DSL = 30 days
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	4	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	4	DSL = 30 days
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	4	DSL = 30 days
FERRIPROX ORAL TABLET 500 MG ( <i>deferiprone</i> )	4	DSL = 30 days
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	4	DSL = 30 days
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	4	DSL = 30 days
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	4	DSL = 30 days
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	1	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>MELANOCORTIN RECEPTOR ANTAGONISTS</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	4	DSL = 30 days
SCENESSE SUBCUTANEOUS IMPLANT 16 MG ( <i>afamelanotide acetate</i> )	4	DSL = 30 days
<b>HORMONES AND SYNTHETIC SUBSTITUTES - Hormones</b>		
<b>ADRENALS - Hormones</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	4	DSL = 30 days
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	2	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	2	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )	2	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	2	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT ( <i>mometasone furoate</i> )	2	DSL = 30 days
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT ( <i>mometasone furoate</i> )	PV	DSL = 30 days
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	1	
<i>betamethasone sod phos &amp; acet suspension 6 (3-3) mg/ml injection</i>	1	
<i>breyndia inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	DSL = 30 days
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	DSL = 30 days
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML ( <i>methylprednisolone acetate</i> )	PV	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	1	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	4	DSL = 30 days
EOHILIA ORAL SUSPENSION 2 MG/10ML ( <i>budesonide</i> )	4	DSL = 30 days
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML ( <i>triamcinolone hexacetonide</i> )	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML ( <i>triamcinolone acetoneide</i> )	2	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG ( <i>methylprednisolone</i> )	PV	
MEDROL ORAL TABLET THERAPY PACK 4 MG ( <i>methylprednisolone</i> )	PV	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	PV	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	PV	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PV	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PV	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	PV	
<i>prednisone oral solution 5 mg/5ml</i>	PV	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PV	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PV	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG ( <i>prednisone</i> )	PV	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG ( <i>hydrocortisone sod succinate</i> )	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )	4	DSL = 30 days
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	2	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	4	DSL = 30 days
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
<b>AMYLINOMIMETICS - Drugs for Diabetes</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	PV	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>ANDROGENS - Hormones</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	2	
COVARYX HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	1	
COVARYX ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML ( <i>testosterone cypionate</i> )	2	
EEMT HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	1	
EEMT ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )	4	DSL = 30 days
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	
<i>testosterone transdermal solution 30 mg/act</i>	1	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )	2	
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes</b>		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	1	DSL = 30 days
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML ( <i>teplizumab-mzww</i> )	4	
<b>ANTIESTROGENS - Drugs for Women</b>		
<i>anastrozole oral tablet 1 mg</i>	PV	OC
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	PV	OC
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	PV	OC
<i>exemestane oral tablet 25 mg</i>	PV	OC



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	PV	OC
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	4	DSL = 30 days; OC
<i>letrozole oral tablet 2.5 mg</i>	PV	OC
<b>ANTIGONADTROPINS - Hormones</b>		
<i>fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	1	
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	4	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	4	DSL = 30 days
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	4	DSL = 30 days
ORLISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	4	DSL = 30 days
<b>ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	4	
<b>ANTIPARATHYROID AGENTS - Drugs for Bones</b>		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	DSL = 30 days
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	4	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	4	
<b>ANTITHYROID AGENTS - Drugs for the Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>BIGUANIDES - Drugs for Diabetes</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	PV	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	PV	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PV	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	PV	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PV	
<i>metformin hcl oral solution 500 mg/5ml</i>	PV	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PV	
<i>metformin hcl oral tablet 625 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PV	
RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )	PV	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
<b>CONTRACEPTIVES - Drugs for Women</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aftera oral tablet 1.5 mg</i>	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	PV	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	PV	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PV	
<i>camila oral tablet 0.35 mg</i>	PV	
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	PV	
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	PV	
<i>curae oral tablet 1.5 mg</i>	PV	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>deblitane oral tablet 0.35 mg</i>	PV	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	PV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>dolishale oral tablet 90-20 mcg</i>	PV	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
<i>econtra one-step oral tablet 1.5 mg</i>	PV	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	PV	
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	PV	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	PV	
<i>errin oral tablet 0.35 mg</i>	PV	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	

<b>Nombre del medicamento recetado</b>	<b>Nivel</b>	<b>Requisitos/límites de cobertura</b>
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>heather oral tablet 0.35 mg</i>	PV	
<i>her style oral tablet 1.5 mg</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
<i>incassia oral tablet 0.35 mg</i>	PV	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	
<i>jaimiess oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jencycla oral tablet 0.35 mg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (levonorgestrel)</b>	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG ( <i>norethin ace-eth estrad-fe</i> )	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG ( <i>norethin ace-eth estrad-fe</i> )	PV	
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	PV	
<i>loryna oral tablet 3-0.02 mg</i>	PV	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	PV	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	PV	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	PV	
<i>lyleq oral tablet 0.35 mg</i>	PV	
<i>lyza oral tablet 0.35 mg</i>	PV	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	PV	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	PV	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	PV	
<i>my choice oral tablet 1.5 mg</i>	PV	
<i>my way oral tablet 1.5 mg</i>	PV	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>new day oral tablet 1.5 mg</i>	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	PV	
<i>nikki oral tablet 3-0.02 mg</i>	PV	
<i>nora-be oral tablet 0.35 mg</i>	PV	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone oral tablet 0.35 mg</i>	PV	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>norlyroc oral tablet 0.35 mg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
nymyo oral tablet 0.25-35 mg-mcg	PV	
ocella oral tablet 3-0.03 mg	PV	
opcicon one-step oral tablet 1.5 mg	PV	
option 2 oral tablet 1.5 mg	PV	
philith oral tablet 0.4-35 mg-mcg	PV	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
react oral tablet 1.5 mg	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
sharobel oral tablet 0.35 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 & 0.01 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (levonorgestrel)	PV	
SLYND ORAL TABLET 4 MG (drospirenone)	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
take action oral tablet 1.5 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes</b>		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PV	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PV	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	PV	
<b>ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women</b>		
FARESTON ORAL TABLET 60 MG ( <i>toremifene citrate</i> )	PV	OC

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	PV	
<i>raloxifene hcl oral tablet 60 mg</i>	PV	
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	PV	OC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	PV	OC
<i>toremifene citrate oral tablet 60 mg</i>	PV	OC
<b>ESTROGENS - Drugs for Women</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	PV	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amabelz oral tablet 0.5-0.1 mg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	PV	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	PV	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	PV	
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	PV	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	PV	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	PV	
