



## 2024 Formulario (lista de medicamentos cubiertos)

**FAVOR DE LEER:** Este documento contiene información acerca de los medicamentos que cubrimos en este plan.

**Aspire Health Protect (HMO)  
Aspire Health Value (HMO)  
Aspire Health Advantage (HMO)  
Aspire Health Group Plus (HMO-POS)  
Aspire Health Plus (HMO-POS)**



PRESENTADO POR



**MONTAGE**  
Health



**Salinas Valley**  
HEALTH

Este formulario fue actualizado el 9/25/2024. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con Aspire Health Plan.

(888) 495-3160 | usuarios de TTY 711  
24 horas al día, siete días a la semana, o  
visite [www.aspirehealthplan.org](http://www.aspirehealthplan.org)

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## Nota para miembros actuales

Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, se está refiriendo a Aspire Health Plan. Cuando se refiere al “plan” o a “nuestro plan”, se está refiriendo a Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan, actualizada a partir de 9/25/2024. Para obtener un formulario actualizado, por favor póngase en contacto con nosotros. Nuestra información de contacto, además de la fecha de la última actualización del formulario, aparece en las páginas de la portada y contratapa.

Debe usar por lo general farmacias de la red para usar su beneficio de medicamentos con receta médica. Los beneficios, el formulario, la red de farmacias y/o los copagos/coaseguros podrían cambiar el 1 de enero de 2024, y de vez en cuando durante el año.

# Contenido

|  |      |
|--|------|
| ¿Qué es el formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus? .....                             | iv   |
| ¿Puede cambiar el Formulario (lista de medicamentos)? .....  | iv   |
| ¿Cómo uso el formulario? .....   | v    |
| ¿Qué son medicamentos genéricos? .....   | vi   |
| ¿Existen restricciones en mi cobertura? .....  | vi   |
| ¿Cómo puedo solicitar una excepción al formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus? ..... | vii  |
| ¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción? .....  | viii |
| Para más información .....   | ix   |
| Formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, o Aspire Health Plus .....  | ix   |
| Índice de medicamentos .....   | 1    |

# ¿Qué es el formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus?

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Un formulario es una lista de medicamentos cubiertos seleccionados por Aspire Health Plan en consulta con un equipo de proveedores de cuidados de salud, que representa las terapias de prescripción que se considera que son una parte necesaria de un programa de tratamiento de calidad. Aspire Health Plan cubrirá por lo general los medicamentos listados en nuestro formulario siempre y cuando los medicamentos sean médicamente necesarios, la receta médica sea surtida en una farmacia de la red de Aspire Health Plan y se sigan otras reglas del plan. Para más información en cómo surtir sus recetas médicas, por favor consulte su Evidencia de Cobertura.

## ¿Puede cambiar el formulario (lista de medicamentos)?

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La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de enero, pero podríamos agregar o quitar medicamentos de la lista de medicamentos durante el año, moverlos a distintos niveles de costos compartidos o agregar nuevas restricciones. Nosotros debemos seguir las reglas de Medicare al hacer estos cambios.

### **Cambios que le pudieran afectarle este año.**

En los siguientes casos, usted se verá afectado por cambios de cobertura durante el año:

- **Medicamentos genéricos nuevos.** Podríamos retirar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en el mismo nivel o en un nivel más bajo de costos compartidos y con las mismas o menores restricciones. Además, al agregar el nuevo medicamento genérico, podríamos decidir mantener el medicamento de marca en nuestra Lista de Medicamentos, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si está actualmente tomando ese medicamento de marca, podríamos no informarle con anticipación antes de hacer ese cambio, pero luego le proveeremos información sobre el/los cambio/s específico/s que hemos realizado.
  - Si hacemos un cambio de este tipo, usted o su recetador podrán pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. La notificación que le daremos incluirá también información sobre cómo solicitar una excepción, y usted podrá encontrar también dicha información en la siguiente sección denominada *“¿Cómo puedo solicitar una excepción al formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus?”*
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Drogas (FDA) considera que un medicamento en nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, retiraremos el medicamento de nuestro formulario de inmediato y notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Podríamos realizar otros cambios que afecten a los miembros que toman actualmente un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que se encuentra actualmente en el formulario, o agregar restricciones nuevas al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. O podríamos hacer cambios basados en nuevos lineamientos clínicos. Si retiramos medicamentos de nuestro formulario, agregamos autorización

