

# Lista de medicamentos aprobados del Mercado de California de 2020

(Lista de medicamentos cubiertos)

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS CUANDO PARTICIPA EN UN PLAN DE SALUD CALIFICADO OFRECIDO POR KAISER PERMANENTE QUE INCLUYE EL MERCADO DE SEGUROS DE SALUD (EN CALIFORNIA, EL MERCADO SE CONOCE COMO COVERED CALIFORNIA).**

Esta lista de medicamentos aprobados fue actualizada el 10/02/2019 y entra en vigencia el January 01, 2020. Para información más reciente u otras preguntas, llame a nuestra Central de Llamadas de Servicio a los Miembros, las 24 horas del día, los siete días de la semana (excepto los días festivos). 1-800-788-0616 en español, 1-800-464-4000 en inglés, 1-800-757-7585 en dialectos chinos, 711 Línea TTY para personas con problemas auditivos o del habla.

## **¿Qué es la Lista de medicamentos aprobados del Mercado de California de Kaiser Permanente?**

La Lista de medicamentos aprobados del Mercado de California (California Marketplace Formulary) es una lista de los medicamentos cubiertos elegidos por un grupo de médicos y farmacéuticos de Kaiser Permanente que se conocen como el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics Committee). El Comité se reúne periódicamente para evaluar y seleccionar medicamentos que son seguros y eficaces para nuestros miembros. Esta Lista de medicamentos aprobados cumple con los requisitos delineados en las regulaciones federales de Planes de Salud Calificados (*Qualified Health Plans*) que se ofrecen en un mercado de seguros de salud (en California, el mercado se conoce como *Covered California*).

## **¿Qué medicamentos están cubiertos?**

En general, Kaiser Permanente cubrirá medicamentos de marca y genéricos incluidos en la Lista de medicamentos aprobados del Mercado de California siempre que el medicamento sea necesario desde el punto de vista médico, se surte el medicamento recetado en una farmacia de Kaiser Permanente o una farmacia afiliada, y se siguen otras reglas de cobertura.

Si a usted le recetan un medicamento incluido que la Lista de medicamentos aprobados del Mercado de California, el medicamento se cubrirá de conformidad con los términos de su beneficio de medicamentos.

## **Cómo obtener una excepción a la lista de medicamentos aprobados**

Los medicamentos que no figuran en la lista de medicamentos aprobados se llaman medicamentos no incluidos en la lista de medicamentos aprobados (*non-formulary drugs*). Si un médico de Kaiser Permanente determina que un medicamento que no está incluido en la lista de medicamentos aprobados es apropiado y necesario desde el punto de vista médico, ese medicamento estará cubierto según los términos de sus beneficios (si tiene un beneficio de medicamentos recetados). Si no tiene un beneficio de medicamentos recetados, tendrá que pagar el precio minorista total del medicamento.

La manera más efectiva de obtener una excepción a la lista de medicamentos aprobados es enviar un correo electrónico seguro a su médico. Usted y su médico son quienes mejor pueden determinar los medicamentos que usted necesita.

También puede comunicarse con Servicio a los Miembros, llenando un formulario en línea. O llame a Servicio a los Miembros, las 24 horas del día, los 7 días de la semana.

### **¿Hay alguna restricción a los medicamentos cubiertos por la Lista de medicamentos aprobados?**

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales, como por ejemplo límites a la cantidad. Para determinados medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento que se dispensa a un suministro de una determinada cantidad de días. Además, cuando haya escasez nacional de un medicamento, podríamos limitar la cantidad dispensada del medicamento.

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

Los medicamentos de marca en general son fabricados y vendidos por la compañía farmacéutica que hizo la investigación y el desarrollo original del medicamento. Cuando vence la patente del medicamento de marca, otras compañías farmacéuticas pueden fabricar y vender una versión genérica del medicamento aprobada por la FDA con el/los mismo(s) ingrediente(s) activo(s) a un precio menor.

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

Un medicamento genérico está aprobado por la FDA al tener el mismo ingrediente activo que el medicamento de marca. En general los medicamentos genéricos tienen menor costo que los medicamentos de marca.

### **¿Qué medicamentos pueden ser enviados desde la farmacia de pedido por correo?**

La mayoría de los medicamentos pueden ser enviados desde nuestra farmacia de pedido por correo. Es posible que algunos medicamentos (por ejemplo, medicamentos que tienen un costo extremadamente alto o que requieren cuidados especiales) no se puedan enviar por correo. Los medicamentos no se pueden enviar fuera de los Estados Unidos.

Usted puede pedir el resurtido de medicamentos recetados a través de nuestro servicio de pedido por correo en línea en [kp.org/refill](https://kp.org/refill) (en inglés) o por teléfono o con la aplicación móvil. No hay un cargo adicional por pedir los resurtidos por correo. Se aplicará el costo compartido apropiado (según su beneficio de medicamentos recetados).

Su beneficio de medicamentos recetados puede tener un menor costo compartido si usa la farmacia de pedido por correo.

Consulte su *Evidencia de Cobertura (Evidence of Coverage)* para información detallada sobre sus beneficios de medicamentos recetados.

## Lista de medicamentos aprobados del Mercado de California de Kaiser Permanente

Kaiser Permanente puede agregar o eliminar medicamentos de la Lista de medicamentos aprobados del Mercado de California en cualquier momento del año. Estos cambios a la Lista de medicamentos aprobados están basados en información nueva o medicamentos nuevos disponibles.

La Lista de medicamentos aprobados del Mercado de California más reciente empieza en la página 4; proporciona información sobre la cobertura de algunos de los medicamentos cubiertos por Kaiser Permanente. Además puede buscar los medicamentos en forma alfabética usando el índice que empieza en la página 26.

La primera columna de la tabla indica el nombre del medicamento. Los nombres de marca aparecen en mayúscula (ej. ALBENZA) y los medicamentos genéricos aparecen en minúscula y letra cursiva (ej. *amoxicillin*).

Es posible que **no se incluyan en la Lista de medicamentos aprobados** todas las **formas y concentraciones** de las dosis de un determinado medicamento. Algunos medicamentos están disponibles en múltiples dosis. En dichos casos, es posible que algunas dosis estén en la Lista de medicamentos aprobados y otras no. Nota: Algunos de estos medicamentos pueden estar disponibles solo en un entorno clínico.

La segunda columna “Nivel del medicamento” indicará el número de nivel en que se encuentra el medicamento. Los medicamentos en la Lista de medicamentos aprobados del Mercado de California están categorizados en tres niveles.

**Nivel 1** – Nivel genérico

**Nivel 2** – Nivel de marca

**Nivel 4** – Nivel especializado

Nota: El nivel de clasificación de un medicamento genérico o de marca puede cambiar en cualquier momento del año. Además, determinados medicamentos de marca pueden estar cubiertos con el costo compartido que se aplica al Nivel 1 y determinados medicamentos genéricos pueden estar cubiertos con el costo compartido que se aplica al Nivel 2. El Nivel 4 es para medicamentos especializados que se cubren con un costo compartido mayor.

La tercera columna de la tabla indicará cualquier requisito o límite para ese medicamento:

**QL** = Límites de cantidad (*Quantity Limits*): Para determinados medicamentos podremos limitar la cantidad del medicamento que pueda recibir. Además, cuando haya escasez nacional de un medicamento, podremos limitar la cantidad dispensada del medicamento.

| Nombre del medicamento                        | Nivel del medicamento | Requisitos/ Límites |
|-----------------------------------------------|-----------------------|---------------------|
| <b>ANTI-INFECTIVE AGENTS</b>                  |                       |                     |
| <b>ANTHELMINTICS</b>                          |                       |                     |
| ALBENZA                                       | 2                     |                     |
| BILTRICIDE                                    | 2                     |                     |
| ivermectin                                    | 1                     |                     |
| <b>ANTI-HIV AGENTS</b>                        |                       |                     |
| <i>abacavir sulfate</i>                       | 1, 2                  |                     |
| <i>abacavir sulfate-lamivudine</i>            | 1                     |                     |
| <i>abacavir sulfate-lamivudine-zidovudine</i> | 1                     |                     |
| APTIVUS                                       | 2                     |                     |
| ATRIPLA                                       | 2                     |                     |
| BIKTARVY                                      | 2                     |                     |
| CIMDUO                                        | 1                     |                     |
| COMPLERA                                      | 2                     |                     |
| CRIVAN                                        | 2                     |                     |
| <i>didanosine</i>                             | 1, 2                  |                     |
| EDURANT                                       | 2                     |                     |
| EMTRIVA                                       | 2                     |                     |
| FUZEON                                        | 2                     | QL                  |
| INTELENCE                                     | 2                     |                     |
| INVIRASE                                      | 2                     |                     |
| ISENTRESS                                     | 2                     |                     |
| KALETRA                                       | 2                     |                     |
| <i>lamivudine</i>                             | 1                     |                     |
| <i>lamivudine-zidovudine</i>                  | 1                     |                     |
| LEXIVA                                        | 2                     |                     |
| <i>nevirapine</i>                             | 1, 2                  |                     |
| NORVIR                                        | 2                     |                     |
| PREZISTA                                      | 2                     |                     |
| RESCRIPTOR                                    | 2                     |                     |
| SELZENTRY                                     | 2                     |                     |
| <i>stavudine</i>                              | 1                     |                     |
| STRIBILD                                      | 2                     |                     |
| SYMFI                                         | 1                     |                     |
| SYM TUZA                                      | 2                     |                     |
| TIVICAY                                       | 2                     |                     |
| TRIUMEQ                                       | 2                     |                     |
| TRUVADA                                       | 2                     |                     |
| VIRACEPT                                      | 2                     |                     |
| <i>zidovudine</i>                             | 1                     |                     |

| Nombre del medicamento                   | Nivel del medicamento | Requisitos/ Límites |
|------------------------------------------|-----------------------|---------------------|
| <b>ANTIBACTERIALS</b>                    |                       |                     |
| <i>amikacin sulfate</i>                  | 1                     |                     |
| <i>amoxicillin</i>                       | 1, 2                  |                     |
| <i>amoxicillin &amp; pot clavulanate</i> | 1, 2                  |                     |
| <i>ampicillin</i>                        | 1, 2                  |                     |
| <i>ampicillin &amp; sulbactam sodium</i> | 1, 2                  |                     |
| <i>ampicillin sodium</i>                 | 1, 2                  |                     |
| AVELOX                                   | 2                     |                     |
| AZACTAM IN DEXTROSE                      | 2                     |                     |
| <i>azithromycin</i>                      | 1, 2                  |                     |
| <i>aztreonam</i>                         | 1                     |                     |
| <i>bacitracin</i>                        | 1                     |                     |
| BACTOCILL IN DEXTROSE                    | 2                     |                     |
| BICILLIN L-A                             | 2                     |                     |
| CAYSTON                                  | 4                     | QL, LD              |
| <i>cefaclor</i>                          | 1                     |                     |
| <i>cefadroxil</i>                        | 1                     |                     |
| <i>cefazolin sodium</i>                  | 1                     |                     |
| CEFAZOLIN SODIUM-DEXTROSE                | 1, 2                  |                     |
| <i>cefdinir</i>                          | 1                     |                     |
| <i>cefepime hcl</i>                      | 1                     |                     |
| CEFEPIME-DEXTROSE                        | 2                     |                     |
| <i>cefotaxime sodium</i>                 | 1                     |                     |
| <i>cefotetan disodium</i>                | 1                     |                     |
| CEFOTETAN DISODIUM-DEXTROSE              | 2                     |                     |
| <i>cefoxitin sodium</i>                  | 1                     |                     |
| CEFOXITIN SODIUM-DEXTROSE                | 2                     |                     |
| <i>cefpodoxime proxetil</i>              | 1                     |                     |
| <i>ceftazidime</i>                       | 1, 2                  |                     |
| <i>ceftriaxone sodium</i>                | 1                     |                     |
| CEFTRIAZONE SODIUM IN DEXTROSE           | 1                     |                     |
| CEFTRIAZONE SODIUM-DEXTROSE              | 2                     |                     |
| <i>cefuroxime axetil</i>                 | 1, 2                  |                     |
| <i>cefuroxime sodium</i>                 | 1, 2                  |                     |

| Nombre del medicamento                     | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------|-----------------------|---------------------|
| <i>cephalexin</i>                          | 1, 2                  |                     |
| CHLORAMPHENICOL SOD SUCCINATE              | 2                     |                     |
| CIPRO                                      | 2                     |                     |
| <i>ciprofloxacin hcl</i>                   | 1                     |                     |
| <i>ciprofloxacin in d5w</i>                | 1                     |                     |
| <i>clarithromycin</i>                      | 1                     |                     |
| CLEOCIN IN D5W                             | 2                     |                     |
| <i>clindamycin hcl</i>                     | 1                     |                     |
| <i>clindamycin palmitate hydrochloride</i> | 1, 2                  |                     |
| <i>clindamycin phosphate</i>               | 1                     |                     |
| CUBICIN                                    | 4                     |                     |
| <i>demeclocycline hcl</i>                  | 1                     |                     |
| <i>dicloxacillin sodium</i>                | 1                     |                     |
| <i>doxycycline (monohydrate)</i>           | 1                     |                     |
| <i>doxycycline hyclate</i>                 | 1                     |                     |
| ERYTHROCIN LACTOBIONATE                    | 2                     |                     |
| FLUCONAZOLE IN SODIUM CHLORIDE             | 1                     |                     |
| FORTAZ IN D5W                              | 2                     |                     |
| <i>gentamicin in saline</i>                | 1, 2                  |                     |
| <i>gentamicin sulfate</i>                  | 1                     |                     |
| INVANZ                                     | 4                     |                     |
| <i>levofloxacin</i>                        | 1                     |                     |
| <i>levofloxacin in d5w</i>                 | 1                     |                     |
| <i>linezolid</i>                           | 1, 4                  |                     |
| <i>meropenem</i>                           | 1                     |                     |
| <i>minocycline hcl</i>                     | 1, 2                  |                     |
| <i>moxifloxacin hcl</i>                    | 1                     |                     |
| <i>nafcillin sodium</i>                    | 1                     |                     |
| NAFCILLIN SODIUM IN DEXTROSE               | 2                     |                     |
| <i>neomycin sulfate</i>                    | 1                     |                     |
| <i>oxacillin sodium</i>                    | 1                     |                     |
| PENICILLIN G POT IN DEXTROSE               | 2                     |                     |
| <i>penicillin g potassium</i>              | 1                     |                     |
| PENICILLIN G PROCAINE                      | 2                     |                     |
| PENICILLIN G SODIUM                        | 2                     |                     |