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	PV	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	PV	
<i>dolishale oral tablet 90-20 mcg</i>	PV	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	1	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	PV	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	PV	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	PV	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PV	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM (estradiol)	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PV	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PV	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>jaimiess oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jinteli oral tablet 1-5 mg-mcg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp;0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)</b>	PV	
<b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acet-ethinyl est)</b>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acet-ethinyl est)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (norethin ace-eth estrad-fe)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (norethin ace-eth estrad-fe)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	PV	
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin 24 fe oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
mimvey oral tablet 1-0.5 mg	PV	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol- norethind)	4	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate- dienogest)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone- estetrol)	PV	
nikki oral tablet 3-0.02 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ocella oral tablet 3-0.03 mg</i>	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	4	DSL = 30 days
<i>philith oral tablet 0.4-35 mg-mcg</i>	PV	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	PV	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	PV	
<i>rivelsa oral tablet 42-21-21-7 days</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	PV	
<i>setlakin oral tablet 0.15-0.03 mg</i>	PV	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	PV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PV	
<i>syeda oral tablet 3-0.03 mg</i>	PV	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	PV	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	PV	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
<b>GLYCOGENOLYTIC AGENTS - Hormones</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	2	
<i>glucagon emergency kit injection kit 1 mg</i>	PV	
<b>GONADOTROPINS - Hormones</b>		
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	2	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	4	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	2	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <i>leuprolide acetate</i> )	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	2	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (3 month)</i> )	2	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	4	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	2	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	2	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate (cpp)</i> )	4	
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	4	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	4	
<b>INCRETIN MIMETICS - Drugs for Diabetes</b>		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide</i> )	4	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	2	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	2	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	4	DSL = 30 days
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	4	DSL = 30 days
<b>INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PV	
<b>LEPTINS - Hormones</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	4	DSL = 30 days
<b>LONG-ACTING INSULINS - Drugs for Diabetes</b>		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PV	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PV	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	PV	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	PV	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	2	
<b>MEGLITINIDES - Drugs for Diabetes</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PV	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>PARATHYROID AGENTS - Drugs for Bones</b>		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	4	DSL = 30 days
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	DSL = 30 days
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	4	DSL = 30 days
<b>PITUITARY - Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	DSL = 30 days
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML ( <i>somatogon-ghla</i> )	4	DSL = 30 days
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	2	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	4	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG ( <i>lonapegsomatropin-tcgd</i> )	4	DSL = 30 days
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML ( <i>somapacitan-beco</i> )	4	DSL = 30 days
<b>PROGESTINS - Drugs for Women</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	PV	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aftera oral tablet 1.5 mg</i>	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amabelz oral tablet 0.5-0.1 mg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	PV	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	PV	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PV	
<i>camila oral tablet 0.35 mg</i>	PV	
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	PV	
<i>camrese oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	PV	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	PV	
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PV	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	PV	
<i>curae oral tablet 1.5 mg</i>	PV	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>daysee oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>deblitane oral tablet 0.35 mg</i>	PV	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	PV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>dolishale oral tablet 90-20 mcg</i>	PV	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
<i>econtra one-step oral tablet 1.5 mg</i>	PV	
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	PV	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	PV	
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	PV	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	PV	
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	PV	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	PV	
<i>errin oral tablet 0.35 mg</i>	PV	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PV	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG ( <i>progesterone</i> )	PV	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	

<b>Nombre del medicamento recetado</b>	<b>Nivel</b>	<b>Requisitos/límites de cobertura</b>
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>heather oral tablet 0.35 mg</i>	PV	
<i>her style oral tablet 1.5 mg</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
<i>incassia oral tablet 0.35 mg</i>	PV	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	
<i>jaimiess oral tablet 0.15-0.03 &amp;0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jencycla oral tablet 0.35 mg</i>	PV	
<i>jinteli oral tablet 1-5 mg-mcg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (levonorgestrel)</b>	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG ( <i>norethin ace-eth estrad-fe</i> )	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG ( <i>norethin ace-eth estrad-fe</i> )	PV	
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	PV	
<i>loryna oral tablet 3-0.02 mg</i>	PV	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	PV	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	PV	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	PV	
<i>lyleq oral tablet 0.35 mg</i>	PV	
<i>lyza oral tablet 0.35 mg</i>	PV	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	PV	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PV	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PV	
<i>mimvey oral tablet 1-0.5 mg</i>	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	PV	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	PV	
<i>my choice oral tablet 1.5 mg</i>	PV	
<i>my way oral tablet 1.5 mg</i>	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	4	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>new day oral tablet 1.5 mg</i>	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	PV	
<i>nikki oral tablet 3-0.02 mg</i>	PV	
<i>nora-be oral tablet 0.35 mg</i>	PV	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acetate oral tablet 5 mg</i>	PV	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone oral tablet 0.35 mg</i>	PV	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>norlyroc oral tablet 0.35 mg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ocella oral tablet 3-0.03 mg</i>	PV	
<i>opcicon one-step oral tablet 1.5 mg</i>	PV	
<i>option 2 oral tablet 1.5 mg</i>	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	4	DSL = 30 days
<i>philith oral tablet 0.4-35 mg-mcg</i>	PV	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	PV	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
<i>progesterone intramuscular oil 50 mg/ml</i>	PV	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	PV	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PV	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone)	PV	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	PV	
<i>react oral tablet 1.5 mg</i>	PV	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	PV	
<i>rivelsa oral tablet 42-21-21-7 days</i>	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	PV	
<i>setlakin oral tablet 0.15-0.03 mg</i>	PV	
<i>sharobel oral tablet 0.35 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	PV	
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	PV	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	PV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PV	
<i>syeda oral tablet 3-0.03 mg</i>	PV	
<i>take action oral tablet 1.5 mg</i>	PV	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	PV	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	PV	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	PV	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
<b>RAPID-ACTING INSULINS - Drugs for Diabetes</b>		
ADMELOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	PV	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	PV	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )	PV	
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	PV	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PV	
FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PV	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PV	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PV	
HUMALOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	PV	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PV	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PV	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PV	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PV	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	PV	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	PV	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	PV	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	PV	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	PV	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PV	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PV	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PV	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PV	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PV	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PV	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PV	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PV	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PV	
<b>SHORT-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PV	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	PV	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PV	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PV	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PV	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PV	
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes</b>		
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	2	
<b>SOMATOSTATIN AGONISTS - Hormones</b>		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	4	DSL = 30 days
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )	4	DSL = 30 days
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	4	DSL = 30 days
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	4	DSL = 30 days
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspartate</i> )	4	DSL = 30 days
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>SOMATOTROPIN AGONISTS - Hormones</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG ( <i>tesamorelin acetate</i> )	4	DSL = 30 days
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	4	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	2	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	4	
<b>SOMATOTROPIN ANTAGONISTS - Hormones</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	4	DSL = 30 days
<b>SULFONYLUREAS - Drugs for Diabetes</b>		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	PV	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PV	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PV	
<i>glipizide oral tablet 2.5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG ( <i>glipizide</i> )	PV	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	PV	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PV	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PV	
<b>THIAZOLIDINEDIONES - Drugs for Diabetes</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	PV	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	PV	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PV	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PV	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PV	
<b>THYROID AGENTS - Drugs for the Thyroid</b>		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<b>LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing</b>		
<b>LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing</b>		
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	1	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	1	
<i>bupivacaine hcl solution 0.25 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	1	
<i>bupivacaine hcl solution 0.5 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	1	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	1	
<i>lidocaine hcl injection solution 0.5 %</i>	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	1	
<i>lidocaine hcl solution 1 % injection</i>	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	1	
<i>lidocaine hcl solution 2 % injection</i>	1	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 % ( <i>bupivacaine hcl</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % ( <i>bupivacaine hcl</i> )	1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % ( <i>bupivacaine hcl</i> )	2	
SENSORCAINE-MPF INJECTION SOLUTION 0.5 %, 0.75 % ( <i>bupivacaine hcl</i> )	1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 1 mg, 5 mg</i>	1	
<b>ALCOHOL DETERRENTS - Drugs for Alcohol Dependence</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	2	
<b>ANTIDOTES - Drugs for Overdose or Poisoning</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML ( <i>sugammadex sodium</i> )	2	
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	4	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED ( <i>crotalidae polyval immune fab</i> )	2	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	1	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG ( <i>digoxin immune fab</i> )	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )	PV	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>glucagon emergency kit injection kit 1 mg</i>	PV	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG ( <i>levoleucovorin</i> )	PV	DSL = 30 days
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PV	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	PV	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	PV	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PV	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	PV	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	PV	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
<i>phytonadione oral tablet 5 mg</i>	PV	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
REVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )	PV	
REVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )	PV	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PV	
<i>sevelamer carbonate oral tablet 800 mg</i>	PV	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PV	
<i>sodium polystyrene sulfonate oral powder</i>	1	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	4	DSL = 30 days
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>glucarpidase</i> )	PV	DSL = 30 days
<b>ANTIGOUT AGENTS - Drugs for Gout</b>		
ALEVE ORAL TABLET 220 MG ( <i>naproxen sodium</i> )	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PV	
ALLOPURINOL ORAL TABLET 200 MG	PV	
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	PV	
<i>colchicine oral capsule 0.6 mg</i>	PV	
<i>colchicine oral tablet 0.6 mg</i>	PV	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG ( <i>naproxen</i> )	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PV	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML ( <i>colchicine</i> )	PV	DSL = 30 days
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	PV	DSL = 30 days
<i>indomethacin er oral capsule extended release 75 mg</i>	PV	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PV	
<i>indomethacin oral suspension 25 mg/5ml</i>	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
<i>indomethacin rectal suppository 50 mg</i>	PV	DSL = 30 days
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )	PV	
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> )	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	PV	
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	PV	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>probenecid oral tablet 500 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	PV	
<b>ANTISENSE OLIGONUCLEOTIDES</b>		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML ( <i>etepirsen</i> )	4	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML ( <i>tofersen</i> )	4	DSL = 30 days
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML ( <i>nusinersen</i> )	4	DSL = 30 days
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	4	DSL = 30 days
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML ( <i>viltolarsen</i> )	4	DSL = 30 days
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML ( <i>golodirsen</i> )	4	DSL = 30 days
<b>BONE ANABOLIC AGENTS</b>		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	4	DSL = 30 days
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	4	DSL = 30 days
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	DSL = 30 days
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	4	DSL = 30 days
<b>BONE RESORPTION INHIBITORS - Drugs for Bone Loss</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	DSL = 30 days
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	2	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	PV	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>estradiol</i> )	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM ( <i>estradiol</i> )	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PV	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	PV	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG ( <i>esterified estrogens</i> )	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	PV	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	2	
<i>raloxifene hcl oral tablet 60 mg</i>	PV	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	PV	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (denosumab)	4	DSL = 30 days
yuvaferm vaginal tablet 10 mcg	1	
zoledronic acid intravenous concentrate 4 mg/5ml	1	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	1	
<b>BRADYKININ RECEPTOR ANTAGONISTS</b>		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
<b>CARBONIC ANHYDRASE INHIBITORS (MISC.)</b>		
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
<b>CARIOSTATIC AGENTS - Vitamins and Fluoride</b>		
adclif (0.5mg/ml) oral solution 0.5 mg/ml	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	PV	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	PV	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	PV	
easygel dental gel 0.4 %	PV	