previa, límites de cantidad y/o restricciones de terapia escalonada respecto de un medicamento o movemos un medicamento a un nivel más alto de costos compartidos, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigor, o en el momento que el miembro requiera un resurtido del medicamento, en cuyo caso el miembro recibirá un suministro de 30 días del medicamento.

- Si hacemos estos otros cambios, usted o su recetador podrán pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. La notificación que le daremos incluirá también información sobre cómo solicitar una excepción. Usted también puede encontrar también dicha información en la sección más adelante denominada "*¿Cómo puedo solicitar una excepción al formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus?*"

**Cambios que no le afectarán si está tomando actualmente el medicamento.** Por lo general, si usted está tomando un medicamento de nuestro formulario 2024 que se encontraba cubierto a principio del año, no discontinuaremos o reduciremos la cobertura del medicamento durante el año de cobertura 2024 salvo según lo que se describió arriba. Esto significa que estos medicamentos permanecerán disponibles con los mismos costos compartidos y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. Usted no recibirá notificación directa este año sobre los cambios que no le afectan. Sin embargo, el 1 de enero del próximo año, dichos cambios si le afectarán, y es importante que consulte la lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado al 9/25/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Aspire Health Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contratapa. Nuestro sitio Web ([www.aspirehealthplan.org](http://www.aspirehealthplan.org)) tiene una versión electrónica de nuestro formulario que puede descargar. Se actualiza mensualmente y es nuestro formulario de medicamentos más actualizado. Si retiramos un medicamento durante el año, agregamos nuevas restricciones a un medicamento de marca o movemos un medicamento de marca a un nivel diferente de costos compartidos, publicaremos una página en nuestro sitio Web que identifique estos cambios en específico. Esta información puede encontrarse bajo la sección "Drug Coverage" (Cobertura de Medicamentos) de nuestro sitio Web.

## ¿Cómo uso el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

### CONDICIÓN MÉDICA

El formulario empieza en la página 1. Los medicamentos en este formulario se agrupan en categorías según el tipo de condición médica para las que se utilizan. Por ejemplo, los medicamentos usados para tratar una condición cardíaca se encuentran bajo la categoría, "AGENTES CARDIOVASCULARES". Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque su medicamento bajo el nombre de la categoría.

### LISTADO EN ORDEN ALFABÉTICO

Si no está seguro sobre bajo qué categoría buscar, debería buscar su medicamento en el Índice que comienza en la página i-1. El Índice ofrece una lista en orden alfabético de los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están listados en el índice. Busque su medicamento en el índice. Al lado de su medicamento, verá el número de página en el que podrá encontrar información de cobertura. Vaya a la página listada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son medicamentos genéricos?

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Aspire Health Plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) en el sentido de tener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Existen restricciones en mi cobertura?

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Algunos medicamentos cubiertos podrían tener límites de cobertura o requisitos adicionales. Estos requisitos y límites podrían incluir:

- **Autorización previa:** Aspire Health Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Aspire Health Plan antes de surtir sus recetas médicas. Si no obtiene la aprobación, Aspire Health Plan podría no cubrir el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Aspire Health Plan limita la cantidad de medicamento que Aspire Health Plan cubrirá. Por ejemplo, Aspire Health Plan suministra 60 cápsulas por cada 30 días para celecoxib. Esto puede ser adicional a un suministro de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Aspire Health Plan requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubriremos otro medicamento para esa condición. Por ejemplo, si tanto un Medicamento A como un Medicamento B tratan su condición médica, Aspire Health Plan podría no cubrir el Medicamento B a menos que usted pruebe el Medicamento A primero. Si el Medicamento A no funciona para usted, Aspire Health Plan cubrirá el medicamento B.