| Nombre del medicamento                       | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------------|-----------------------|---------------------|
| <i>penicillin v potassium</i>                | 1                     |                     |
| <i>piperacillin sodium-tazobactam sodium</i> | 1                     |                     |
| PRIMAXIN IV                                  | 2                     |                     |
| PRIMSOL                                      | 2                     |                     |
| STREPTOMYCIN SULFATE                         | 2                     |                     |
| SULFADIAZINE                                 | 2                     |                     |
| <i>sulfamethoxazole-trimethoprim</i>         | 1                     |                     |
| <i>sulfasalazine</i>                         | 1                     |                     |
| SUPRAX                                       | 2                     |                     |
| SYNERCID                                     | 4                     |                     |
| <i>tetracycline hcl</i>                      | 1                     |                     |
| <i>tobramycin</i>                            | 1, 4                  |                     |
| <i>tobramycin sulfate</i>                    | 1                     |                     |
| <i>vancomycin hcl</i>                        | 1, 2                  |                     |
| VANCOMYCIN HCL IN DEXTROSE                   | 2                     |                     |
| XIFAXAN                                      | 2                     | QL                  |
| ZINACEF IN STERILE WATER                     | 2                     |                     |
| ZOSYN                                        | 2                     |                     |
| <b>ANTIFUNGALS</b>                           |                       |                     |
| ABELCET                                      | 2                     |                     |
| AMBISOME                                     | 4                     |                     |
| AMPHOTERICIN B                               | 2                     |                     |
| CANCIDAS                                     | 4                     |                     |
| <i>fluconazole</i>                           | 1                     |                     |
| <i>fluconazole in dextrose</i>               | 1                     |                     |
| <i>fluconazole in nacl</i>                   | 1                     |                     |
| <i>flucytosine</i>                           | 1                     |                     |
| <i>griseofulvin microsize</i>                | 1                     |                     |
| <i>griseofulvin ultramicrosize</i>           | 1                     |                     |
| <i>itraconazole</i>                          | 1, 2                  |                     |
| <i>ketoconazole</i>                          | 1                     |                     |
| <i>nystatin</i>                              | 1                     |                     |
| <i>nystatin (mouth-throat)</i>               | 1                     |                     |
| <i>terbinafine hcl</i>                       | 1                     |                     |
| <i>voriconazole</i>                          | 1, 2                  |                     |
| <b>ANTIHEPATITIS C AGENTS</b>                |                       |                     |
| HARVONI                                      | 4                     | QL                  |

| Nombre del medicamento            | Nivel del medicamento | Requisitos/ Límites |
|-----------------------------------|-----------------------|---------------------|
| PEG-INTRON REDIPEN                | 4                     | QL                  |
| PEGASYS                           | 4                     | QL                  |
| <i>ribavirin (hepatitis c)</i>    | 1                     |                     |
| SOVALDI                           | 4                     | QL                  |
| <b>ANTIMYCOBACTERIALS</b>         |                       |                     |
| CAPASTAT SULFATE                  | 2                     |                     |
| <i>cycloserine</i>                | 1                     |                     |
| <i>dapsone</i>                    | 1                     |                     |
| <i>ethambutol hcl</i>             | 1                     |                     |
| <i>isoniazid</i>                  | 1, 2                  |                     |
| PRIFTIN                           | 2                     |                     |
| <i>pyrazinamide</i>               | 1                     |                     |
| <i>rifabutin</i>                  | 1                     |                     |
| RIFAMATE                          | 2                     |                     |
| <i>rifampin</i>                   | 1                     |                     |
| TRECATOR                          | 2                     |                     |
| <b>ANTIPROTOZOALS</b>             |                       |                     |
| ALINIA                            | 2                     |                     |
| <i>atovaquone</i>                 | 1                     |                     |
| <i>atovaquone-proguanil hcl</i>   | 1                     |                     |
| <i>chloroquine phosphate</i>      | 1                     |                     |
| COARTEM                           | 2                     |                     |
| DARAPRIM                          | 2                     |                     |
| <i>hydroxychloroquine sulfate</i> | 1                     |                     |
| KRINTAFEL                         | 2                     |                     |
| <i>mefloquine hcl</i>             | 1                     |                     |
| <i>metronidazole</i>              | 1                     |                     |
| <i>metronidazole in nacl</i>      | 1, 2                  |                     |
| NEBUPENT                          | 2                     |                     |
| <i>paromomycin sulfate</i>        | 1                     |                     |
| PRIMAQUINE PHOSPHATE              | 2                     |                     |
| <b>ANTIVIRALS</b>                 |                       |                     |
| <i>acyclovir</i>                  | 1                     |                     |
| <i>acyclovir sodium</i>           | 1                     |                     |
| <i>adefovir dipivoxil</i>         | 1                     |                     |
| <i>atazanavir sulfate</i>         | 1                     |                     |
| <i>cidofovir</i>                  | 1                     |                     |
| DAKLINZA                          | 4                     |                     |
| DESCOVY                           | 2                     |                     |
| <i>didanosine</i>                 | 1                     |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <i>efavirenz</i>                       | 1                     |                     |
| <i>entecavir</i>                       | 1, 4                  |                     |
| EPCLUSA                                | 4                     | QL                  |
| EVOTAZ                                 | 2                     |                     |
| <i>famciclovir</i>                     | 1                     |                     |
| <i>fosamprenavir calcium</i>           | 1                     |                     |
| FOSCAVIR                               | 2                     |                     |
| <i>ganciclovir sodium</i>              | 1                     |                     |
| GENVOYA                                | 2                     |                     |
| JULUCA                                 | 2                     |                     |
| <i>lamivudine (hbv)</i>                | 1, 2                  |                     |
| ODEFSEY                                | 2                     |                     |
| <i>oseltamivir phosphate</i>           | 1, 2                  |                     |
| PREZCOBIX                              | 2                     |                     |
| RELENZA DISKHALER                      | 2                     |                     |
| RETROVIR                               | 2                     |                     |
| <i>rimantadine hydrochloride</i>       | 1                     |                     |
| <i>ritonavir</i>                       | 1                     |                     |
| SYNAGIS                                | 4                     |                     |
| <i>tenofovir disoproxil fumarate</i>   | 1                     |                     |
| TIVICAY                                | 2                     |                     |
| TRUVADA                                | 2                     |                     |
| <i>valacyclovir hcl</i>                | 1                     |                     |
| <i>valganciclovir hcl</i>              | 1, 4                  | QL                  |
| VIRAZOLE                               | 4                     |                     |
| <i>voriconazole</i>                    | 1                     |                     |
| VOSEVI                                 | 4                     | QL                  |
| <b>URINARY ANTI-INFECTIVES</b>         |                       |                     |
| <i>methenamine hippurate</i>           | 1                     |                     |
| <i>nitrofurantoin</i>                  | 1                     |                     |
| <i>nitrofurantoin macrocrystal</i>     | 1, 2                  |                     |
| <i>nitrofurantoin monohyd macro</i>    | 1                     |                     |
| <i>trimethoprim</i>                    | 1                     |                     |
| <b>ANTIHISTAMINE DRUGS</b>             |                       |                     |
| <b>FIRST GENERATION ANTIHISTAMINES</b> |                       |                     |
| <i>cycloheptadine hcl</i>              | 1                     |                     |
| <i>diphenhydramine hcl</i>             | 1                     |                     |
| <i>promethazine hcl</i>                | 1                     |                     |
| <b>ANTINEOPLASTIC AGENTS</b>           |                       |                     |

| Nombre del medicamento           | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------|-----------------------|---------------------|
| <b>ANTINEOPLASTIC AGENTS</b>     |                       |                     |
| <i>abiraterone acetate</i>       | 1, 4                  | QL                  |
| ABRAXANE                         | 4                     |                     |
| ADCETRIS                         | 2                     |                     |
| AFINITOR                         | 4                     | QL                  |
| ALECENSA                         | 4                     | QL                  |
| ALIMTA                           | 4                     |                     |
| ALKERAN                          | 2                     |                     |
| ALUNBRIG                         | 4                     | QL                  |
| <i>anastrozole</i>               | 1                     |                     |
| ARRANON                          | 4                     |                     |
| AVASTIN                          | 4                     |                     |
| <i>azacitidine</i>               | 1                     |                     |
| BENDEKA                          | 2, 4                  | QL                  |
| <i>bicalutamide</i>              | 1                     |                     |
| <i>bleomycin sulfate</i>         | 1                     |                     |
| BLINCYTO                         | 4                     | QL                  |
| CABOMETYX                        | 4                     | QL, LD              |
| CAMPTOSAR                        | 1, 2                  |                     |
| <i>capecitabine</i>              | 1                     | QL                  |
| CAPRELSA                         | 4                     | QL, LD              |
| <i>carmustine</i>                | 1, 2                  |                     |
| <i>cisplatin</i>                 | 1                     |                     |
| <i>cladribine</i>                | 1                     |                     |
| COSMEGEN                         | 4                     |                     |
| COTELLIC                         | 4                     | QL                  |
| <i>cyclophosphamide</i>          | 1, 2                  |                     |
| CYRAMZA                          | 4                     | QL                  |
| <i>cytarabine</i>                | 1                     |                     |
| <i>dacarbazine</i>               | 1, 2                  |                     |
| DACOGEN                          | 4                     |                     |
| DARZALEX                         | 4                     | QL                  |
| DAUNORUBICIN HCL                 | 1                     |                     |
| DEPOCYT                          | 2                     |                     |
| DOCETAXEL                        | 1, 2, 4               | QL                  |
| <i>doxorubicin hcl</i>           | 1                     |                     |
| <i>doxorubicin hcl liposomal</i> | 1, 2                  |                     |
| EMCYT                            | 4                     | QL                  |
| ERBITUX                          | 4                     |                     |
| ERIVEDGE                         | 4                     | QL                  |
| <i>erlotinib hcl</i>             | 1, 4                  | QL                  |

| Nombre del medicamento       | Nivel del medicamento | Requisitos/ Límites |
|------------------------------|-----------------------|---------------------|
| ERWINAZE                     | 2                     |                     |
| <i>etoposide</i>             | 1, 2                  |                     |
| <i>exemestane</i>            | 1                     |                     |
| FASLODEX                     | 4                     | QL                  |
| <i>fludarabine phosphate</i> | 1                     |                     |
| <i>fluorouracil</i>          | 1                     |                     |
| <i>flutamide</i>             | 1                     |                     |
| GAZYVA                       | 4                     | QL                  |
| <i>gemcitabine hcl</i>       | 1, 4                  |                     |
| GLEOSTINE                    | 2                     |                     |
| HALAVEN                      | 4                     |                     |
| HERCEPTIN                    | 4                     | QL                  |
| HEXALEN                      | 4                     | QL                  |
| <i>hydroxyurea</i>           | 1                     |                     |
| IBRANCE                      | 4                     | QL                  |
| <i>idarubicin hcl</i>        | 1, 2                  |                     |
| <i>ifosfamide</i>            | 1                     |                     |
| <i>imatinib mesylate</i>     | 1                     |                     |
| IMBRUVICA                    | 4                     | QL                  |
| INTRON A                     | 2, 4                  | QL                  |
| IRESSA                       | 2                     | QL                  |
| ISTODAX                      | 4                     |                     |
| IXEMPRA KIT                  | 4                     | QL                  |
| JAKAFI                       | 4                     | QL                  |
| JEVTANA                      | 4                     |                     |
| KADCYLA                      | 4                     | QL                  |
| KANJINTI                     | 4                     |                     |
| KEYTRUDA                     | 4                     | QL                  |
| KYPROLIS                     | 4                     | QL                  |
| LENVIMA (10 MG DAILY DOSE)   | 4                     | QL                  |
| <i>letrozole</i>             | 1                     |                     |
| LEUKERAN                     | 2                     |                     |
| <i>leuprolide acetate</i>    | 1, 2                  |                     |
| LONSURF                      | 4                     | QL                  |
| LORBRENA                     | 4                     | QL                  |
| LUPRON DEPOT (3-MONTH)       | 2                     |                     |
| LUPRON DEPOT (4-MONTH)       | 2                     |                     |
| LUPRON DEPOT (6-MONTH)       | 2                     |                     |