fluoridex daily renewal mouth/throat concentrate 0.63 %	PV	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	PV	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	PV	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	PV	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	PV	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	PV	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	PV	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	PV	
sf 5000 plus dental cream 1.1 %	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>sf dental gel 1.1 %</i>	PV	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	PV	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	PV	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	PV	
<i>sodium fluoride dental cream 1.1 %</i>	PV	
<i>sodium fluoride dental gel 1.1 %</i>	PV	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	PV	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	PV	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	PV	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % ( <i>sodium fluoride</i> )	PV	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	4	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG ( <i>iptacopan hcl</i> )	4	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	4	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML ( <i>eculizumab</i> )	4	
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	4	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML ( <i>ravulizumab-cwvz</i> )	4	
VEOPOZ INJECTION SOLUTION 400 MG/2ML ( <i>pezelimab-bbfg</i> )	4	DSL = 30 days
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML ( <i>zilucoplan sodium</i> )	4	DSL = 30 days
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	4	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	4	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
ARAVAL ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	4	DSL = 30 days
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML ( <i>secukinumab</i> )	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )	4	DSL = 30 days
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	4	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	4	DSL = 30 days
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	4	
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	4	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	4	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	4	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	4	DSL = 30 days
<i>leflunomide oral tablet 10 mg, 20 mg</i>	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )	4	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	4	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )	4	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	2	
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	4	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	4	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-arrx</i> )	4	DSL = 30 days
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	4	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG ( <i>upadacitinib</i> )	4	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	2	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	DSL = 30 days; OC
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	4	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	4	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	4	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML ( <i>adalimumab-aqvh</i> )	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )	4	
<b>IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	4	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	4	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	4	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML ( <i>interferon gamma-1b</i> )	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML ( <i>adalimumab-atto</i> )	4	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	DSL = 30 days
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	4	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	4	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	4	DSL = 30 days
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	4	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	2	DSL = 30 days
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML ( <i>ublituximab-xiiy</i> )	4	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	4	DSL = 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML ( <i>glatiramer acetate</i> )	4	DSL = 30 days
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	4	DSL = 30 days
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	DSL = 30 days
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	4	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	4	DSL = 30 days
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	4	DSL = 30 days
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	2	DSL = 30 days
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	4	DSL = 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	4	DSL = 30 days
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	4	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	4	DSL = 30 days
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	4	DSL = 30 days
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</i> )	4	DSL = 30 days
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	4	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	4	DSL = 30 days
<i>leflunomide oral tablet 10 mg, 20 mg</i>	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML ( <i>alemtuzumab</i> )	4	DSL = 30 days
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	DSL = 30 days; OC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	4	
MAYZENT ORAL TABLET 0.25 MG, 2 MG ( <i>siponimod fumarate</i> )	4	
MAYZENT ORAL TABLET 1 MG ( <i>siponimod fumarate</i> )	4	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	4	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	2	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML ( <i>ocrelizumab</i> )	4	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	4	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )	4	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	4	DSL = 30 days; OC
PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )	4	DSL = 30 days
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )	4	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT ( <i>aldesleukin</i> )	4	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	4	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	4	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	4	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	4	
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	4	
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	2	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML ( <i>rozanolixizumab-noli</i> )	4	DSL = 30 days
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	4	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG ( <i>hydroxychloroquine sulfate</i> )	PV	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG ( <i>fingolimod lauryl sulfate</i> )	4	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	4	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ( <i>dimethyl fumarate</i> )	4	DSL = 30 days
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	4	DSL = 30 days; OC
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	4	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML ( <i>inebilizumab-cdon</i> )	4	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG ( <i>etrasimod arginine</i> )	4	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	4	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML ( <i>efgartigimod alfa-hyalur-qvfc</i> )	4	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML ( <i>efgartigimod alfa-fcab</i> )	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	DSL = 30 days; OC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML ( <i>adalimumab-aqvh</i> )	4	DSL = 30 days
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	4	DSL = 30 days
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	4	DSL = 30 days
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> )	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )	4	
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant</b>		
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	4	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	4	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML ( <i>lymphocyte,anti-thymo imm glob</i> )	2	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	4	DSL = 30 days
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	4	DSL = 30 days
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	2	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML ( <i>emapalumab-lzsg</i> )	4	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )	4	DSL = 30 days
<i>leflunomide oral tablet 10 mg, 20 mg</i>	4	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	4	DSL = 30 days
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	4	
<i>mercaptopurine oral tablet 50 mg</i>	4	OC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	2	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>belatacept</i> )	4	
<i>pimecrolimus external cream 1 %</i>	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML ( <i>tacrolimus</i> )	2	
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	4	DSL = 30 days; OC
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML ( <i>anifrolumab-fnia</i> )	4	DSL = 30 days
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG ( <i>basiliximab</i> )	4	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG ( <i>anti-thymocyte glob (rabbit)</i> )	4	
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	DSL = 30 days; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )	4	
<b>KALLIKREIN INHIBITORS</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>lanadelumab-flyo</i> )	4	DSL = 30 days
<b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	4	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	4	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	4	DSL = 30 days
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML ( <i>eculizumab</i> )	4	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	4	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	4	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML ( <i>ravulizumab-cwvz</i> )	4	
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACUNOL ORAL TABLET ( <i>homeopathic products</i> )	PV	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	4	DSL = 30 days