Usted puede averiguar si su medicamento tiene límites o requisitos adicionales buscando en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio Web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. Usted también puede solicitarnos que le mandemos una copia. Nuestra información de contacto, además de la fecha de la última actualización del formulario, aparece en las páginas de la portada y contratapa.

Usted puede solicitarle a Aspire Health Plan que haga una excepción a estas restricciones o límites o puede pedir una lista de otros medicamentos similares que puedan tratar su condición médica. Vea la sección, "*¿Cómo puedo solicitar una excepción al formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus?*" en la página vii para obtener información sobre cómo solicitar una excepción.

## ¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), usted debe contactar primero a Servicios para Miembros y preguntar si el medicamento está cubierto.

Si usted se entera que Aspire Health Plan no cubre su medicamento, tiene dos opciones:

- Puede pedir a Servicios para Miembros una lista de medicamentos similares que están cubiertos por Aspire Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que recete un medicamento similar que esté cubierto por Aspire Health Plan.
- Usted puede pedir a Aspire Health Plan que haga una excepción y cubra su medicamento. Vea abajo información sobre cómo solicitar una excepción.

## ¿Cómo puedo solicitar una excepción al formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus?

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Usted puede pedir a Aspire Health Plan que haga una excepción a las reglas de cobertura. Existen distintos tipos de excepciones que usted puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. De ser aprobado, este medicamento será cubierto a un nivel predeterminado de costos compartidos y usted no podrá pedirnos que le ofrezcamos el medicamento a un nivel menor de costos compartidos.
- Puede pedirnos que cubramos un medicamento de formulario a un nivel menor de costos compartidos a menos de que el medicamento está en el nivel de especialidad. De ser aprobado, esto disminuiría el monto que debe pagar por el medicamento.
- Puede pedirnos que dispensemos restricciones o límites de cobertura sobre su medicamento. Por ejemplo, para ciertos medicamentos, Aspire Health Plan limita la cantidad de medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

Por lo general, Aspire Health Plan solo aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de nivel menor de costos compartidos o las restricciones de utilización adicionales no serían tan efectivas para tratar su condición y/o harían que usted sufra efectos médicos adversos.

Usted debe ponerse en contacto con nosotros para que tomemos una decisión inicial sobre la cobertura para una excepción al formulario, nivel, o a una restricción de utilización. **Cuando solicita una excepción al formulario, nivel, o a una restricción de utilización, deberá presentar una declaración de su médico o recetador que respalde su solicitud.** En general, debemos tomar nuestra decisión dentro de 72 horas de haber recibido la declaración de respaldo del médico que expide la receta. Puede solicitar una excepción expedita (rápida) si usted o su médico creen que su salud podría verse gravemente afectada si se espera hasta 72 horas por una decisión. Si su solicitud de aceleración es otorgada, debemos presentarle una decisión como máximo 24 horas después de recibir la declaración de respaldo de su médico u otro recetador.

# ¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

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Como un miembro nuevo o continuo en nuestro plan, a lo mejor está tomando medicamentos que no están en nuestro formulario. O podría estar tomando un medicamento que a lo mejor está en nuestro formulario pero su capacidad para obtenerlo es limitada. Por ejemplo, podría necesitar una autorización previa de nosotros antes de que pueda surtir su receta médica. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubrimos o solicitar una excepción al formulario para que nosotros cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podríamos cubrir su medicamento en ciertos casos durante los primeros 90 días de membresía en nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario, o si su capacidad para conseguir sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta médica está escrita para menos días, le permitiremos resurtidos hasta un máximo de 30 días de suministro del medicamento. Luego de su primer suministro de 30 días, no pagaremos estos medicamentos, aun si usted haya sido miembro del plan durante menos de 90 días.