| Nombre del medicamento     | Nivel del medicamento | Requisitos/ Límites |
|----------------------------|-----------------------|---------------------|
| LUPRON DEPOT-PED (1-MONTH) | 2                     |                     |
| LUPRON DEPOT-PED (3-MONTH) | 2                     |                     |
| LYNPARZA                   | 4                     | QL                  |
| LYSODREN                   | 2                     | QL                  |
| MARQIBO                    | 4                     | QL                  |
| MATULANE                   | 4                     | QL                  |
| <i>megestrol acetate</i>   | 1                     |                     |
| MEKINIST                   | 2                     | QL                  |
| <i>melphalan hcl</i>       | 1                     |                     |
| <i>mercaptopurine</i>      | 1, 4                  | QL                  |
| <i>methotrexate sodium</i> | 1                     |                     |
| <i>mitomycin</i>           | 1                     |                     |
| <i>mitoxantrone hcl</i>    | 1                     |                     |
| MUSTARGEN                  | 2                     |                     |
| MVASI                      | 4                     |                     |
| MYLERAN                    | 4                     |                     |
| NEXAVAR                    | 4                     | QL                  |
| NINLARO                    | 4                     | QL                  |
| ODOMZO                     | 4                     | QL                  |
| ONCASPAR                   | 4                     |                     |
| OPDIVO                     | 4                     | QL                  |
| <i>oxaliplatin</i>         | 1                     |                     |
| <i>paclitaxel</i>          | 1                     |                     |
| <i>pentostatin</i>         | 1                     |                     |
| PERJETA                    | 4                     | QL                  |
| POMALYST                   | 4                     | QL                  |
| PROLEUKIN                  | 4                     | QL                  |
| REVLIMID                   | 2                     | QL                  |
| RITUXAN                    | 2                     |                     |
| RYDAPT                     | 4                     | QL                  |
| SPRYCEL                    | 4                     | QL                  |
| STIVARGA                   | 4                     | QL                  |
| SUTENT                     | 4                     | QL                  |
| SYLVANT                    | 4                     | QL                  |
| TABLOID                    | 2                     |                     |
| TAFINLAR                   | 4                     | QL                  |
| TAGRISSO                   | 4                     | QL                  |
| <i>tamoxifen citrate</i>   | 1                     |                     |
| TARGRETIN                  | 2                     |                     |
| TASIGNA                    | 4                     | QL                  |

| Nombre del medicamento                        | Nivel del medicamento | Requisitos/ Límites |
|-----------------------------------------------|-----------------------|---------------------|
| TECENTRIQ                                     | 4                     | QL                  |
| <i>temozolomide</i>                           | 1                     |                     |
| TENIPOSIDE                                    | 2                     |                     |
| <i>thiotepa</i>                               | 1                     |                     |
| <i>topotecan hcl</i>                          | 1, 4                  | QL                  |
| TORISEL                                       | 4                     |                     |
| <i>tretinoin (chemotherapy)</i>               | 1                     | QL                  |
| TRISENOX                                      | 4                     | QL                  |
| TYKERB                                        | 2                     | QL                  |
| UNITUXIN                                      | 4                     | QL                  |
| VELCADE                                       | 4                     |                     |
| VENCLEXTA                                     | 4                     | QL                  |
| VINBLASTINE SULFATE                           | 2                     |                     |
| VINCRISTINE SULFATE                           | 1                     |                     |
| <i>vinorelbine tartrate</i>                   | 1                     |                     |
| VOTRIENT                                      | 2                     | QL                  |
| VYXEOS                                        | 4                     | QL                  |
| XALKORI                                       | 4                     | QL                  |
| XGEVA                                         | 4                     | QL                  |
| XTANDI                                        | 4                     | QL                  |
| YERVOY                                        | 4                     |                     |
| YONDELIS                                      | 4                     | QL                  |
| ZANOSAR                                       | 4                     |                     |
| ZEJULA                                        | 4                     | QL                  |
| ZELBORAF                                      | 2                     | QL                  |
| ZYDELIG                                       | 4                     | QL                  |
| ZYKADIA                                       | 4                     | QL                  |
| <b>AUTONOMIC DRUGS</b>                        |                       |                     |
| <b>ANTICHOLINERGIC AGENTS</b>                 |                       |                     |
| <i>atropine sulfate</i>                       | 1, 2                  |                     |
| ATROVENT HFA                                  | 2                     |                     |
| BELLADONNA ALKALOIDS-OPIUM                    | 2                     |                     |
| <i>chlordiazepoxide hcl-clidinium bromide</i> | 1                     |                     |
| <i>dicyclomine hcl</i>                        | 1, 2                  |                     |
| DONNATAL                                      | 1, 2                  |                     |
| <i>glycopyrrolate</i>                         | 1, 2                  |                     |
| <i>hyoscyamine sulfate</i>                    | 1, 2                  |                     |
| <i>ipratropium bromide</i>                    | 1                     |                     |
| <i>ipratropium bromide (nasal)</i>            | 1                     |                     |

| Nombre del medicamento                            | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------------------|-----------------------|---------------------|
| PROPANTHELINE BROMIDE                             | 2                     |                     |
| SPIRIVA RESPIMAT                                  | 2                     |                     |
| STIOLTO RESPIMAT                                  | 2                     |                     |
| <b>AUTONOMIC DRUGS, MISCELLANEOUS</b>             |                       |                     |
| CHANTIX                                           | 2                     |                     |
| <i>nicotine</i>                                   | 1                     |                     |
| <i>nicotine polacrilex</i>                        | 1, 2                  |                     |
| <b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>   |                       |                     |
| <i>bethanechol chloride</i>                       | 1                     |                     |
| <i>donepezil hydrochloride</i>                    | 1                     |                     |
| ENLON                                             | 2                     |                     |
| <i>galantamine hydrobromide</i>                   | 1                     |                     |
| GUANIDINE HCL                                     | 2                     |                     |
| <i>neostigmine methylsulfate</i>                  | 1, 2                  |                     |
| PHYSOSTIGMINE SALICYLATE                          | 2                     |                     |
| <i>pilocarpine hcl (oral)</i>                     | 1                     |                     |
| <i>pyridostigmine bromide</i>                     | 1, 2                  |                     |
| <b>SKELETAL MUSCLE RELAXANTS</b>                  |                       |                     |
| <i>atracurium besylate</i>                        | 1                     |                     |
| <i>baclofen</i>                                   | 1, 2                  |                     |
| <i>cisatracurium besylate</i>                     | 1                     |                     |
| <i>cyclobenzaprine hcl</i>                        | 1                     |                     |
| <i>dantrolene sodium</i>                          | 1, 2                  |                     |
| <i>methocarbamol</i>                              | 1                     |                     |
| PANCURONIUM BROMIDE                               | 1                     |                     |
| QUELICIN                                          | 2                     |                     |
| <i>rocuronium bromide</i>                         | 1                     |                     |
| <i>tizanidine hcl</i>                             | 1                     |                     |
| <i>vecuronium bromide</i>                         | 1                     |                     |
| <b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b> |                       |                     |
| <i>dihydroergotamine mesylate</i>                 | 1, 2                  |                     |
| ERGOMAR                                           | 1                     |                     |
| <i>guanfacine hcl</i>                             | 1                     |                     |
| <i>phenoxybenzamine hcl</i>                       | 1                     |                     |
| <i>phentolamine mesylate</i>                      | 1                     |                     |
| <b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>        |                       |                     |

| Nombre del medicamento                              | Nivel del medicamento | Requisitos/ Límites |
|-----------------------------------------------------|-----------------------|---------------------|
| ADVAIR DISKUS                                       | 1, 2                  |                     |
| <i>albuterol sulfate</i>                            | 1, 2                  |                     |
| <i>dobutamine hcl</i>                               | 1                     |                     |
| <i>dobutamine in d5w</i>                            | 1                     |                     |
| <i>dopamine hcl</i>                                 | 1, 2                  |                     |
| <i>dopamine in d5w</i>                              | 1                     |                     |
| <i>ephedrine sulfate (pressors)</i>                 | 1                     |                     |
| <i>epinephrine</i>                                  | 1, 2                  |                     |
| EPINEPHRINE                                         | 2                     |                     |
| <i>ipratropium-albuterol</i>                        | 1                     |                     |
| <i>isoproterenol hcl</i>                            | 1                     |                     |
| METAPROTERENOL SULFATE                              | 2                     |                     |
| <i>midodrine hcl</i>                                | 1                     |                     |
| <i>norepinephrine bitartrate</i>                    | 1                     |                     |
| S2 (RACEPINEPHRINE)                                 | 2                     |                     |
| SEREVENT DISKUS                                     | 2                     |                     |
| STRIVERDI RESPIMAT                                  | 2                     |                     |
| <i>terbutaline sulfate</i>                          | 1                     |                     |
| <b>BLOOD DERIVATIVES</b>                            |                       |                     |
| <b>BLOOD DERIVATIVES</b>                            |                       |                     |
| <i>albumin, human</i>                               | 1                     |                     |
| PLASMANATE                                          | 2                     |                     |
| <b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b> |                       |                     |
| <b>ANTIANEMIA DRUGS</b>                             |                       |                     |
| INFED                                               | 2                     |                     |
| <i>polysaccharide iron complex</i>                  | 1                     |                     |
| PROFERRIN ES                                        | 2                     |                     |
| PROFERRIN-FORTE                                     | 2                     |                     |
| VENOFER                                             | 2                     |                     |
| <b>ANTIHEMORRHAGIC AGENTS</b>                       |                       |                     |
| ADVATE                                              | 2                     | QL                  |
| AFSTYLA                                             | 2                     | QL                  |
| ALPHANATE/VWF COMPLEX/HUMAN                         | 2                     | QL                  |
| ALPHANINE SD                                        | 2                     | QL                  |
| <i>aminocaproic acid</i>                            | 1                     |                     |
| BENEFIX                                             | 2                     |                     |
| ELOCTATE                                            | 2                     | QL                  |

| Nombre del medicamento                      | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------------|-----------------------|---------------------|
| GELFILM                                     | 2                     |                     |
| GELFOAM SPONGE                              | 2                     |                     |
| HELIXATE FS                                 | 2                     | QL                  |
| HEMLIBRA                                    | 4                     | QL                  |
| HEMOFIL M                                   | 2                     | QL                  |
| IDELVION                                    | 2                     | QL                  |
| KCENTRA                                     | 2                     |                     |
| NOVOSEVEN RT                                | 2                     |                     |
| PHENOL                                      | 2                     | QL                  |
| PRAXBIND                                    | 4                     |                     |
| PROFILNINE                                  | 2                     | QL                  |
| PROTAMINE SULFATE                           | 1                     |                     |
| RECOTHROM                                   | 2                     |                     |
| THROMBIN-JMI                                | 2                     |                     |
| <i>tranexamic acid</i>                      | 1                     |                     |
| XYNTHA                                      | 2                     | QL                  |
| <b>ANTITHROMBOTIC AGENTS</b>                |                       |                     |
| ACD-A NOCLOT-50                             | 2                     |                     |
| ACTIVASE                                    | 2                     |                     |
| <i>anagrelide hcl</i>                       | 1                     |                     |
| ANGIOMAX                                    | 2                     |                     |
| ARGATROBAN                                  | 2                     |                     |
| ARGATROBAN IN SODIUM CHLORIDE               | 2                     |                     |
| <i>aspirin-dipyridamole</i>                 | 1, 2                  |                     |
| BRILINTA                                    | 2                     |                     |
| <i>clopidogrel bisulfate</i>                | 1                     |                     |
| EFFIENT                                     | 2                     |                     |
| <i>heparin (porcine) in sodium chloride</i> | 1, 2                  |                     |
| HEPARIN SOD (PORCINE) IN D5W                | 1                     |                     |
| <i>heparin sodium (porcine)</i>             | 1                     |                     |
| <i>heparin sodium (porcine) lock flush</i>  | 1, 2                  |                     |
| INTEGRILIN                                  | 4                     |                     |
| LOVENOX                                     | 2                     | QL                  |
| PRADAXA                                     | 2                     |                     |
| REOPRO                                      | 2                     |                     |
| THROMBATE III                               | 2                     |                     |
| TNKASE                                      | 2                     |                     |
| <i>warfarin sodium</i>                      | 1                     |                     |

| Nombre del medicamento                      | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------------|-----------------------|---------------------|
| <b>HEMATOPOIETIC AGENTS</b>                 |                       |                     |
| LEUKINE                                     | 4                     | QL                  |
| NEUPOGEN                                    | 4                     | QL                  |
| PROCRIT                                     | 2                     | QL                  |
| PROMACTA                                    | 2, 4                  | QL                  |
| ZARXIO                                      | 2                     | QL                  |
| <b>HEMORRHOLOGIC AGENTS</b>                 |                       |                     |
| <i>pentoxifylline</i>                       | 1                     |                     |
| <b>CARDIOVASCULAR DRUGS</b>                 |                       |                     |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>     |                       |                     |
| <i>doxazosin mesylate</i>                   | 1                     |                     |
| <i>prazosin hcl</i>                         | 1                     |                     |
| <i>tamsulosin hcl</i>                       | 1                     |                     |
| <i>terazosin hcl</i>                        | 1                     |                     |
| <b>ANTIPEMIC AGENTS</b>                     |                       |                     |
| <i>atorvastatin calcium</i>                 | 1                     |                     |
| <i>cholestyramine</i>                       | 1                     |                     |
| <i>cholestyramine light</i>                 | 1                     |                     |
| <i>colestipol hcl</i>                       | 1                     |                     |
| <i>ezetimibe</i>                            | 1                     |                     |
| <i>fenofibrate</i>                          | 1                     |                     |
| <i>gemfibrozil</i>                          | 1                     |                     |
| <i>lovastatin</i>                           | 1                     |                     |
| <i>metoprolol succinate</i>                 | 1                     |                     |
| <i>pravastatin sodium</i>                   | 1                     |                     |
| <i>rosuvastatin calcium</i>                 | 1                     |                     |
| <i>simvastatin</i>                          | 1                     |                     |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>      |                       |                     |
| <i>atenolol</i>                             | 1                     |                     |
| <i>atenolol &amp; chlorthalidone</i>        | 1                     |                     |
| <i>bisoprolol &amp; hydrochlorothiazide</i> | 1                     |                     |
| <i>bisoprolol fumarate</i>                  | 1                     |                     |
| BREVIBLOC IN NACL                           | 2                     |                     |
| <i>carvedilol</i>                           | 1                     |                     |
| <i>esmolol hcl</i>                          | 1                     |                     |
| <i>labetalol hcl</i>                        | 1                     |                     |
| <i>metoprolol succinate</i>                 | 1                     |                     |
| <i>metoprolol tartrate</i>                  | 1                     |                     |
| METOPROLOL-HYDROCHLOROTHIAZIDE              | 1                     |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <i>nadolol</i>                         | 1                     |                     |
| <i>propranolol hcl</i>                 | 1                     |                     |
| <i>sotalol hcl</i>                     | 1                     |                     |
| <i>sotalol hcl (afib/afl)</i>          | 1                     |                     |
| <b>CALCIUM-CHANNEL BLOCKING AGENTS</b> |                       |                     |
| <i>amlodipine besylate</i>             | 1                     |                     |
| CARDENE IV                             | 2                     |                     |
| CLEVIPREX                              | 2                     |                     |
| <i>diltiazem hcl</i>                   | 1                     |                     |
| <i>diltiazem hcl coated beads</i>      | 1                     |                     |
| <i>nicardipine hcl</i>                 | 1                     |                     |
| <i>nifedipine</i>                      | 1                     |                     |
| <i>nimodipine</i>                      | 1                     |                     |
| <i>verapamil hcl</i>                   | 1                     |                     |
| <b>CARDIAC DRUGS</b>                   |                       |                     |
| <i>adenosine</i>                       | 1                     |                     |
| <i>amiodarone hcl</i>                  | 1                     |                     |
| <i>digoxin</i>                         | 1, 2                  |                     |
| <i>disopyramide phosphate</i>          | 1, 2                  |                     |
| <i>dofetilide</i>                      | 1                     |                     |
| <i>flecainide acetate</i>              | 1                     |                     |
| <i>ibutilide fumarate</i>              | 1                     |                     |
| LIDOCAINE HCL (CARDIAC)                | 1, 2                  |                     |
| <i>lidocaine in d5w</i>                | 1                     |                     |
| MEXILETINE HCL                         | 1                     |                     |
| <i>milrinone lactate</i>               | 1                     |                     |
| <i>milrinone lactate in dextrose</i>   | 1                     |                     |
| <i>procainamide hcl</i>                | 1                     |                     |
| <i>propafenone hcl</i>                 | 1                     |                     |
| <i>quinidine gluconate</i>             | 1, 2                  |                     |
| QUINIDINE SULFATE                      | 1                     |                     |
| <b>HYPOTENSIVE AGENTS</b>              |                       |                     |
| <i>clonidine</i>                       | 1                     |                     |
| <i>clonidine hcl</i>                   | 1                     |                     |
| <i>hydralazine hcl</i>                 | 1                     |                     |
| <i>methyldopa</i>                      | 1                     |                     |
| METHYLDOPATE HCL                       | 2                     |                     |
| <i>minoxidil</i>                       | 1                     |                     |
| <i>nitroprusside sodium</i>            | 1                     |                     |