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>vutrisiran sodium</i> )	4	DSL = 30 days
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	4	
<i>betaine oral powder</i>	1	DSL = 30 days
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>onabotulinumtoxinA (cosmetic)</i> )	2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxinA</i> )	2	
<i>bp vit 3 oral capsule 1 mg</i>	1	
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	4	DSL = 30 days
<i>coenzyme q-10 oral capsule 200 mg, 30 mg</i>	1	
<i>coenzyme q10 oral capsule 50 mg</i>	1	
COLCIGEL EXTERNAL GEL ( <i>homeopathic products</i> )	PV	
COLD-EEZE MOUTH/THROAT LOZENGE ( <i>homeopathic products</i> )	PV	
COLD-EEZE PLUS COLD & FLU MOUTH/THROAT LOZENGE ( <i>homeopathic products</i> )	PV	
COLD-EEZE PLUS DEFENSE MOUTH/THROAT LOZENGE ( <i>homeopathic products</i> )	PV	
<i>coq10 oral capsule 200 mg</i>	1	
CYSTADANE ORAL POWDER ( <i>betaine</i> )	4	DSL = 30 days
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	2	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	DSL = 30 days
ECZEMOL ORAL TABLET ( <i>homeopathic products</i> )	PV	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	2	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	4	DSL = 30 days
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	4	DSL = 30 days
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	4	
<i>fish oil high potency oral capsule 1000 mg</i>	1	
<i>fish oil oral capsule 1000 mg, 500 mg</i>	1	
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	4	DSL = 30 days
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML ( <i>givosiran sodium</i> )	4	DSL = 30 days
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	4	DSL = 30 days
ISTURISA ORAL TABLET 1 MG, 5 MG ( <i>osilodrostat phosphate</i> )	4	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG ( <i>sapropterin dihydrochloride</i> )	4	DSL = 30 days
KUVAN ORAL PACKET 100 MG ( <i>sapropterin dihydrochloride</i> )	4	DSL = 30 days
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	1	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	1	
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	1	
<i>l-methylfolate-algae oral capsule 15-90.314 mg</i>	1	
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	1	
<i>me/naphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	4	DSL = 30 days
MORCIN EXTERNAL CREAM	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )	PV	
MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )	PV	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML ( <i>rimabotulinumtoxinb</i> )	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	DSL = 30 days
<i>nitisinone oral capsule 20 mg</i>	1	DSL = 30 days
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG ( <i>fosdenopterin hydrobromide</i> )	4	DSL = 30 days
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	1	
<i>omega-3 fish oil oral capsule 1000 mg</i>	1	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML ( <i>patisiran sodium</i> )	4	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	4	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	4	DSL = 30 days
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	1	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	2	
PRID EXTERNAL OINTMENT ( <i>homeopathic products</i> )	PV	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	DSL = 30 days
PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	DSL = 30 days
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG ( <i>homeopathic products</i> )	PV	
PSORIZIDE ULTRA ORAL TABLET ( <i>homeopathic products</i> )	PV	
REBYOTA RECTAL SUSPENSION 150 ML ( <i>fecal microbiota, live-jslm</i> )	4	
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	4	DSL = 30 days
RIMSO-50 INTRAVESICAL SOLUTION 50 % ( <i>dimethyl sulfoxide</i> )	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML ( <i>nedosiran sodium</i> )	4	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML ( <i>nedosiran sodium</i> )	4	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	DSL = 30 days
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	DSL = 30 days
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	4	DSL = 30 days
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )	4	DSL = 30 days
SPEEDGEL RX EXTERNAL GEL ( <i>homeopathic products</i> )	PV	
STREPTOCOCCINUM 30C SUBLINGUAL PELLET	PV	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	2	
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	2	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>tiopronin oral tablet 100 mg</i>	1	
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	DSL = 30 days
TRANZGEL EXTERNAL GEL ( <i>homeopathic products</i> )	PV	
TRAUMEEL EXTERNAL OINTMENT ( <i>homeopathic products</i> )	PV	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG ( <i>alpelisib</i> )	4	DSL = 30 days
VOWST ORAL CAPSULE ( <i>fecal microb spores, live-brpk</i> )	4	DSL = 30 days
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	4	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	4	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	4	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT ( <i>incobotulinumtoxina</i> )	4	
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	4	DSL = 30 days
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	4	DSL = 30 days
ZEEL ARTHRITIS PAIN RELIEF EXTERNAL OINTMENT ( <i>homeopathic products</i> )	PV	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	4	DSL = 30 days
<b>PROTECTIVE AGENTS</b>		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>trilaciclib dihydrochloride</i> )	PV	DSL = 30 days
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	PV	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	PV	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>amifostine</i> )	PV	
<i>mesna intravenous solution 100 mg/ml</i>	PV	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML ( <i>mesna</i> )	PV	
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	PV	DSL = 30 days; OC
<b>NONHORMONAL CONTRACEPTIVES - Drugs for Women</b>		
<b>NONHORMONAL CONTRACEPTIVES - Drugs for Women</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	PV	
CONDOMS	PV	
DUREX EXTRA SENSITIVE THIN DEVICE ( <i>condoms latex lubricated</i> )	PV	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	PV	
FEMCAP VAGINAL DEVICE 26 MM ( <i>cervical caps</i> )	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	PV	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	PV	
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	PV	
<b>OXYTOCICS - Drugs for Women</b>		
<b>OXYTOCICS - Drugs for Women</b>		
CERVIDIL VAGINAL INSERT 10 MG ( <i>dinoprostone</i> )	2	
<i>methergine oral tablet 0.2 mg</i>	1	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	
MIFEPREX ORAL TABLET 200 MG ( <i>mifepristone</i> )	PV	
<i>mifepristone oral tablet 200 mg</i>	PV	
PREPIDIL VAGINAL GEL 0.5 MG/3GM ( <i>dinoprostone</i> )	2	
<b>RESPIRATORY TRACT AGENTS - Drugs for the Lungs</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD</b>		
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	1	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ft nasal decongestant max str oral tablet 30 mg</i>	1	
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	1	
<i>nasal decongestant oral tablet 30 mg</i>	1	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	1	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest maximum strength oral tablet 30 mg</i>	1	
<i>sudogest oral tablet 30 mg</i>	1	
<b>ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD</b>		
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	PV	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	PV	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PV	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PV	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
<b>ANTIFIBROTIC AGENTS - Drugs for the Lungs</b>		
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	4	DSL = 30 days
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	4	DSL = 30 days
<i>pirfenidone oral capsule 267 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 534 mg</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	4	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML ( <i>mepolizumab</i> )	4	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>ANTITUSSIVES - Drugs for Cough and Cold</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	DSL = 30 days
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>cough dm oral suspension extended release 30 mg/5ml</i>	1	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	1	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft cold &amp; cough relief dm oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense day time cold &amp; flu oral capsule 10-5-325 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs</b>		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	4	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	4	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	4	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	4	DSL = 30 days
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs</b>		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	4	DSL = 30 days
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	4	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	4	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	4	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	4	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	4	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	4	DSL = 30 days
<b>ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	DSL = 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	4	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	4	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	4	DSL = 30 days
<b>EXPECTORANTS - Drugs for the Lungs</b>		
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	1	
<i>chest congestion relief oral liquid 100 mg/5ml</i>	1	
<i>chest congestion relief oral tablet 400 mg</i>	1	
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	1	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	1	
<i>ft chest congestion relief oral tablet 400 mg</i>	1	
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	1	
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	1	
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>ft tussin adult oral liquid 200 mg/10ml</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	1	
<i>geri-tussin oral syrup 100 mg/5ml</i>	1	