Si usted es residente de un establecimiento de cuidados de largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para conseguir sus medicamentos es limitada, pero ya han transcurrido los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras consigue una excepción de formulario.

Hay excepciones disponibles para beneficiarios que han experimentado un cambio en el nivel de cuidado que están recibiendo que requiere que realicen una transición de un establecimiento o centro de tratamiento a otro. A continuación hay ejemplos de situaciones en las que los beneficiarios serían elegibles para la excepción de surtido temporal de única vez cuando no se encuentran dentro de este plazo inicial de tres meses en el programa Parte D:

- i. El beneficiario fue dado de alta del hospital y recibió una lista de medicamentos de alta basado en el formulario del hospital.
- ii. Los beneficiarios que finalizan su estadía de Medicare Parte A en un centro de enfermería especializada (donde los pagos incluyen todos los cargos de farmacia) y que necesitan volver a su formulario del plan Parte D.
- iii. Los beneficiarios que abandonan su estatus de hospicio para volver a los beneficios de Medicare Parte A y B.
- iv. Los beneficiarios que son dados de alta de hospitales psiquiátricos crónicos con regímenes de medicación que son altamente individualizados.



## Para más información

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Para obtener información más detallada sobre su cobertura de medicamentos con receta médica de Aspire Health Plan, revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas acerca de Aspire Health Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto, además de la fecha de la última actualización del formulario, aparece en las páginas de la portada y contratapa.

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

## Formulario de Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus

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El formulario que comienza en la página 1 ofrece información de cobertura sobre los medicamentos cubiertos por Aspire Health Plan. Si se le dificulta encontrar su medicamento en la lista, vaya al índice que comienza en la página i-1.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca (por ejemplo, HUMIRA) se encuentran en mayúscula y los medicamentos genéricos están listados en cursiva minúscula (por ejemplo, *celecoxib*).

La información que aparece en la columna Requisitos/Límites le indica si Aspire Health Plan tienen requisitos especiales para la cobertura de su medicamento.

Los medicamentos con receta médica se agrupan en uno de seis niveles. Aspire Health Plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA (por sus siglas en inglés) en el sentido de tener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

**Nivel 1 — Medicamentos genéricos preferentes:** medicamentos genéricos o de marca que están disponibles en el menor nivel de costos compartidos para el plan

**Nivel 2 — Medicamentos genéricos:** medicamentos genéricos o de marca que ofrece el plan a un costo más alto para usted que los medicamentos genéricos preferentes del Nivel 1

**Nivel 3 — Medicamentos de marca preferentes:** medicamentos genéricos o de marca que ofrece el plan a un costo más bajo para usted que los medicamentos no preferentes del Nivel 4

**Nivel 4 — Medicamentos de marca no preferentes:** medicamentos genéricos o de marca que ofrece el plan a un costo más alto para usted que los medicamentos de marca preferentes del Nivel 3

**Nivel 5 — Medicamentos de especialidad:** algunos medicamentos inyectables y otros medicamentos de costo alto

**Nivel 6 — Insulinas selectas:** ciertos productos de insulina que ayudan a controlar el azúcar en la sangre de personas con diabetes.

El costo de su receta médica depende de:

- El nivel en el que se encuentra su medicamento
- Si usted surte su receta médica en una farmacia de la red
- La etapa de pago de su medicamento actual; por favor, lea su Evidencia de Cobertura (EOC) para obtener más información.
- Para los miembros de Aspire Health Advantage, Aspire Health Group Plus o Aspire Health Plus, todos los medicamentos listados en el nivel 1 y 2 tienen reducciones de costos compartidos adicionales en la brecha de cobertura.

**Mensaje importante sobre lo que usted paga por las vacunas** — Nuestro plan cubre la mayor parte de las vacunas de la Parte D sin costo para usted, aún si no ha terminado de pagar su deducible. Llame a Servicio a miembros para más información.