| Nombre del medicamento                                 | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------------------|-----------------------|---------------------|
| PROGLYCEM                                              | 4                     |                     |
| RESERPINE                                              | 2                     |                     |
| <b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b> |                       |                     |
| <i>benazepril hcl</i>                                  | 1                     |                     |
| <i>captopril</i>                                       | 1                     |                     |
| <i>enalaprilat</i>                                     | 1                     |                     |
| ENTRESTO                                               | 2                     |                     |
| <i>lisinopril</i>                                      | 1                     |                     |
| <i>lisinopril &amp; hydrochlorothiazide</i>            | 1                     |                     |
| <i>losartan potassium</i>                              | 1                     |                     |
| <i>losartan potassium &amp; hydrochlorothiazide</i>    | 1                     |                     |
| <i>ramipril</i>                                        | 1                     |                     |
| <i>spironolactone</i>                                  | 1                     |                     |
| <i>spironolactone &amp; hydrochlorothiazide</i>        | 1                     |                     |
| <i>valsartan</i>                                       | 1                     |                     |
| <i>valsartan-hydrochlorothiazide</i>                   | 1                     |                     |
| <b>SCLEROSING AGENTS</b>                               |                       |                     |
| ETHAMOLIN                                              | 2                     |                     |
| SOTRADECOL                                             | 1                     |                     |
| VARITHENA                                              | 2                     |                     |
| <b>VASODILATING AGENTS</b>                             |                       |                     |
| <i>alprostadil</i>                                     | 1                     |                     |
| <i>ambrisentan</i>                                     | 1, 4                  | QL, LD              |
| CAVERJECT                                              | 2                     | QL                  |
| <i>dipyridamole</i>                                    | 1                     |                     |
| DIPYRIDAMOLE                                           | 1                     |                     |
| <i>isosorbide dinitrate</i>                            | 1, 2                  |                     |
| <i>isosorbide mononitrate</i>                          | 1                     |                     |
| <i>nitroglycerin</i>                                   | 1, 2                  |                     |
| <i>nitroglycerin in d5w</i>                            | 1, 2                  |                     |
| PAPAVERINE HCL                                         | 2                     |                     |
| <i>sildenafil citrate (pulmonary hypertension)</i>     | 1                     | QL                  |
| TRACLEER                                               | 4                     | QL, LD              |
| <i>treprostinil</i>                                    | 1, 2, 4               | QL, LD              |
| <i>varafenafil hcl</i>                                 | 1                     | QL                  |
| VENTAVIS                                               | 4                     | QL, LD              |

| Nombre del medicamento                   | Nivel del medicamento | Requisitos/ Límites |
|------------------------------------------|-----------------------|---------------------|
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>     |                       |                     |
| <b>ANALGESICS AND ANTIPYRETICS</b>       |                       |                     |
| acetaminophen w/ codeine                 | 1                     |                     |
| alfentanil hcl                           | 1                     |                     |
| buprenorphine hcl                        | 1                     |                     |
| buprenorphine hcl-naloxone hcl dihydrate | 1                     | QL                  |
| butorphanol tartrate                     | 1                     |                     |
| choline & mag salicylate                 | 1                     |                     |
| CODEINE SULFATE                          | 1, 2                  |                     |
| etodolac                                 | 1                     |                     |
| fentanyl                                 | 1                     | QL                  |
| fentanyl citrate                         | 1, 2                  |                     |
| hydrocodone-acetaminophen                | 1                     |                     |
| hydromorphone hcl                        | 1, 2                  | QL                  |
| ibuprofen                                | 1                     |                     |
| indomethacin                             | 1, 2                  |                     |
| indomethacin sodium                      | 1                     |                     |
| INFUMORPH 200                            | 2                     |                     |
| ketorolac tromethamine                   | 1                     |                     |
| MECLOFENAMATE SODIUM                     | 2                     |                     |
| mefenamic acid                           | 1                     |                     |
| meloxicam                                | 1                     |                     |
| meperidine hcl                           | 1                     |                     |
| methadone hcl                            | 1, 2                  |                     |
| morphine sulfate                         | 1, 2                  |                     |
| nabumetone                               | 1                     |                     |
| nalbuphine hcl                           | 1                     |                     |
| naproxen                                 | 1                     |                     |
| naproxen sodium                          | 1                     |                     |
| NEOPROFEN                                | 2                     |                     |
| OFIRMEV                                  | 2                     |                     |
| OPANA                                    | 2                     |                     |
| oxycodone hcl                            | 1                     |                     |
| oxycodone w/ acetaminophen               | 1                     |                     |
| pentazocine w/ naloxone                  | 1                     |                     |
| salsalate                                | 1                     |                     |
| sufentanil citrate                       | 1                     |                     |

| Nombre del medicamento                                             | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------------------------------|-----------------------|---------------------|
| sulindac                                                           | 1                     |                     |
| tramadol hcl                                                       | 1                     |                     |
| tramadol-acetaminophen                                             | 1                     |                     |
| ULTIVA                                                             | 2                     |                     |
| <b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b> |                       |                     |
| amphetamine-dextroamphetamine                                      | 1, 2                  |                     |
| caffeine citrate                                                   | 1                     |                     |
| dexmethylphenidate hcl                                             | 1                     |                     |
| dextroamphetamine sulfate                                          | 1                     |                     |
| methylphenidate hcl                                                | 1, 2                  |                     |
| VYVANSE                                                            | 2                     |                     |
| <b>ANTICONVULSANTS</b>                                             |                       |                     |
| BANZEL                                                             | 4                     |                     |
| BRIVIACT                                                           | 4                     |                     |
| carbamazepine                                                      | 1                     |                     |
| CELONTIN                                                           | 2                     |                     |
| clonazepam                                                         | 1                     |                     |
| divalproex sodium                                                  | 1                     |                     |
| EQUETRO                                                            | 2                     |                     |
| ethosuximide                                                       | 1                     |                     |
| felbamate                                                          | 1                     |                     |
| fosphenytoin sodium                                                | 1                     |                     |
| gabapentin                                                         | 1                     |                     |
| lamotrigine                                                        | 1, 2                  |                     |
| levetiracetam                                                      | 1                     |                     |
| LEVETIRACETAM IN NACL                                              | 2                     |                     |
| magnesium sulfate                                                  | 1, 2                  |                     |
| oxcarbazepine                                                      | 1                     |                     |
| phenytoin                                                          | 1                     |                     |
| phenytoin sodium                                                   | 1                     |                     |
| phenytoin sodium extended                                          | 1, 2                  |                     |
| primidone                                                          | 1                     |                     |
| SABRIL                                                             | 4                     | QL, LD              |
| topiramate                                                         | 1                     |                     |
| valproate sodium                                                   | 1                     |                     |
| valproic acid                                                      | 1                     |                     |
| <b>ANTIMANIC AGENTS</b>                                            |                       |                     |

| Nombre del medicamento                                | Nivel del medica-mento | Requisitos/ Límites |
|-------------------------------------------------------|------------------------|---------------------|
| LITHIUM                                               | 2                      |                     |
| <i>lithium carbonate</i>                              | 1                      |                     |
| <b>ANTIMIGRAINE AGENTS</b>                            |                        |                     |
| ERGOLOID MESYLATES                                    | 1                      |                     |
| <i>ergotamine w/ caffeine</i>                         | 1, 2                   |                     |
| <i>isometheptene-dichloralphenazone-acetaminophen</i> | 1                      |                     |
| <i>naratriptan hcl</i>                                | 1                      |                     |
| <i>rizatriptan benzoate</i>                           | 1                      |                     |
| <i>sumatriptan</i>                                    | 1                      |                     |
| <i>sumatriptan succinate</i>                          | 1                      |                     |
| <b>ANTIPARKINSONIAN AGENTS</b>                        |                        |                     |
| <i>amantadine hcl</i>                                 | 1                      |                     |
| APOKYN                                                | 4                      | QL                  |
| <i>benztropine mesylate</i>                           | 1                      |                     |
| <i>bromocriptine mesylate</i>                         | 1                      |                     |
| <i>cabergoline</i>                                    | 1                      |                     |
| <i>carbidopa</i>                                      | 1, 2                   |                     |
| <i>carbidopa-levodopa</i>                             | 1, 4                   |                     |
| CARBIDOPA-LEVODOPA-ENTACAPONE                         | 1, 2                   |                     |
| <i>entacapone</i>                                     | 1                      |                     |
| <i>pramipexole dihydrochloride</i>                    | 1                      |                     |
| <i>rasagiline mesylate</i>                            | 1                      |                     |
| <i>ropinirole hydrochloride</i>                       | 1                      |                     |
| SELEGILINE HCL                                        | 1                      |                     |
| <i>trihexyphenidyl hcl</i>                            | 1                      |                     |
| <b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>          |                        |                     |
| <i>alprazolam</i>                                     | 1                      |                     |
| <i>buspirone hcl</i>                                  | 1                      |                     |
| <i>chlordiazepoxide hcl</i>                           | 1                      |                     |
| <i>clorazepate dipotassium</i>                        | 1                      |                     |
| DIASTAT ACUDIAL                                       | 2                      |                     |
| <i>diazepam</i>                                       | 1, 2                   |                     |
| <i>droperidol</i>                                     | 1                      |                     |
| <i>hydroxyzine hcl</i>                                | 1, 2                   |                     |
| <i>hydroxyzine pamoate</i>                            | 1, 2                   |                     |
| <i>lorazepam</i>                                      | 1                      |                     |
| <i>midazolam hcl</i>                                  | 1                      |                     |