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	1	
<i>goodsense mucus relief oral tablet 400 mg</i>	1	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	1	
<i>guaifenesin oral liquid 100 mg/5ml</i>	1	
<i>guaifenesin oral tablet 400 mg</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	1	
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	1	
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	1	
<i>mucus relief oral tablet 400 mg</i>	1	
<i>mucus+chest congestion oral liquid 200 mg/10ml</i>	1	
<i>potassium iodide oral solution 1 gm/ml</i>	1	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
SSKI ORAL SOLUTION 1 GM/ML ( <i>potassium iodide (expectorant)</i> )	2	
<i>tusnel-ex oral liquid 100 mg/5ml</i>	1	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	1	
<i>tussin mucus &amp; chest congest oral liquid 100 mg/5ml</i>	1	
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML ( <i>promethazine hcl</i> )	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
<b>INTERLEUKIN ANTAGONISTS - Drugs for Inflammation</b>		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML ( <i>reslizumab</i> )	4	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	4	DSL = 30 days
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	4	DSL = 30 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	4	
<b>LEUKOTRIENE MODIFIERS - Drugs for Inflammation</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG ( <i>zafirlukast</i> )	PV	
<i>montelukast sodium oral packet 4 mg</i>	PV	
<i>montelukast sodium oral tablet 10 mg</i>	PV	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PV	
SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )	PV	
SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )	PV	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )	PV	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PV	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	4	DSL = 30 days
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	4	
<b>MAST-CELL STABILIZERS - Drugs for Inflammation</b>		
ALOCRILOPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )	2	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PV	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML ( <i>cromolyn sodium</i> )	4	
<b>MUCOLYTIC AGENTS - Drugs for the Lungs</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % ( <i>sodium chloride</i> )	1	
<i>nasal moisturizing spray nasal solution 0.65 %</i>	1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % ( <i>sodium chloride</i> )	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	4	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<b>NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	1	
<b>ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	DSL = 30 days
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
<i>alyq oral tablet 20 mg</i>	4	DSL = 30 days
LIQREV ORAL SUSPENSION 10 MG/ML ( <i>sildenafil citrate</i> )	4	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	4	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	4	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	4	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	4	
<i>sildenafil citrate oral tablet 25 mg</i>	1	
<i>tadalafil (pah) oral tablet 20 mg</i>	4	DSL = 30 days
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES - Drugs for the Lungs</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	4	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	4	DSL = 30 days
<b>PULMONARY SURFACTANTS - Drugs for the Lungs</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML ( <i>poractant alfa</i> )	2	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% ( <i>beractant in nacl</i> )	2	
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	2	DSL = 30 days
BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	4	DSL = 30 days
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	4	DSL = 30 days
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	4	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML ( <i>alpha1-proteinase inhibitor</i> )	4	DSL = 30 days
<i>pirfenidone oral capsule 267 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 534 mg</i>	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML ( <i>omalizumab</i> )	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>omalizumab</i> )	4	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	4	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	4	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> )	4	DSL = 30 days
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy</b>		
<i>12hr allergy relief oral tablet 60 mg</i>	1	
<i>24hr allergy relief oral tablet 180 mg</i>	1	
<i>allergy (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	1	
<i>allergy 24-hr oral tablet 180 mg</i>	1	
<i>allergy childrens oral solution 5 mg/5ml</i>	1	
<i>allergy childrens oral suspension 30 mg/5ml</i>	1	
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	1	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	1	
<i>allergy relief oral tablet 10 mg, 180 mg</i>	1	
<i>allergy relief indoor/outdoor oral tablet 10 mg, 180 mg</i>	1	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>cetirizine hcl oral tablet chewable 10 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	1	
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	1	
<i>ft all day allergy oral tablet 10 mg</i>	1	
<i>ft all day allergy relief oral tablet 10 mg</i>	1	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	1	
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	1	
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	1	
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	1	
<i>ft allergy relief loratadine oral tablet 10 mg</i>	1	
<i>ft allergy relief oral tablet 180 mg</i>	1	
<i>goodsense aller-ease oral tablet 180 mg</i>	1	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral tablet chewable 5 mg</i>	1	
<i>loratadine oral solution 5 mg/5ml</i>	1	
<i>loratadine oral tablet 10 mg</i>	1	
<i>loratadine oral tablet dispersible 10 mg</i>	1	
<i>sm fexofenadine hcl oral tablet 180 mg</i>	1	
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PV	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PV	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PV	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate (sensor)</i> )	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	2	
<i>terbutaline sulfate injection solution 1 mg/ml</i>	PV	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PV	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PV	
<b>VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	4	DSL = 30 days
<i>alyq oral tablet 20 mg</i>	4	DSL = 30 days
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	DSL = 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	DSL = 30 days
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	4	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	4	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	4	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	4	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	4	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	4	
<i>sildenafil citrate oral tablet 25 mg</i>	1	
<i>tadalafil (pah) oral tablet 20 mg</i>	4	DSL = 30 days
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	4	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	4	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	4	DSL = 30 days
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG ( <i>treprostinil</i> )	4	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	4	DSL = 30 days
<b>VASODILATING AGENTS, MISC - Drugs for the Lungs</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	4	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	4	DSL = 30 days
<b>XANTHINE DERIVATIVES - Drugs for Asthma/COPD</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTIPROLIFERANTS</b>		
<i>bexarotene oral capsule 75 mg</i>	4	OC
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	4	OC
<b>SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin</b>		
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>athletes foot (terbinafine) external cream 1 %</i>	1	
<i>ft athletes foot (terbinafine) external cream 1 %</i>	1	
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>antibiotic external ointment 500 unit/gm</i>	1	
<i>AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)</i>	1	
<i>bacitracin external ointment 500 unit/gm</i>	1	
<i>bacitracin zinc external ointment 500 unit/gm</i>	1	
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
<i>dapsone external gel 5 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>goodsense first aid antibiotic external ointment</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
<i>sss 10-5 external cream 10-5 %</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
<b>SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)</b>	1	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	1	
<i>triple antibiotic pain relief external ointment 1 %</i>	1	
<i>triple antibiotic+pain relief external ointment 1 %</i>	1	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin</b>		
<b>AGONEAZE EXTERNAL KIT 2.5-2.5 %</b>	1	
<i>ana-lex rectal kit 2-2 %</i>	1	
<b>ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)</b>	1	
<b>ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)</b>	1	
<b>ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)</b>	2	
<b>ANODYNE LPT EXTERNAL KIT 2.5-2.5 %</b>	1	
<i>dibucaine (perianal) external ointment 1 %</i>	1	
<b>DICLONA EXTERNAL GEL 1-4.5 %</b>	4	DSL = 30 days
<i>doxepin hcl external cream 5 %</i>	1	
<i>ethyl chloride external aerosol</i>	1	
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
<i>instant oral pain relief max mouth/throat gel 20 %</i>	1	
LIDO BDK EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine</i> )	1	
<i>lidocaine external cream 4 %</i>	1	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external cream 3 %, 4 %</i>	1	
<i>lidocaine hcl external lotion 3 %</i>	1	
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine pain relief max st external cream 4 %</i>	1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	1	
<i>lidopin external cream 3 %</i>	1	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine</i> )	1	
<i>pain relieving + lidocaine external cream 4 %</i>	1	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % ( <i>pramoxine-hc</i> )	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
<i>premium lidocaine external ointment 5 %</i>	1	