**Mensaje importante sobre lo que usted paga por insulina** — Usted no pagará más de \$35 por el suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, aún si no ha terminado de pagar su deducible.

Si usted calificó para Extra Help (Ayuda extra) con los costos de sus medicamentos, sus costos podrían ser diferentes a los descritos arriba. Por favor, remítase a su Evidencia de Cobertura (EOC) o llámenos para determinar cuáles son sus costos.

**La siguiente tabla describe las abreviaturas utilizadas en la Tabla de la Lista de Medicamentos.**

| ABREVIACIÓN                   | DESCRIPCIÓN                                     |
|-------------------------------|---|
| PA                            | Aplica autorización previa                      |
| PA NSO                        | PA para nuevos inicios únicamente               |
| PA BvD                        | Parte D vs. Parte B únicamente                  |
| PA-HRM                        | PA para medicamentos de alto riesgo             |
| QL                            | Aplica límite en cantidad                       |
| ST                            | Aplica terapia escalonada                       |
| ST NSO                        | ST para nuevos inicios únicamente               |
| CB                            | Beneficio con tope                              |
| GM                            | Hombre únicamente                               |
| GF                            | Mujer únicamente                                |
| AGE (Máx x Años)              | Editar edad autorización previa                 |
| AGE (Mín x Años)              | Editar edad autorización previa                 |
| AGE (Mín x Años y Máx y Años) | Editar edad autorización previa                 |
| AGE (Mín x Años y Máx y Años) | Editar edad autorización previa                 |
| EX                            | Medicamento excluido                            |
| FF                            | Primer surtido                                  |
| LA                            | (Incentivo de uso genérico)                     |
| GC                            | Cobertura en la brecha                          |
| NDS                           | Suministro de días no extendido                 |
| NM                            | Medicamento que no puede ser surtido por correo |
| HI                            | Medicamento de infusión en casa                 |
| *                             | Medicamento de ADD                              |

## Tabla de Contenido

|  |     |
|--|-----|
| <b>Agentes Anti Cáncer</b> .....   | 3   |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b> ..... | 19  |
| <b>Agentes Antiansiedad</b> .....  | 20  |
| <b>Agentes Antidemencia</b> .....  | 21  |
| <b>Agentes Antidiabetico</b> .....                                       | 22  |
| <b>Agentes Antigota</b> .....  | 27  |
| <b>Agentes Antimigraña</b> .....   | 27  |
| <b>Agentes Antinausea</b> .....  | 29  |
| <b>Agentes Antiparasitarios</b> .....                                    | 31  |
| <b>Agentes Antiparkinson</b> .....                                       | 31  |
| <b>Agentes Antipsicóticos</b> .....                                      | 33  |
| <b>Agentes Calóricos</b> .....   | 39  |
| <b>Agentes Cardiovasculares</b> .....                                    | 41  |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b> .....               | 53  |
| <b>Agentes De Enfermedad Ósea Metabólica</b> .....                       | 54  |
| <b>Agentes De Trastorno De Sueño</b> .....                               | 55  |
| <b>Agentes Del Sistema Nervioso Central</b> .....                        | 56  |
| <b>Agentes Del Tracto Respiratorio</b> .....                             | 61  |
| <b>Agentes Dentales Y Orales</b> .....                                   | 66  |
| <b>Agentes Dermatológicos</b> .....                                      | 67  |
| <b>Agentes Gastrointestinales</b> .....                                  | 73  |
| <b>Agentes Genitourinarios</b> .....                                     | 77  |
| <b>Agentes Hormonales, Estimulante/Reemplazo/Modificador</b> .....       | 78  |
| <b>Agentes Inmunológicos</b> .....                                       | 85  |
| <b>Agentes Oftálmicos</b> .....  | 96  |
| <b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b> .....               | 97  |
| <b>Agentes Terapeuticos Misceláneos</b> .....                            | 101 |