| Nombre del medicamento                              | Nivel del medica-mento | Requisitos/ Límites |
|-----------------------------------------------------|------------------------|---------------------|
| NEMBUTAL                                            | 2                      |                     |
| <i>oxazepam</i>                                     | 1                      |                     |
| <i>phenobarbital</i>                                | 1                      |                     |
| PHENOBARBITAL SODIUM                                | 2                      |                     |
| PRECEDEX                                            | 2                      |                     |
| SILENOR                                             | 2                      |                     |
| <i>temazepam</i>                                    | 1                      |                     |
| <i>zolpidem tartrate</i>                            | 1                      |                     |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b> |                        |                     |
| <i>acamprosate calcium</i>                          | 1                      |                     |
| <i>flumazenil</i>                                   | 1                      |                     |
| <i>guanfacine hcl (adhd)</i>                        | 1                      |                     |
| <i>memantine hcl</i>                                | 1, 2                   |                     |
| <i>riluzole</i>                                     | 1                      |                     |
| <i>selegiline hcl</i>                               | 1                      |                     |
| <b>GENERAL ANESTHETICS</b>                          |                        |                     |
| BREVITAL SODIUM                                     | 2                      |                     |
| <i>etomidate</i>                                    | 1                      |                     |
| FORANE                                              | 2                      |                     |
| <i>ketamine hcl</i>                                 | 1                      |                     |
| <i>propofol</i>                                     | 1                      |                     |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                    |                        |                     |
| AVONEX                                              | 4                      | QL                  |
| EXTAVIA                                             | 2                      | QL                  |
| <i>glatiramer acetate</i>                           | 1                      | QL                  |
| <b>OPIATE ANTAGONISTS</b>                           |                        |                     |
| <i>naloxone hcl</i>                                 | 1, 2                   |                     |
| <i>naltrexone hcl</i>                               | 1                      |                     |
| NALTREXONE HCL                                      | 2                      |                     |
| <b>PSYCHOTHERAPEUTIC AGENTS</b>                     |                        |                     |
| <i>amitriptyline hcl</i>                            | 1                      |                     |
| AMOXAPINE                                           | 2                      |                     |
| <i>aripiprazole</i>                                 | 1                      |                     |
| ARISTADA                                            | 4                      |                     |
| <i>bupropion hcl</i>                                | 1                      |                     |
| <i>chlorpromazine hcl</i>                           | 1, 2                   |                     |
| <i>citalopram hydrobromide</i>                      | 1                      |                     |
| <i>clomipramine hcl</i>                             | 1                      |                     |
| <i>clozapine</i>                                    | 1                      |                     |
| <i>desipramine hcl</i>                              | 1                      |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <i>doxepin hcl</i>                     | 1                     |                     |
| <i>duloxetine hcl</i>                  | 1                     |                     |
| <i>escitalopram oxalate</i>            | 1                     |                     |
| <i>fluoxetine hcl</i>                  | 1                     |                     |
| <i>fluphenazine decanoate</i>          | 1                     |                     |
| <i>fluphenazine hcl</i>                | 1, 2                  |                     |
| <i>fluvoxamine maleate</i>             | 1                     |                     |
| <i>haloperidol</i>                     | 1                     |                     |
| <i>haloperidol decanoate</i>           | 1                     |                     |
| <i>haloperidol lactate</i>             | 1                     |                     |
| <i>imipramine hcl</i>                  | 1                     |                     |
| INVEGA SUSTENNA                        | 4                     |                     |
| <i>loxapine succinate</i>              | 1                     |                     |
| MAPROTILINE HCL                        | 2                     |                     |
| <i>mirtazapine</i>                     | 1                     |                     |
| NEFAZODONE HCL                         | 1, 2                  |                     |
| <i>nortriptyline hcl</i>               | 1                     |                     |
| <i>olanzapine</i>                      | 1                     |                     |
| ORAP                                   | 1, 2                  |                     |
| <i>paroxetine hcl</i>                  | 1                     |                     |
| <i>perphenazine</i>                    | 1                     |                     |
| PERPHENAZINE-AMITRIPTYLINE             | 2                     |                     |
| <i>phenelzine sulfate</i>              | 1                     |                     |
| <i>prochlorperazine</i>                | 1                     |                     |
| <i>prochlorperazine edisylate</i>      | 1                     |                     |
| <i>prochlorperazine maleate</i>        | 1                     |                     |
| <i>protriptyline hcl</i>               | 1                     |                     |
| <i>quetiapine fumarate</i>             | 1                     |                     |
| RISPERDAL CONSTA                       | 4                     |                     |
| <i>risperidone</i>                     | 1                     |                     |
| <i>sertraline hcl</i>                  | 1                     |                     |
| <i>thioridazine hcl</i>                | 1                     |                     |
| <i>thiothixene</i>                     | 1                     |                     |
| <i>tranylcypromine sulfate</i>         | 1                     |                     |
| <i>trazodone hcl</i>                   | 1                     |                     |
| <i>trifluoperazine hcl</i>             | 1                     |                     |
| <i>trimipramine maleate</i>            | 1                     |                     |
| <i>venlafaxine hcl</i>                 | 1                     |                     |
| <i>ziprasidone hcl</i>                 | 1                     |                     |
| <b>CONTRACEPTIVES (FOAMS, DEVICES)</b> |                       |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <b>CONTRACEPTIVES (FOAMS, DEVICES)</b> |                       |                     |
| WIDE-SEAL DIAPHRAGM 60                 | 2                     |                     |
| <b>DEVICES</b>                         |                       |                     |
| <b>DEVICES</b>                         |                       |                     |
| AEROCHAMBER PLUS FLO-VU SMALL          | 2                     |                     |
| AEROTRACH PLUS                         | 2                     |                     |
| BAYER BREEZE 2 CONTROL                 | 2                     |                     |
| BD INSULIN SYRINGE                     | 2                     |                     |
| BD INSULIN SYRINGE U-500               | 2                     |                     |
| BD INTEGRA SYRINGE                     | 2                     |                     |
| BD LANCET DEVICE                       | 2                     |                     |
| BD LANCET ULTRAFINE 33G                | 2                     |                     |
| BD PEN NEEDLE MINI U/F                 | 1, 2                  |                     |
| BD SAFETYGLIDE SYRINGE/NEEDLE          | 2                     |                     |
| DISPOSABLE POWER                       | 2                     |                     |
| OMNITROPE PEN 5 INJ DEVICE             | 2                     |                     |
| ONETOUCH SURESOFT LANCING DEV          | 2                     |                     |
| ONETOUCH ULTRA MINI                    | 2                     |                     |
| PEDIATRIC SMALL MASK                   | 2                     |                     |
| TRUZONE PEAK FLOW METER                | 2                     |                     |
| <b>DIAGNOSTIC AGENTS</b>               |                       |                     |
| <b>DIAGNOSTIC AGENTS</b>               |                       |                     |
| ACETEST                                | 2                     |                     |
| <i>adenosine (diagnostic)</i>          | 1                     |                     |
| ALBUSTIX                               | 2                     |                     |
| CANDIN                                 | 2                     |                     |
| CHEMSTRIP 9                            | 2                     |                     |
| CHIRHOSTIM                             | 2                     |                     |
| CLINITEST                              | 2                     |                     |
| CONRAY                                 | 2                     |                     |
| CORTROSYN                              | 2                     |                     |

| Nombre del medicamento                          | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------------------|-----------------------|---------------------|
| CYSTOGRAPIN                                     | 2                     |                     |
| D-XYLOSE                                        | 2                     |                     |
| DIASTIX                                         | 2                     |                     |
| E-Z-CAT DRY                                     | 2                     |                     |
| EOVIST                                          | 2                     |                     |
| <i>fluorescein sodium injection</i>             | 1                     |                     |
| <i>fluorescein sodium topical</i>               | 1                     |                     |
| <i>fluorescein w/ benoxinate</i>                | 1                     |                     |
| GDAVIST                                         | 2                     |                     |
| GASTROGRAPIN                                    | 2                     |                     |
| INDIGO CARMINE                                  | 2                     |                     |
| KETO-DIASTIX                                    | 2                     |                     |
| LEXISCAN                                        | 2                     |                     |
| LUMASON                                         | 2                     |                     |
| MAGNEVIST                                       | 2                     |                     |
| METOPIRONE                                      | 2                     |                     |
| MULTIHANCE                                      | 2                     |                     |
| OMNIPAQUE                                       | 2                     |                     |
| ONETOUCH ULTRA BLUE                             | 2                     |                     |
| THYROGEN                                        | 2                     |                     |
| TUBERSOL                                        | 2                     |                     |
| <b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b> |                       |                     |
| <b>ALKALINIZING AGENTS</b>                      |                       |                     |
| <i>pot &amp; sod citrates w/citric ac</i>       | 1                     |                     |
| <i>potassium citrate (alkalinizer)</i>          | 1                     |                     |
| <i>potassium citrate-citric acid</i>            | 1                     |                     |
| SODIUM ACETATE                                  | 2                     |                     |
| <i>sodium bicarbonate</i>                       | 1, 2                  |                     |
| <i>sodium citrate &amp; citric acid</i>         | 1                     |                     |
| THAM                                            | 2                     |                     |
| <b>AMMONIA DETOXICANTS</b>                      |                       |                     |
| <i>lactulose</i>                                | 1                     |                     |
| <i>lactulose (encephalopathy)</i>               | 1                     |                     |
| LITHOSTAT                                       | 2                     |                     |
| <i>sodium phenylbutyrate</i>                    | 1, 4                  | QL                  |

| Nombre del medicamento                       | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------------|-----------------------|---------------------|
| <b>CALORIC AGENTS</b>                        |                       |                     |
| <i>amino acid electrolyte infusion</i>       | 1, 2                  |                     |
| <i>amino acid infusion</i>                   | 1, 2                  |                     |
| CLINIMIX E/DEXTROSE (2.75/10)                | 2                     |                     |
| CLINIMIX E/DEXTROSE (2.75/5)                 | 2                     |                     |
| CLINIMIX E/DEXTROSE (4.25/25)                | 2                     |                     |
| CLINIMIX E/DEXTROSE (5/15)                   | 2                     |                     |
| CLINIMIX E/DEXTROSE (5/20)                   | 2                     |                     |
| CLINIMIX/DEXTROSE (2.75/5)                   | 2                     |                     |
| CLINIMIX/DEXTROSE (4.25/10)                  | 2                     |                     |
| CLINIMIX/DEXTROSE (4.25/20)                  | 2                     |                     |
| CLINIMIX/DEXTROSE (4.25/25)                  | 2                     |                     |
| CLINIMIX/DEXTROSE (5/15)                     | 2                     |                     |
| <i>dextrose</i>                              | 1, 2                  |                     |
| INTRALIPID                                   | 1, 2                  |                     |
| PHENEX-1                                     | 2                     |                     |
| <b>DIURETICS</b>                             |                       |                     |
| <i>amiloride &amp; hydrochlorothiazide</i>   | 1                     |                     |
| <i>bumetanide</i>                            | 1                     |                     |
| <i>chlorthalidone</i>                        | 1                     |                     |
| DYRENIUM                                     | 2                     |                     |
| <i>ethacrynic acid</i>                       | 1, 2                  |                     |
| <i>furosemide</i>                            | 1, 2                  |                     |
| <i>hydrochlorothiazide</i>                   | 1                     |                     |
| <i>indapamide</i>                            | 1                     |                     |
| <i>mannitol</i>                              | 1                     |                     |
| <i>metolazone</i>                            | 1                     |                     |
| SODIUM EDECRIN                               | 2                     |                     |
| <i>torsemide</i>                             | 1                     |                     |
| <i>triamterene &amp; hydrochlorothiazide</i> | 1                     |                     |
| <b>ION-REMOVING AGENTS</b>                   |                       |                     |

| Nombre del medicamento                    | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------------|-----------------------|---------------------|
| <i>sevelamer carbonate</i>                | 1, 2                  |                     |
| <i>sodium polystyrene sulfonate</i>       | 1                     |                     |
| <b>IRRIGATING SOLUTIONS</b>               |                       |                     |
| <i>acetic acid</i>                        | 1                     |                     |
| DIANEAL LOW CALCIUM/4.25% DEX             | 2                     |                     |
| <i>lactated ringer's (irrigation)</i>     | 1                     |                     |
| <i>ringer's irrigation</i>                | 1                     |                     |
| <i>sodium chloride (gu irrigant)</i>      | 1                     |                     |
| <i>water for irrigation, sterile</i>      | 1                     |                     |
| <b>REPLACEMENT PREPARATIONS</b>           |                       |                     |
| <i>calcium acetate (phosphate binder)</i> | 1, 2                  |                     |
| <i>calcium chloride (dihydrate)</i>       | 1                     |                     |
| <i>calcium gluconate</i>                  | 1                     |                     |
| CHROMIC CHLORIDE                          | 2                     |                     |
| COPPER CHLORIDE                           | 2                     |                     |
| DEXTROSE 5%/ELECTROLYTE #48               | 2                     |                     |
| <i>dextrose in lactated ringers</i>       | 1                     |                     |
| <i>dextrose in ringers</i>                | 1                     |                     |
| <i>dextrose w/ sodium chloride</i>        | 1, 2                  |                     |
| <i>hetastarch in sodium chloride</i>      | 1                     |                     |
| HEXTEND                                   | 2                     |                     |
| HYPERLYTE-CR                              | 2                     |                     |
| K-PHOS                                    | 2                     |                     |
| KCL-LACTATED RINGERS-D5W                  | 2                     |                     |
| LACTATED RINGERS                          | 1                     |                     |
| LMD IN D5W                                | 2                     |                     |
| LMD IN NACL                               | 2                     |                     |
| M.T.E.-5 CONCENTRATE                      | 2                     |                     |
| MAGNESIUM SULFATE IN D5W                  | 2                     |                     |
| MANGANESE CHLORIDE                        | 2                     |                     |

| Nombre del medicamento                                              | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------------------------------------|-----------------------|---------------------|
| PLASMA-LYTE A                                                       | 2                     |                     |
| <i>potassium acetate</i>                                            | 1                     |                     |
| <i>potassium bicarbonate</i>                                        | 1                     |                     |
| <i>potassium chloride</i>                                           | 1, 2                  |                     |
| <i>potassium chloride in dextrose</i>                               | 1                     |                     |
| <i>potassium chloride in dextrose &amp; sodium chloride</i>         | 1, 2                  |                     |
| <i>potassium chloride in nacl</i>                                   | 1                     |                     |
| <i>potassium chloride microencapsulated crystals er</i>             | 1                     |                     |
| <i>potassium phosphate dibasic</i>                                  | 1                     |                     |
| <i>potassium phosphates</i>                                         | 1                     |                     |
| <i>ringer's</i>                                                     | 1                     |                     |
| <i>saline, bacteriostatic</i>                                       | 1                     |                     |
| SELENIUM                                                            | 2                     |                     |
| <i>sodium chloride</i>                                              | 1                     |                     |
| <i>sodium chloride flush</i>                                        | 1                     |                     |
| <i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i> | 1                     |                     |
| <i>trace minerals (cr-cu-mn-zn)</i>                                 | 1, 2                  |                     |
| ZINC SULFATE                                                        | 2                     |                     |
| ZINC TRACE METAL                                                    | 2                     |                     |
| <b>URICOSURIC AGENTS</b>                                            |                       |                     |
| <i>colchicine w/ probenecid</i>                                     | 1                     |                     |
| <i>probenecid</i>                                                   | 1                     |                     |
| <b>ENZYMES</b>                                                      |                       |                     |
| <b>ENZYMES</b>                                                      |                       |                     |
| ALDURAZYME                                                          | 4                     |                     |
| ARALAST NP                                                          | 2, 4                  | QL                  |
| CEREZYME                                                            | 4                     |                     |
| ELAPRASE                                                            | 4                     | QL                  |
| ELITEK                                                              | 4                     |                     |
| FABRAZYME                                                           | 4                     | QL                  |
| HYLENEX                                                             | 2                     |                     |
| LUMIZYME                                                            | 4                     | QL                  |
| NAGLAZYME                                                           | 4                     | QL                  |
| PULMOZYME                                                           | 4                     | QL                  |