PRILOVIX EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX LITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX LITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	1	
RELADOR PAK EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine</i> )	1	
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine</i> )	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>triple antibiotic pain relief external ointment 1 %</i>	1	
<i>triple antibiotic+pain relief external ointment 1 %</i>	1	
<i>urinary pain relief oral tablet 95 mg</i>	1	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>docosanol external cream 10 %</i>	1	
<i>ft docosanol external cream 10 %</i>	1	
<i>penciclovir external cream 1 %</i>	1	
<b>ASTRINGENTS - Drugs for the Skin</b>		
<i>astringent external packet</i>	1	
<i>boudreauxs butt paste external ointment 40 %</i>	1	
<i>calamine external lotion 8-8 %</i>	1	
<i>diaper rash external ointment 40 %</i>	1	
DRYSOL EXTERNAL SOLUTION 20 % ( <i>aluminum chloride</i> )	2	
XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )	2	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>antifungal external cream 2 %</i>	1	
<i>antifungal external powder 2 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole vaginal cream 1 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
<i>ft antifungal external cream 2 %</i>	1	
<i>ft miconazole 7 vaginal cream 2 %</i>	1	
<i>ft tioconazole-1 vaginal ointment 6.5 %</i>	1	
<i>keetoconazole external cream 2 %</i>	1	
<i>keetoconazole external foam 2 %</i>	1	
<i>keetoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
<i>micaderm external cream 2 %</i>	1	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>miconazole 7 vaginal cream 2 %</i>	1	
<i>miconazole 7 vaginal suppository 100 mg</i>	1	
<i>miconazole nitrate external cream 2 %</i>	1	
<i>miconazorb af external powder 2 %</i>	1	
<i>oxiconazole nitrate external cream 1 %</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<b>BASIC LOTIONS AND LINIMENTS - Drugs for the Skin</b>		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
<i>lactic acid external lotion 10 %</i>	1	
<i>methyl salicylate external liquid</i>	1	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG ( <i>diclofenac sodium-liniment</i> )	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG ( <i>diclofenac sodium-liniment</i> )	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG ( <i>etodolac-liniment</i> )	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG ( <i>ibuprofen-liniment</i> )	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG ( <i>meloxicam-liniment</i> )	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG ( <i>nabumetone-liniment</i> )	PV	
<i>turpentine external spirit</i>	1	
<i>urea hydrating external foam 35 %</i>	1	
<b>BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin</b>		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
<b>BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin</b>		
AQUA-NU EXTERNAL OINTMENT ( <i>emollient</i> )	2	
AQUAPHILIC EXTERNAL OINTMENT ( <i>emollient</i> )	2	
<i>calamine external lotion 8-8 %</i>	1	
<i>hydrocortisone external cream 1 %</i>	1	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
VANICREAM EXTERNAL OINTMENT ( <i>emollient</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>BASIC POWDERS AND DEMULCENTS - Drugs for the Skin</b>		
<i>benzoin compound external tincture</i>	1	
<i>benzoin external tincture</i>	1	
<b>CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin</b>		
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG ( <i>palifermin</i> )	4	DSL = 30 days
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % ( <i>tretinoin</i> )	2	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % ( <i>tretinoin</i> )	2	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % ( <i>tretinoin microsphere</i> )	4	DSL = 30 days
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>ana-lex rectal kit 2-2 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	1	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG ( <i>hydrocortisone acetate</i> )	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>budesonide rectal foam 2 mg</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	DSL = 30 days
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	2	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	2	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>goodsense anti-itch max str external cream 1 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external foam 0.05 %</i>	1	DSL = 30 days
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )	4	DSL = 30 days
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG ( <i>hydrocortisone acetate</i> )	1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone acetate external cream 1 %</i>	1	
<i>hydrocortisone acetate external ointment 1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone anti-itch external cream 1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % ( <i>pramoxine-hc</i> )	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	1	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	
<i>tovet external foam 0.05 %</i>	1	
<i>triamcinolone acetone external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetone external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetone external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetone external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetone mouth/throat paste 0.1 %</i>	1	
<i>triamcinolone in absorbbase external ointment 0.05 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	4	DSL = 30 days
WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>DEPIGMENTING AGENTS - Drugs for the Skin</b>		
<i>blanche external cream 4 %</i>	1	
<i>hydroquinone external cream 4 %</i>	1	
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
<b>IMMUNOMODULATORY AGENT(S) - Drugs for the Skin</b>		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	4	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML ( <i>bimekizumab-bkzx</i> )	4	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	2	
HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )	4	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	4	
<i>pimecrolimus external cream 1 %</i>	1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	4	DSL = 30 days
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	4	
<b>KERATOLYTIC AGENTS - Drugs for the Skin</b>		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	4	
<i>corn &amp; callus remover external liquid 17 %</i>	1	
<i>goodsense liquid wart remover external liquid 17 %</i>	1	
KERALYT EXTERNAL GEL 6 % ( <i>salicylic acid</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>salicylic acid er external solution 28.5 %</i>	1	
<i>salicylic acid external foam 6 %</i>	1	
<i>salicylic acid external gel 6 %</i>	1	
<i>salicylic acid external ointment 3 %</i>	1	
<i>salicylic acid external shampoo 6 %</i>	1	
<i>salicylic acid external solution 26 %</i>	1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	1	
<i>salicylic acid-cleanser external kit 6 % cream</i>	1	
SALYNTRA EXTERNAL GEL 6 %	2	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	1	
<i>sss 10-5 external cream 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	1	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
<i>urea 20 intensive hydrating external cream 20 %</i>	1	
<i>urea external cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %</i>	1	
<i>urea external lotion 40 %</i>	1	
<i>urea hydrating external foam 35 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
<i>ureacin-10 external lotion 10 %</i>	1	
<i>ureacin-20 external cream 20 %</i>	1	
<i>uredeb external cream 39 %</i>	1	
<i>xurea external cream 39 %</i>	1	
YCANTH EXTERNAL SOLUTION 0.7 % (cantharidin)	4	
<b>KERATOPLASTIC AGENTS - Drugs for the Skin</b>		
<i>coal tar external solution 20 %</i>	1	
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
<i>benzalkonium chloride external solution , 50 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>benzeapro external foam 5.3 %</i>	1	
<i>benzoyl peroxide external foam 9.8 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp wash external liquid 2.5 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	2	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>iodine tincture external tincture 2 %</i>	1	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	
<i>mafenide acetate external packet 5 %</i>	1	
<i>medpura hand sanitizer external gel 70 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
<i>povidone-iodine external solution 10 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	2	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin</b>		
<i>diclofenac sodium external gel 1 %</i>	PV	
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	PV	
DICLOFONO EXTERNAL GEL 1.6 % ( <i>diclofenac sodium</i> )	PV	
DICLONA EXTERNAL GEL 1-4.5 %	4	DSL = 30 days
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	PV	
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	PV	
FROTEK EXTERNAL CREAM 10 % ( <i>ketoprofen</i> )	PV	
PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )	PV	
VENNGEL ONE EXTERNAL KIT 1 % ( <i>diclofenac sodium</i> )	PV	
<b>OXABOROLES - Drugs for the Skin</b>		
<i>tavaborole external solution 5 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>PIGMENTING AGENTS - Drugs for the Skin</b>		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<b>POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
<b>SCABICIDES AND PEDICULICIDES - Drugs for the Skin</b>		
<i>ft lice killing max st external shampoo 0.33-4 %</i>	1	
<i>goodsense lice killing external liquid 1 %</i>	1	
<i>goodsense lice killing max str external shampoo 0.33-4 %</i>	1	
<i>ivermectin external cream 1 %</i>	1	
<i>lice killing external shampoo 0.33-4 %, 4-0.33 %</i>	1	
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	1	
<i>lice treatment external liquid 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
<i>spinosad external suspension 0.9 %</i>	1	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	1	
<i>sulfurated lime external solution</i>	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin</b>		
<b>ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin micronized)</b>	4	DSL = 30 days
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	DSL = 30 days
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>azelaic acid external gel 15 %</i>	1	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	1	
<i>bimatoprost external solution 0.03 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	4	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML ( <i>bimekizumab-bkzx</i> )	4	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	DSL = 30 days
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>capsaicin external cream 0.025 %, 0.075 %, 0.1 %</i>	1	
<i>capsaicin hp external cream 0.1 %</i>	1	
<i>capsaicin pain relief external cream 0.1 %</i>	1	
<i>capzix external cream 0.1 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML ( <i>secukinumab</i> )	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )	4	DSL = 30 days
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	4	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	4	DSL = 30 days
<i>dapsone external gel 5 %</i>	1	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % ( <i>capsaicin</i> )	2	
<i>diclofenac sodium external gel 1 %</i>	PV	
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	PV	
DICLOFONO EXTERNAL GEL 1.6 % ( <i>diclofenac sodium</i> )	PV	
DICLONA EXTERNAL GEL 1-4.5 %	4	DSL = 30 days
DIFFERIN EXTERNAL CREAM 0.1 % ( <i>adapalene</i> )	2	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	2	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	2	
FILSUEZ EXTERNAL GEL 10 % ( <i>birch triterpenes</i> )	4	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>finasteride oral tablet 1 mg</i>	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )	4	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	4	
<i>imiquimod external cream 5 %</i>	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	1	DSL = 30 days
KLISYRI EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )	4	DSL = 30 days
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML ( <i>difelikefalin acetate</i> )	4	DSL = 30 days
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	2	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
NEXOBRID EXTERNAL GEL 8.8 % ( <i>anacaulase-bcdb</i> )	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	4	DSL = 30 days
PANRETIN EXTERNAL GEL 0.1 % ( <i>alitretinoin</i> )	4	DSL = 30 days
PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )	PV	
<i>pimecrolimus external cream 1 %</i>	1	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	4	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG ( <i>afamelanotide acetate</i> )	4	DSL = 30 days
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	4	DSL = 30 days



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>skarjel external gel</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	4	DSL = 30 days
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	4	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab</i> )	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	4	DSL = 30 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	4	DSL = 30 days
<i>tazarotene external cream 0.1 %</i>	1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 % ( <i>tazarotene</i> )	2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	4	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	4	DSL = 30 days
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	2	
VENNGEL ONE EXTERNAL KIT 1 % ( <i>diclofenac sodium</i> )	PV	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML ( <i>beremagene geperpavec-svdt</i> )	4	DSL = 30 days
WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	DSL = 30 days
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )	4	
<b>THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>antifungal maximum strength external solution 1 %</i>	1	
<i>ft antifungal external cream 1 %</i>	1	
<i>tolnaftate antifungal external cream 1 %</i>	1	
<i>tolnaftate external cream 1 %</i>	1	
<i>tolnaftate external powder 1 %</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles</b>		
<b>ANTIMUSCARINICS - Drugs for the Urinary System</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>trospium chloride oral tablet 20 mg</i>	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML ( <i>sildenafil citrate</i> )	4	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	4	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	4	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	4	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	4	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System</b>		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
<i>biocel oral tablet</i>	1	
<i>b-plex oral tablet</i>	1	
<i>b-plex plus oral tablet</i>	1	
<i>cod liver oil oral oil</i>	1	
<i>daflonex-xl oral capsule</i>	1	
<i>folbee plus oral tablet</i>	1	
INFUVITE ADULT INTRAVENOUS INJECTABLE ( <i>multiple vitamin</i> )	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION ( <i>pediatric multiple vitamins</i> )	2	
<i>lysiplex plus oral tablet</i>	1	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>nephronex oral tablet</i>	1	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
<i>nutrifac zx oral tablet</i>	1	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	1	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
RENAL ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>rena-vite oral tablet</i>	1	
<i>triphrocaps oral capsule 1 mg</i>	1	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>urosex oral tablet</i>	1	
<i>v-c forte oral capsule</i>	1	
<i>vic-forte oral capsule</i>	1	
<i>virt-caps oral capsule 1 mg</i>	1	
<i>vita s forte oral tablet</i>	1	
<i>vitacel oral tablet</i>	1	
<i>vitachew adult multi vitamin oral tablet chewable</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<i>wescaps oral capsule 1 mg</i>	1	
<b>VITAMIN A</b>		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (vitamin a)	2	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>VITAMIN B COMPLEX</b>		
<i>airavite oral tablet 2.5-25-1 mg</i>	1	
<i>b-12 oral tablet 1000 mcg</i>	1	
<i>b-12 oral tablet extended release 1000 mcg</i>	1	
<i>b-complex/b-12 oral tablet</i>	1	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (drospiren-eth estrad-levomefol)	PV	
<i>biopetit oral elixir</i>	1	
<i>biotin oral tablet 1000 mcg</i>	1	
<i>bp vit 3 oral capsule 1 mg</i>	1	
<i>b-plex oral tablet</i>	1	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	1	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
<i>folbee oral tablet 2.5-25-1 mg</i>	1	
<i>folbee plus oral tablet</i>	1	
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral capsule 5 mg</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PV	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	
<i>foltrin oral capsule</i>	PV	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG ( <i>levoleucovorin</i> )	PV	DSL = 30 days
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	PV	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	PV	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PV	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	PV	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	PV	
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	1	
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	1	
<i>methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )	PV	
MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )	PV	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>nephronex oral tablet</i>	1	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
<i>nufol oral tablet 2.5-25-1 mg</i>	1	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	1	
RENAL ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>rena-vite oral tablet</i>	1	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	PV	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG ( <i>niacin</i> )	2	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	1	
TRICON ORAL CAPSULE ( <i>fe fumarate-b12-vit c-fa-ifc</i> )	PV	
<i>triphrocaps oral capsule 1 mg</i>	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>virt-caps oral capsule 1 mg</i>	1	
<i>vitamin b complex 100 injection injectable</i>	1	
<i>vitamin b-complex 100 injection injectable</i>	1	
<i>wescaps oral capsule 1 mg</i>	1	
<i>westab one oral tablet 2.5-25-1 mg</i>	1	
<b>VITAMIN C</b>		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
ASCORBIC ACID SOLUTION 500 MG/ML INJECTION	1	
<i>ascorbic acid solution 500 mg/ml injection</i>	1	
<i>b-plex oral tablet</i>	1	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
<i>folbee plus oral tablet</i>	1	
<i>foltrin oral capsule</i>	PV	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )	PV	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>nephronex oral tablet</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	PV	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	PV	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	PV	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
RENAL ORAL CAPSULE 1 MG ( <i>b complex-c-folic acid</i> )	1	
<i>rena-vite oral tablet</i>	1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	



Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
TRICON ORAL CAPSULE ( <i>fe fumarate-b12-vit c-fa-ifc</i> )	PV	
<i>triphrocaps oral capsule 1 mg</i>	1	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vitel/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>virt-caps oral capsule 1 mg</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<i>wescaps oral capsule 1 mg</i>	1	
<b>VITAMIN D</b>		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
<i>calcidol oral solution 200 mcg/ml</i>	PV	
<i>calcitriol intravenous solution 1 mcg/ml</i>	PV	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PV	
<i>calcitriol oral solution 1 mcg/ml</i>	PV	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )	PV	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PV	
<i>ergocalciferol oral solution 200 mcg/ml</i>	PV	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg</i>	1	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )	PV	DSL = 30 days
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	PV	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	PV	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vitel/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	1	
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	PV	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>VITAMIN E</b>		
<i>soluvita e oral solution 15.8 mg/0.7ml</i>	1	
<i>wheat germ oil oral oil</i>	1	

Nombre del medicamento recetado	Nivel	Requisitos/límites de cobertura
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
<i>phytonadione oral tablet 5 mg</i>	PV	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	

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