| Nombre del medicamento                                | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------------------------|-----------------------|---------------------|
| STRENSIQ                                              | 4                     | QL                  |
| VIMIZIM                                               | 4                     | QL                  |
| VORAXAZE                                              | 4                     | QL                  |
| VPRIV                                                 | 4                     |                     |
| ZENPEP                                                | 2                     |                     |
| <b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b> |                       |                     |
| <b>ANTI-INFECTIVES</b>                                |                       |                     |
| BACITRACIN                                            | 2                     |                     |
| <i>bacitracin-polymyxin b (ophth)</i>                 | 1                     |                     |
| <i>chlorhexidine gluconate (mouth-throat)</i>         | 1                     |                     |
| <i>ciprofloxacin hcl (ophth)</i>                      | 1                     |                     |
| <i>erythromycin (ophth)</i>                           | 1                     |                     |
| <i>gatifloxacin (ophth)</i>                           | 1, 2                  |                     |
| <i>gentamicin sulfate (ophth)</i>                     | 1                     |                     |
| MITOSOL                                               | 2                     |                     |
| <i>moxifloxacin hcl (ophth)</i>                       | 1                     |                     |
| NATACYN                                               | 2                     |                     |
| <i>neomycin-bacitracin zn-polymyxin</i>               | 1                     |                     |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN                         | 1                     |                     |
| <i>ofloxacin (ophth)</i>                              | 1                     |                     |
| <i>ofloxacin (otic)</i>                               | 1                     |                     |
| <i>polymyxin b-trimethoprim</i>                       | 1                     |                     |
| <i>sulfacetamide sodium (ophth)</i>                   | 1                     |                     |
| <i>tobramycin (ophth)</i>                             | 1, 2                  |                     |
| TRIFLURIDINE                                          | 1                     |                     |
| <b>ANTI-INFLAMMATORY AGENTS</b>                       |                       |                     |
| BLEPHAMIDE                                            | 1, 2                  |                     |
| CIPRODEX                                              | 2                     |                     |
| COLY-MYCIN S                                          | 2                     |                     |
| DEXAMETHASONE SODIUM PHOSPHATE                        | 1                     |                     |
| <i>diclofenac sodium (ophth)</i>                      | 1                     |                     |
| FLUNISOLIDE                                           | 1                     |                     |
| <i>fluorometholone (ophth)</i>                        | 1, 2                  |                     |
| <i>flurbiprofen sodium</i>                            | 1                     |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <i>fluticasone propionate (nasal)</i>  | 1                     |                     |
| <i>ketorolac tromethamine (ophth)</i>  | 1                     |                     |
| <i>neomycin-polymyxin-dexameth</i>     | 1                     |                     |
| <i>neomycin-polymyxin-hc (otic)</i>    | 1                     |                     |
| OZURDEX                                | 4                     |                     |
| PRED MILD                              | 1, 2                  |                     |
| PREDNISOLONE SODIUM PHOSPHATE          | 2                     |                     |
| RESTASIS                               | 2                     |                     |
| RETISERT                               | 2                     |                     |
| TOBRADEX                               | 2                     |                     |
| VEXOL                                  | 2                     |                     |
| <b>ANTIALLERGIC AGENTS</b>             |                       |                     |
| ALOCRIAL                               | 2                     |                     |
| <i>azelastine hcl</i>                  | 1                     |                     |
| <i>cromolyn sodium (ophth)</i>         | 1                     |                     |
| <i>olopatadine hcl</i>                 | 1                     |                     |
| <b>ANTI GLAUCOMA AGENTS</b>            |                       |                     |
| <i>acetazolamide</i>                   | 1                     |                     |
| <i>acetazolamide sodium</i>            | 1                     |                     |
| <i>betaxolol hcl (ophth)</i>           | 1                     |                     |
| <i>brimonidine tartrate</i>            | 1                     |                     |
| <i>dorzolamide hcl</i>                 | 1                     |                     |
| <i>dorzolamide hcl-timolol maleate</i> | 1                     |                     |
| <i>latanoprost</i>                     | 1                     |                     |
| <i>levobunolol hcl</i>                 | 1                     |                     |
| LUMIGAN                                | 2                     |                     |
| <i>methazolamide</i>                   | 1                     |                     |
| MIOCHOL-E                              | 2                     |                     |
| MIOSTAT                                | 2                     |                     |
| PHOSPHOLINE IODIDE                     | 2                     |                     |
| <i>pilocarpine hcl</i>                 | 1                     |                     |
| <i>timolol maleate (ophth)</i>         | 1                     |                     |
| <b>EENT DRUGS, MISCELLANEOUS</b>       |                       |                     |
| <i>acetic acid (otic)</i>              | 1                     |                     |
| ACETIC ACID-ALUMINUM ACETATE           | 1                     |                     |
| <i>apraclonidine hcl</i>               | 1, 2                  |                     |

| Nombre del medicamento              | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------|-----------------------|---------------------|
| BSS                                 | 2                     |                     |
| EYLEA                               | 2                     |                     |
| HEALON5                             | 2                     |                     |
| JETREA                              | 2                     |                     |
| LACRISERT                           | 2                     |                     |
| LUCENTIS                            | 4                     | QL, LD              |
| MACUGEN                             | 2                     |                     |
| PHOTREXA-PHOTREXA VISCOSUS KIT      | 2                     |                     |
| VISUDYNE                            | 2                     |                     |
| <b>LOCAL ANESTHETICS</b>            |                       |                     |
| AKTEN                               | 2                     |                     |
| COCAINE HCL                         | 2                     |                     |
| <i>lidocaine hcl (mouth-throat)</i> | 1                     |                     |
| <i>proparacaine hcl</i>             | 1, 2                  |                     |
| <i>tetracaine hcl (ophth)</i>       | 1                     |                     |
| <b>MYDRIATICS</b>                   |                       |                     |
| ATROPINE SULFATE                    | 1, 2                  |                     |
| CYCLOMYDRIL                         | 2                     |                     |
| <i>cyclopentolate hcl</i>           | 1, 2                  |                     |
| <i>homatropine hbr</i>              | 1                     |                     |
| <i>tropicamide</i>                  | 1                     |                     |
| <b>VASOCONSTRICTORS</b>             |                       |                     |
| NAPHAZOLINE HCL                     | 2                     |                     |
| <i>phenylephrine hcl (ophth)</i>    | 1                     |                     |
| <b>GASTROINTESTINAL DRUGS</b>       |                       |                     |
| <b>ANTACIDS AND ADSORBENTS</b>      |                       |                     |
| GELUSIL                             | 2                     |                     |
| <b>ANTI-INFLAMMATORY AGENTS</b>     |                       |                     |
| <i>balsalazide disodium</i>         | 1                     |                     |
| <i>mesalamine</i>                   | 1, 2                  |                     |
| <b>ANTIDIARRHEA AGENTS</b>          |                       |                     |
| <i>bismuth subsalicylate</i>        | 1                     |                     |
| <i>diphenoxylate w/ atropine</i>    | 1, 2                  |                     |
| PAREGORIC                           | 2                     |                     |
| <b>ANTIEMETICS</b>                  |                       |                     |
| AKYNZEO                             | 2                     | QL                  |
| <i>dronabinol</i>                   | 1                     |                     |
| EMEND TAB                           | 2                     | QL                  |
| EMEND INJ                           | 2                     |                     |
| <i>meclizine hcl</i>                | 1                     |                     |

| Nombre del medicamento                                  | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------------------------|-----------------------|---------------------|
| <i>ondansetron</i>                                      | 1                     |                     |
| <i>ondansetron hcl</i>                                  | 1                     |                     |
| <i>scopolamine</i>                                      | 1, 2                  |                     |
| <b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>           |                       |                     |
| CIMETIDINE HCL                                          | 1                     |                     |
| <i>famotidine</i>                                       | 1                     |                     |
| FAMOTIDINE PREMIXED                                     | 2                     |                     |
| <i>misoprostol</i>                                      | 1                     |                     |
| <i>omeprazole</i>                                       | 1                     |                     |
| <i>pantoprazole sodium</i>                              | 1, 2                  |                     |
| <i>ranitidine hcl</i>                                   | 1                     |                     |
| <i>sucralfate</i>                                       | 1, 2                  |                     |
| <b>CATHARTICS AND LAXATIVES</b>                         |                       |                     |
| AMITIZA                                                 | 2                     |                     |
| CASCARA SAGRADA                                         | 2                     |                     |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | 1                     |                     |
| SORBITOL                                                | 2                     |                     |
| <b>CHOLELITHOLYTIC AGENTS</b>                           |                       |                     |
| <i>ursodiol</i>                                         | 1, 2                  |                     |
| <b>DIGESTANTS</b>                                       |                       |                     |
| CREON                                                   | 2                     |                     |
| <b>PROKINETIC AGENTS</b>                                |                       |                     |
| <i>metoclopramide hcl</i>                               | 1                     |                     |
| <b>GOLD COMPOUNDS</b>                                   |                       |                     |
| <b>GOLD COMPOUNDS</b>                                   |                       |                     |
| RIDAURA                                                 | 2                     |                     |
| <b>HEAVY METAL ANTAGONISTS</b>                          |                       |                     |
| <b>HEAVY METAL ANTAGONISTS</b>                          |                       |                     |
| BAL IN OIL                                              | 2                     |                     |
| CHEMET                                                  | 4                     |                     |
| <i>deferoxamine mesylate</i>                            | 1                     |                     |
| DEPEN TITRATABS                                         | 4                     |                     |
| EXJADE                                                  | 4                     | QL                  |
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>               |                       |                     |
| <b>ADRENALS</b>                                         |                       |                     |
| ASMANEX (120 METERED DOSES)                             | 2                     |                     |
| <i>betamethasone sod phosphate &amp; acetate</i>        | 1                     |                     |

| Nombre del medicamento                | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------|-----------------------|---------------------|
| <i>budesonide</i>                     | 1                     |                     |
| <i>budesonide (inhalation)</i>        | 1, 2                  |                     |
| CORTISONE ACETATE                     | 1                     |                     |
| <i>dexamethasone</i>                  | 1, 2                  |                     |
| <i>dexamethasone sodium phosphate</i> | 1                     |                     |
| FLOVENT HFA                           | 2                     |                     |
| <i>fludrocortisone acetate</i>        | 1                     |                     |
| <i>hydrocortisone</i>                 | 1                     |                     |
| KENALOG                               | 2                     |                     |
| <i>methylprednisolone</i>             | 1, 2                  |                     |
| <i>methylprednisolone acetate</i>     | 1                     |                     |
| <i>methylprednisolone sodium succ</i> | 1, 2                  |                     |
| <i>prednisolone</i>                   | 1                     |                     |
| <i>prednisolone sodium phosphate</i>  | 1                     |                     |
| <i>prednisone</i>                     | 1, 2                  |                     |
| QVAR                                  | 2                     |                     |
| SOLU-CORTEF                           | 2                     |                     |
| <b>ANDROGENS</b>                      |                       |                     |
| ANDRODERM                             | 1, 2                  |                     |
| ANDROID                               | 2                     |                     |
| ANDROXY                               | 2                     |                     |
| <i>danazol</i>                        | 1                     |                     |
| <i>oxandrolone</i>                    | 1                     |                     |
| <i>testosterone cypionate</i>         | 1, 2                  |                     |
| <i>testosterone enanthate</i>         | 1                     |                     |
| <b>ANTIDIABETIC AGENTS</b>            |                       |                     |
| <i>acarbose</i>                       | 1                     |                     |
| BYDUREON                              | 2                     |                     |
| <i>glimepiride</i>                    | 1                     |                     |
| <i>glipizide</i>                      | 1                     |                     |
| <i>glipizide-metformin hcl</i>        | 1                     |                     |
| <i>glyburide</i>                      | 1                     |                     |
| HUMALOG                               | 2                     |                     |
| HUMALOG MIX 50/50                     | 2                     |                     |
| HUMULIN 70/30                         | 2                     |                     |
| HUMULIN N                             | 2                     |                     |
| HUMULIN R                             | 2                     |                     |
| JARDIANCE                             | 2                     |                     |

| Nombre del medicamento                           | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------------|-----------------------|---------------------|
| LANTUS                                           | 2                     |                     |
| <i>metformin hcl</i>                             | 1                     |                     |
| <i>pioglitazone hcl</i>                          | 1                     |                     |
| SYMLINPEN 120                                    | 2                     |                     |
| TOLBUTAMIDE                                      | 2                     |                     |
| TRADJENTA                                        | 2                     |                     |
| <b>ANTIHYPOGLYCEMIC AGENTS</b>                   |                       |                     |
| GLUCAGEN                                         | 2                     |                     |
| GLUCAGON EMERGENCY                               | 2                     |                     |
| <b>CONTRACEPTIVES</b>                            |                       |                     |
| <i>desogestrel &amp; ethinyl estradiol</i>       | 1                     |                     |
| <i>drospirenone-ethinyl estradiol</i>            | 1                     |                     |
| ELLA                                             | 2                     |                     |
| <i>ethynodiol diacet &amp; eth estrad</i>        | 1                     |                     |
| <i>levonorgestrel &amp; eth estradiol</i>        | 1                     |                     |
| <i>levonorgestrel (emergency oc)</i>             | 1                     |                     |
| <i>levonorgestrel-eth estradiol (triphase)</i>   | 1                     |                     |
| LOESTRIN 1/20 (21)                               | 1                     |                     |
| MIRENA (52 MG)                                   | 2                     |                     |
| NECON 1/50 (28)                                  | 2                     |                     |
| NECON 10/11 (28)                                 | 2                     |                     |
| NEXPLANON                                        | 2                     |                     |
| <i>norethin acet &amp; estrad-fe</i>             | 1                     |                     |
| <i>norethindrone &amp; eth estradiol</i>         | 1                     |                     |
| <i>norethindrone (contraceptive)</i>             | 1                     |                     |
| <i>norethindrone-eth estradiol (triphase)</i>    | 1                     |                     |
| <i>norgestimate-ethinyl estradiol</i>            | 1                     |                     |
| <i>norgestimate-ethinyl estradiol (triphase)</i> | 1                     |                     |
| <i>norgestrel &amp; ethinyl estradiol</i>        | 1, 2                  |                     |
| NUVARING                                         | 2                     |                     |
| XULANE                                           | 2                     |                     |

| Nombre del medicamento                               | Nivel del medicamento | Requisitos/ Límites |
|------------------------------------------------------|-----------------------|---------------------|
| <b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>   |                       |                     |
| <i>clomiphene citrate</i>                            | 1                     |                     |
| DEPO-ESTRADIOL                                       | 2                     |                     |
| <i>esterified estrogens &amp; methyltestosterone</i> | 1                     |                     |
| ESTRACE                                              | 2                     |                     |
| <i>estradiol</i>                                     | 1, 2                  |                     |
| <i>estradiol valerate</i>                            | 1, 2                  |                     |
| PREMARIN VAG CRM                                     | 2                     |                     |
| <i>raloxifene hcl</i>                                | 1                     |                     |
| <b>GONADOTROPINS</b>                                 |                       |                     |
| BRAVELLE                                             | 2                     |                     |
| GONAL-F                                              | 2                     |                     |
| MENOPUR                                              | 2                     |                     |
| NOVAREL                                              | 1                     |                     |
| OVIDREL                                              | 2                     |                     |
| SYNAREL                                              | 4                     |                     |
| <b>PARATHYROID</b>                                   |                       |                     |
| <i>calcitonin (salmon)</i>                           | 1, 2                  |                     |
| FORTEO                                               | 4                     | QL                  |
| <b>PITUITARY</b>                                     |                       |                     |
| ACTHAR                                               | 2                     | LD                  |
| <i>desmopressin acetate</i>                          | 1, 4                  |                     |
| <i>desmopressin acetate refrigerated</i>             | 1                     |                     |
| <i>desmopressin acetate spray</i>                    | 1                     |                     |
| <i>desmopressin acetate spray refrigerated</i>       | 1                     |                     |
| <b>PROGESTINS</b>                                    |                       |                     |
| DEPO-PROVERA                                         | 2                     |                     |
| ENDOMETRIN                                           | 2                     |                     |
| HYDROXYPROGESTERONE CAPROATE                         | 1                     | QL                  |
| MAKENA                                               | 2                     | QL                  |
| <i>medroxyprogesterone acetate</i>                   | 1                     |                     |
| <i>medroxyprogesterone acetate (contraceptive)</i>   | 1                     |                     |
| <i>norethindrone acetate</i>                         | 1                     |                     |
| <i>progesterone</i>                                  | 1                     |                     |
| <i>progesterone micronized</i>                       | 1                     |                     |

| Nombre del medicamento                 | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------|-----------------------|---------------------|
| <b>SOMATROPIN AGONISTS-ANTAGONISTS</b> |                       |                     |
| NORDITROPIN                            | 2, 4                  | QL                  |
| FLEXPRO                                |                       |                     |
| SEROSTIM                               | 4                     | QL                  |
| <b>THYROID AND ANTITHYROID AGENTS</b>  |                       |                     |
| <i>levothyroxine sodium</i>            | 1, 2                  |                     |
| <i>liothyronine sodium</i>             | 1                     |                     |
| <i>methimazole</i>                     | 1                     |                     |
| <i>propylthiouracil</i>                | 1                     |                     |
| SSKI                                   | 2                     |                     |
| <b>IMMUNOLOGICAL AGENTS</b>            |                       |                     |
| <b>ANTIRHEUMATIC AGENTS</b>            |                       |                     |
| ENBREL                                 | 4                     | QL                  |
| HUMIRA                                 | 4                     | QL                  |
| KINERET                                | 4                     | QL, LD              |
| <i>leflunomide</i>                     | 1                     |                     |
| ORENCIA                                | 4                     | QL                  |
| OTEZLA                                 | 4                     | QL                  |
| RASUVO                                 | 2                     |                     |
| REMICADE                               | 4                     |                     |
| <b>IMMUNE SUPPRESSANTS</b>             |                       |                     |
| ATGAM                                  | 2                     |                     |
| <i>azathioprine</i>                    | 1                     |                     |
| <i>mycophenolate mofetil</i>           | 1                     |                     |
| NEORAL                                 | 2                     |                     |
| SANDIMMUNE                             | 2                     |                     |
| <i>sirolimus</i>                       | 1, 2                  |                     |
| <i>tacrolimus</i>                      | 1, 2                  |                     |
| <b>LOCAL ANESTHETICS</b>               |                       |                     |
| <b>LOCAL ANESTHETICS</b>               |                       |                     |
| <i>bupivacaine hcl</i>                 | 1                     |                     |
| <i>bupivacaine in dextrose</i>         | 1                     |                     |
| <i>bupivacaine w/ epinephrine</i>      | 1, 2                  |                     |
| <i>chloroprocaine hcl</i>              | 1, 2                  |                     |
| LIDOCAINE HCL (CARDIAC) PF             | 1                     |                     |
| <i>lidocaine hcl (local anesth.)</i>   | 1                     |                     |
| <i>lidocaine w/ epinephrine</i>        | 1, 2                  |                     |
| <i>mepivacaine hcl</i>                 | 1                     |                     |
| NAROPIN                                | 2                     |                     |

| Nombre del medicamento                           | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------------|-----------------------|---------------------|
| TETRACAINE HCL                                   | 2                     |                     |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>          |                       |                     |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>          |                       |                     |
| <i>acetylcysteine</i>                            | 1                     |                     |
| <i>acetylcysteine (antidote)</i>                 | 1                     |                     |
| ACTIMMUNE                                        | 2                     | QL                  |
| <i>alendronate sodium</i>                        | 1, 2                  |                     |
| <i>allopurinol</i>                               | 1                     |                     |
| <i>amifostine</i>                                | 1                     |                     |
| BOTOX                                            | 2                     |                     |
| BOTOX COSMETIC                                   | 2                     |                     |
| BRIDION                                          | 2                     |                     |
| CERDELGA                                         | 4                     | QL                  |
| <i>cinacalcet hcl</i>                            | 1                     |                     |
| CINRYZE                                          | 4                     | QL                  |
| COLCHICINE                                       | 2                     |                     |
| <i>cyclosporine modified (for microemulsion)</i> | 1                     |                     |
| CYSTADANE                                        | 4                     | QL, LD              |
| CYSTAGON                                         | 2                     | QL, LD              |
| <i>dexrazoxane hcl</i>                           | 1, 2                  |                     |
| <i>disulfiram</i>                                | 1, 2                  |                     |
| ELMIRON                                          | 2                     |                     |
| ETIDRONATE DISODIUM                              | 2                     |                     |
| <i>finasteride</i>                               | 1                     |                     |
| FIRAZYR                                          | 4                     | QL                  |
| FLUOR-A-DAY                                      | 2                     |                     |
| FUSILEV                                          | 2                     |                     |
| GRASTEK                                          | 2                     |                     |
| INFLECTRA                                        | 4                     |                     |
| KALYDECO                                         | 4                     | QL                  |
| <i>leucovorin calcium</i>                        | 1                     |                     |
| <i>levocarnitine (metabolic modifiers)</i>       | 1                     |                     |
| <i>mesna</i>                                     | 1, 2                  | QL                  |
| METHYLENE BLUE                                   | 1                     |                     |
| MYOBLOC                                          | 2                     |                     |
| <i>octreotide acetate</i>                        | 1, 2                  | QL                  |
| <i>pamidronate disodium</i>                      | 1, 2                  |                     |
| RIMSO-50                                         | 2                     |                     |
| <i>sirolimus</i>                                 | 1                     |                     |

| Nombre del medicamento              | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------|-----------------------|---------------------|
| <i>sodium fluoride</i>              | 1, 2                  |                     |
| <i>sodium fluoride (dental)</i>     | 1, 2                  |                     |
| SOLIRIS                             | 4                     |                     |
| TAKHZYRO                            | 4                     | QL                  |
| THALOMID                            | 4                     | QL                  |
| THIOLA                              | 2                     | LD                  |
| TRI-CHLOR                           | 2                     |                     |
| TYSABRI                             | 2                     | QL, LD              |
| <i>water for injection, sterile</i> | 1                     |                     |
| XELJANZ                             | 4                     | QL                  |
| <i>zoledronic acid</i>              | 1                     |                     |
| <b>OXYTOCICS</b>                    |                       |                     |
| <b>OXYTOCICS</b>                    |                       |                     |
| CERVIDIL                            | 2                     |                     |
| HEMABATE                            | 2                     |                     |
| <i>methylergonovine maleate</i>     | 1                     |                     |
| MIFEPREX                            | 2                     |                     |
| <i>oxytocin</i>                     | 1                     |                     |
| <b>PHARMACEUTICAL AIDS</b>          |                       |                     |
| <b>PHARMACEUTICAL AIDS</b>          |                       |                     |
| ALOE VERA                           | 2                     |                     |
| ALPROSTADIL                         | 2                     |                     |
| ATROPINE SULFATE MONOHYDRATE        | 2                     |                     |
| BACLOFEN                            | 2                     |                     |
| BACTERIOSTATIC WATER(BENZ ALC)      | 2                     |                     |
| BIOTIN-D                            | 2                     |                     |
| BORIC ACID                          | 2                     |                     |
| CANTHARIDIN                         | 2                     |                     |
| CARBAMAZEPINE                       | 2                     |                     |
| CHLOROFORM                          | 2                     |                     |
| CHLORPROMAZINE HCL                  | 2                     |                     |
| CHOLESTEROL                         | 2                     |                     |
| CLINDAMYCIN HCL                     | 2                     |                     |
| CLOBETASOL PROPIONATE               | 2                     |                     |
| CLONIDINE HCL                       | 2                     |                     |
| CLOTRIMAZOLE                        | 2                     |                     |
| COAL TAR                            | 2                     |                     |

| Nombre del medicamento         | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------|-----------------------|---------------------|
| COLLODION FLEXIBLE             | 2                     |                     |
| CYSTEAMINE HCL                 | 2                     |                     |
| DEXAMETHASONE                  | 2                     |                     |
| DILTIAZEM HCL                  | 2                     |                     |
| ESTRADIOL                      | 2                     |                     |
| GABAPENTIN                     | 2                     |                     |
| GLYCERIN                       | 2                     |                     |
| GLYCOPYRROLATE                 | 2                     |                     |
| HALOPERIDOL                    | 2                     |                     |
| HYDROCORTISONE                 | 2                     |                     |
| HYDROPHILIC                    | 2                     |                     |
| HYDROXOCOBALAMIN               | 2                     |                     |
| HYDROXYPROGESTERONE CAPROATE   | 2                     |                     |
| INDOMETHACIN                   | 2                     |                     |
| ISOSORBIDE                     | 2                     |                     |
| KETAMINE HCL                   | 2                     |                     |
| KETOPROFEN                     | 2                     |                     |
| L-ARGININE                     | 2                     |                     |
| L-CITRULLINE                   | 2                     |                     |
| L-ISOLEUCINE                   | 2                     |                     |
| L-PROLINE                      | 2                     |                     |
| L-VALINE                       | 2                     |                     |
| LACTIC ACID                    | 2                     |                     |
| LACTOSE                        | 2                     |                     |
| LACTOSE MONOHYDRATE            | 2                     |                     |
| LIDOCAINE HCL                  | 2                     |                     |
| METHADONE HCL                  | 2                     |                     |
| METOCLOPRAMIDE HCL MONOHYDRATE | 2                     |                     |
| METRONIDAZOLE                  | 2                     |                     |
| MORPHINE SULFATE               | 2                     |                     |
| NEOMYCIN SULFATE               | 2                     |                     |
| PAPAVERINE HCL                 | 2                     |                     |
| PHENOBARBITAL                  | 2                     |                     |
| PHENTOLAMINE MESYLATE          | 2                     |                     |
| PLURONIC F127                  | 2                     |                     |
| PODOPHYLLUM RESIN              | 2                     |                     |
| POLYETHYLENE GLYCOL 400        | 2                     |                     |

| Nombre del medicamento                | Nivel del medicamento | Requisitos/ Límites |
|---------------------------------------|-----------------------|---------------------|
| POLYETHYLENE GLYCOL 8000              | 2                     |                     |
| PROGESTERONE MICRONIZED               | 2                     |                     |
| PROGESTERONE WETTABLE                 | 2                     |                     |
| PROPYLENE GLYCOL                      | 2                     |                     |
| QUINACRINE HCL                        | 2                     |                     |
| SALICYLIC ACID                        | 2                     |                     |
| SODIUM BENZOATE                       | 2                     |                     |
| SORBITOL                              | 2                     |                     |
| SQUARIC ACID DIBUTYLESTER             | 2                     |                     |
| SULFUR PRECIPITATED                   | 2                     |                     |
| TESTOSTERONE PROPIONATE               | 2                     |                     |
| THYMOL                                | 2                     |                     |
| TRANEXAMIC ACID                       | 2                     |                     |
| TRIAMCINOLONE ACETONIDE               | 2                     |                     |
| UREA                                  | 2                     |                     |
| VERAPAMIL HCL                         | 2                     |                     |
| <i>water for injection, sterile</i>   | 1                     |                     |
| ZINC SULFATE                          | 2                     |                     |
| <b>RESPIRATORY TRACT AGENTS</b>       |                       |                     |
| <b>ANTI-INFLAMMATORY AGENTS</b>       |                       |                     |
| ADVAIR HFA                            | 2                     |                     |
| AEROSPAN                              | 2                     |                     |
| ALVESCO                               | 2                     |                     |
| COMBIVENT RESPIMAT                    | 2                     |                     |
| <i>cromolyn sodium</i>                | 1                     |                     |
| <i>cromolyn sodium (mastocytosis)</i> | 1                     |                     |
| <i>montelukast sodium</i>             | 1                     |                     |
| <b>ANTITUSSIVES</b>                   |                       |                     |
| <i>benzonatate</i>                    | 1                     |                     |
| <i>guaifenesin-codeine</i>            | 1                     |                     |
| <i>hydrocodone w/ homatropine</i>     | 1                     |                     |
| <i>phenylephrine-chlorphen-dm</i>     | 1                     |                     |
| PHENYLHISTINE DH                      | 2                     |                     |
| <i>promethazine w/codeine</i>         | 1                     |                     |

| Nombre del medicamento                   | Nivel del medica-mento | Requisitos/ Límites |
|------------------------------------------|------------------------|---------------------|
| PROMETHAZINE-DM                          | 1                      |                     |
| <i>pseudoephedrine w/ codeine-gg</i>     | 1                      |                     |
| <b>MUCOLYTIC AGENTS</b>                  |                        |                     |
| <i>sodium chloride (inhalant)</i>        | 1                      |                     |
| <b>PULMONARY SURFACTANTS</b>             |                        |                     |
| CUROSURF                                 | 2                      |                     |
| SURVANTA                                 | 2                      |                     |
| <b>RESPIRATORY AGENTS, MISCELLANEOUS</b> |                        |                     |
| ARALAST NP                               | 4                      | QL                  |
| DALIRESP                                 | 2                      |                     |
| OFEV                                     | 4                      |                     |
| ORKAMBI                                  | 4                      | QL                  |
| SYMDEKO                                  | 4                      | QL                  |
| XOLAIR                                   | 4                      | QL, LD              |
| <b>VASODILATING</b>                      |                        |                     |
| OPSUMIT                                  | 4                      | QL, LD              |
| TRACLEER                                 | 4                      | QL                  |
| <b>SERUMS, TOXOIDS, AND VACCINES</b>     |                        |                     |
| <b>SERUMS</b>                            |                        |                     |
| ANTIVENIN<br>LATRODECTUS<br>MACTANS      | 2                      |                     |
| CARIMUNE NF                              | 2                      |                     |
| CROFAB                                   | 2                      |                     |
| CYTOGAM                                  | 2                      |                     |
| DIGIFAB                                  | 2                      |                     |
| GAMASTAN S/D                             | 2                      |                     |
| GAMMAGARD                                | 2                      |                     |
| HIZENTRA                                 | 4                      | QL                  |
| HYPERRAB S/D                             | 2                      |                     |
| HYPERTET S/D                             | 2                      |                     |
| HYQVIA                                   | 4                      | QL                  |
| MICRHOGAM ULTRA-FILTERED PLUS            | 2                      |                     |
| NABI-HB                                  | 2                      |                     |
| ODACTRA                                  | 2                      |                     |
| <b>TOXOIDS</b>                           |                        |                     |
| ADACEL                                   | 2                      |                     |
| DIPHTHERIA-TETANUS<br>TOXOIDS DT         | 2                      |                     |
| INFANRIX                                 | 2                      |                     |

| Nombre del medicamento                 | Nivel del medica-mento | Requisitos/ Límites |
|----------------------------------------|------------------------|---------------------|
| TDVAX                                  | 2                      |                     |
| <b>VACCINES</b>                        |                        |                     |
| ACTHIB                                 | 2                      |                     |
| AFLURIA                                | 2                      |                     |
| BEXSERO                                | 2                      |                     |
| ENGERIX-B                              | 2                      |                     |
| FLUAD                                  | 2                      |                     |
| FLUZONE HIGH-DOSE                      | 2                      |                     |
| GARDASIL                               | 2                      |                     |
| GARDASIL 9                             | 2                      |                     |
| HAVRIX                                 | 2                      |                     |
| IMOVAX RABIES                          | 2                      |                     |
| IPOL                                   | 2                      |                     |
| IXIARO                                 | 2                      |                     |
| KINRIX                                 | 2                      |                     |
| M-M-R II                               | 2                      |                     |
| MENVEO                                 | 2                      |                     |
| PEDIARIX                               | 2                      |                     |
| PNEUMOVAX 23                           | 2                      |                     |
| PREVNAR 13                             | 2                      |                     |
| PROQUAD                                | 2                      |                     |
| RABAVERT                               | 2                      |                     |
| ROTARIX                                | 2                      |                     |
| ROTATEQ                                | 2                      |                     |
| SHINGRIX                               | 2                      |                     |
| TICE BCG                               | 2                      |                     |
| TWINRIX                                | 2                      |                     |
| TYPHIM VI                              | 2                      |                     |
| VARIVAX                                | 2                      |                     |
| VAXCHORA                               | 2                      |                     |
| VIVOTIF                                | 2                      |                     |
| YF-VAX                                 | 2                      |                     |
| ZOSTAVAX                               | 2                      |                     |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS</b> |                        |                     |
| <b>ANTI-INFECTIVES</b>                 |                        |                     |
| <i>benzoyl peroxide-erythromycin</i>   | 1, 2                   |                     |
| <i>clindamycin phosphate (topical)</i> | 1                      |                     |
| <i>clindamycin phosphate vaginal</i>   | 1                      |                     |

| Nombre del medicamento                                      | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------------------------------|-----------------------|---------------------|
| <i>clindamycin phosphate-benzoyl peroxide</i>               | 1                     |                     |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1                     |                     |
| <i>clotrimazole</i>                                         | 1                     |                     |
| <i>dakin's solution</i>                                     | 1, 2                  |                     |
| <i>erythromycin (acne aid)</i>                              | 1                     |                     |
| <i>gentamicin sulfate (topical)</i>                         | 1                     |                     |
| GENTIAN VIOLET                                              | 2                     |                     |
| <i>iodoquinol-hc</i>                                        | 1                     |                     |
| ISAGEL                                                      | 2                     |                     |
| <i>ketoconazole (topical)</i>                               | 1                     |                     |
| <i>malathion</i>                                            | 1                     |                     |
| <i>metronidazole (topical)</i>                              | 1                     |                     |
| <i>metronidazole vaginal</i>                                | 1                     |                     |
| <i>mupirocin</i>                                            | 1                     |                     |
| NEOMYCIN-POLYMYXIN B GU                                     | 1, 2                  |                     |
| <i>nystatin (topical)</i>                                   | 1                     |                     |
| <i>permethrin</i>                                           | 1                     |                     |
| <i>selenium sulfide</i>                                     | 1                     |                     |
| <i>silver sulfadiazine</i>                                  | 1                     |                     |
| SULFAMYLLON                                                 | 2                     |                     |
| <b>ANTI-INFLAMMATORY AGENTS</b>                             |                       |                     |
| <i>alclometasone dipropionate</i>                           | 1                     |                     |
| <i>betamethasone dipropionate (topical)</i>                 | 1                     |                     |
| <i>betamethasone dipropionate augmented</i>                 | 1                     |                     |
| <i>betamethasone valerate</i>                               | 1                     |                     |
| <i>clobetasol propionate</i>                                | 1, 2                  |                     |
| CORDRAN                                                     | 2                     |                     |
| CORTISPORIN                                                 | 2                     |                     |
| <i>desonide</i>                                             | 1, 2                  |                     |
| <i>desoximetasone</i>                                       | 1                     |                     |
| <i>fluocinolone acetonide</i>                               | 1                     |                     |
| <i>fluocinonide</i>                                         | 1                     |                     |
| <i>fluticasone propionate</i>                               | 1                     |                     |
| <i>halobetasol propionate</i>                               | 1                     |                     |

| Nombre del medicamento                                | Nivel del medicamento | Requisitos/ Límites |
|-------------------------------------------------------|-----------------------|---------------------|
| <i>hydrocortisone (intrarectal)</i>                   | 1                     |                     |
| <i>hydrocortisone (rectal)</i>                        | 1                     |                     |
| <i>hydrocortisone (topical)</i>                       | 1                     |                     |
| <i>hydrocortisone acetate (rectal)</i>                | 1                     |                     |
| <i>mometasone furoate</i>                             | 1                     |                     |
| <i>nystatin-triamcinolone</i>                         | 1                     |                     |
| <i>pramoxine-hc</i>                                   | 1, 2                  |                     |
| <i>triamcinolone acetonide (mouth)</i>                | 1                     |                     |
| <i>triamcinolone acetonide (topical)</i>              | 1                     |                     |
| <b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>            |                       |                     |
| <i>hydrocortisone acetate w/ pramoxine</i>            | 1, 2                  |                     |
| <i>lidocaine</i>                                      | 1                     |                     |
| <i>lidocaine hcl</i>                                  | 1                     |                     |
| <i>lidocaine-prilocaine</i>                           | 1                     |                     |
| PHENOL                                                | 2                     |                     |
| SARNA                                                 | 2                     |                     |
| <b>ASTRINGENTS</b>                                    |                       |                     |
| DRYSOL                                                | 2                     |                     |
| XERAC AC                                              | 2                     |                     |
| <b>CELL STIMULANTS AND PROLIFERANTS</b>               |                       |                     |
| KEPIVANCE                                             | 4                     | QL                  |
| RETIN-A MICRO                                         | 1                     |                     |
| <i>tretinoin</i>                                      | 1, 2                  |                     |
| <b>DEPIGMENTING AND PIGMENTING AGENTS</b>             |                       |                     |
| 8-MOP                                                 | 2                     |                     |
| <i>methoxsalen rapid</i>                              | 1, 2                  |                     |
| OXSORALEN                                             | 2                     |                     |
| <b>KERATOLYTIC AGENTS</b>                             |                       |                     |
| KERALYT                                               | 2                     |                     |
| <i>sulfacetamide sodium w/ sulfur</i>                 | 1, 2                  |                     |
| <b>KERATOPLASTIC AGENTS</b>                           |                       |                     |
| ELTA TAR                                              | 2                     |                     |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b> |                       |                     |
| <i>acitretin</i>                                      | 1                     | QL                  |
| <i>adapalene</i>                                      | 1, 2                  |                     |

| Nombre del medicamento                       | Nivel del medicamento | Requisitos/ Límites |
|----------------------------------------------|-----------------------|---------------------|
| AQUAPHOR ADVANCED THERAPY                    | 2                     |                     |
| BENZOIN                                      | 2                     |                     |
| <i>benzoin compound</i>                      | 1                     |                     |
| <i>calcipotriene</i>                         | 1                     |                     |
| COSENTYX (300 MG DOSE)                       | 4                     | QL                  |
| DESITIN                                      | 2                     |                     |
| <i>diclofenac sodium (topical)</i>           | 1                     |                     |
| DRITHO-CREME HP                              | 2                     |                     |
| EPIDUO                                       | 2                     |                     |
| <i>fluorouracil (topical)</i>                | 1, 2                  |                     |
| <i>imiquimod</i>                             | 1                     |                     |
| <i>isotretinoin</i>                          | 1                     | QL                  |
| LEVULAN KERASTICK                            | 2                     |                     |
| <i>pimecrolimus</i>                          | 1, 2                  |                     |
| PODOCON                                      | 2                     |                     |
| <i>podofilox</i>                             | 1, 2                  |                     |
| SANTYL                                       | 2                     |                     |
| <i>sodium chloride</i>                       | 1                     |                     |
| STELARA                                      | 4                     |                     |
| <i>tacrolimus (topical)</i>                  | 1                     |                     |
| TARGRETIN                                    | 2                     |                     |
| <i>tazarotene</i>                            | 1, 2                  |                     |
| VECTICAL                                     | 2                     |                     |
| <b>SMOOTH MUSCLE RELAXANTS</b>               |                       |                     |
| <b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b> |                       |                     |
| <i>oxybutynin chloride</i>                   | 1                     |                     |
| OXYTROL                                      | 2                     |                     |
| <i>solifenacin succinate</i>                 | 1                     |                     |
| <i>tropium chloride</i>                      | 1                     |                     |
| <b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>   |                       |                     |
| <i>aminophylline</i>                         | 1                     |                     |

| Nombre del medicamento                     | Nivel del medicamento | Requisitos/ Límites |
|--------------------------------------------|-----------------------|---------------------|
| <i>theophylline</i>                        | 1                     |                     |
| THEOPHYLLINE IN D5W                        | 2                     |                     |
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| <i>b-complex w/ c &amp; folic acid</i>     | 1                     |                     |
| INFUVITE ADULT                             | 2                     |                     |
| INFUVITE PEDIATRIC                         | 2                     |                     |
| <i>ped multivitamins w/fl &amp; iron</i>   | 1                     |                     |
| <i>pediatric multiple vitamin w/ c</i>     | 1, 2                  |                     |
| <i>pediatric multivitamins w/fl</i>        | 1                     |                     |
| <i>pediatric vitamins acid w/ fluoride</i> | 1                     |                     |
| POLY-VI-SOL/IRON                           | 2                     |                     |
| TRI-VI-SOL                                 | 2                     |                     |
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| AQUASOL A                                  | 2                     |                     |
| <b>VITAMIN B COMPLEX</b>                   |                       |                     |
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| FOLIC ACID                                 | 2                     |                     |
| <i>niacin</i>                              | 1, 2                  |                     |
| POTABA                                     | 2                     |                     |
| PYRIDOXINE HCL                             | 1                     |                     |
| <i>thiamine hcl</i>                        | 1                     |                     |
| <b>VITAMIN C</b>                           |                       |                     |
| <i>ascorbic acid</i>                       | 1                     |                     |
| <b>VITAMIN D</b>                           |                       |                     |
| <i>calcitriol</i>                          | 1                     |                     |
| <i>ergocalciferol</i>                      | 1                     |                     |
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## Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) o CalPERS, ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- Completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- Completando el formulario de queja en nuestro sitio web en **kp.org/espanol**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), en [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html) (en inglés).



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