|   |     |
|---|-----|
| <b>Agentes Vasodilatadores</b> .....                                  | 104 |
| <b>Analgésicos</b> .....  | 105 |
| <b>Anestésicos</b> .....  | 111 |
| <b>Antagonistas De Metales Pesados</b> .....                          | 112 |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b> .....             | 113 |
| <b>Antibacterianos</b> .....  | 113 |
| <b>Anticonceptivos</b> .....  | 121 |
| <b>Anticonvulsivos</b> .....  | 130 |
| <b>Antidepresivos</b> .....   | 135 |
| <b>Antifúngicos</b> .....   | 138 |
| <b>Antihistamínicos</b> .....   | 140 |
| <b>Antimicobacteriales</b> .....                                      | 141 |
| <b>Antivirales (Sitémico)</b> .....                                   | 142 |
| <b>Dispositivos</b> .....   | 148 |
| <b>Preparaciones De Reemplazo</b> .....                               | 188 |
| <b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b> ..... | 190 |
| <b>Reemplazo/Modificadores De Enzima</b> .....                        | 195 |
| <b>Relajantes Musculares Esqueléticos</b> .....                       | 197 |
| <b>Vitaminas Y Minerales</b> .....                                    | 197 |

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites        |
|--|-----------------------|-----------------------------------|
| <b>Agentes Anti Cáncer</b>   |                       |                                   |
| <b>Agentes Anti Cáncer</b>   |                       |                                   |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)                               | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound) | 5                     | PA BvD; NDS                       |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)                    | 2                     | PA BvD; GC                        |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG   | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| ALECENSA ORAL CAPSULE 150 MG   | 5                     | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG   | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG   | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)                                | 5                     | PA NSO; NDS                       |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                                       | 1                     | GC                                |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML   | 5                     | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 40 MG   | 5                     | PA NSO; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                             | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)                              | 5                     | NDS                               |
| BALVERSA ORAL TABLET 3 MG  | 5                     | PA NSO; NDS; QL (84 per 28 days)  |
| BALVERSA ORAL TABLET 4 MG  | 5                     | PA NSO; NDS; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG  | 5                     | PA NSO; NDS; QL (28 per 28 days)  |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)                   | 5                     | PA NSO; NDS                       |

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| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|---|-----------------------|-----------------------------------|
| BENDAMUSTINE (Bendeka)<br>INTRAVENOUS SOLUTION 25<br>MG/ML    | 5                     | PA NSO; NDS                       |
| BENDEKA INTRAVENOUS (bendamustine)<br>SOLUTION 25 MG/ML       | 5                     | PA NSO; NDS                       |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)              | 5                     | PA NSO; NDS                       |
| <i>bexarotene topical gel 1 %</i> (Targretin)                 | 5                     | PA NSO; NDS                       |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)               | 2                     | GC                                |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>        | 2                     | GC                                |
| <i>bortezomib injection recon soln 1 mg</i>                   | 4                     | PA NSO                            |
| <i>bortezomib injection recon soln 2.5 mg</i>                 | 5                     | PA NSO; NDS                       |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)       | 5                     | PA NSO; NDS                       |
| BOSULIF ORAL CAPSULE 100 MG                                   | 5                     | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG                                    | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| BOSULIF ORAL TABLET 100 MG                                    | 5                     | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG                            | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG                                   | 5                     | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                                   | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                            | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                                   | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG              | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG (vandetanib)                      | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG (vandetanib)                      | 5                     | PA NSO; NDS; QL (30 per 30 days)  |
| <i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin) | 2                     | GC                                |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| <i>cladribine intravenous solution 10 mg/10 ml</i>                             | 2                            | PA BvD; GC                           |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 5                            | PA NSO; NDS                          |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)                            | 5                            | PA NSO; NDS; QL (112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG   | 5                            | PA NSO; NDS; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG   | 5                            | PA NSO; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>          | 5                            | PA BvD; NDS                          |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>   | 5                            | PA BvD; NDS                          |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                              | 2                            | PA BvD; ST; GC                       |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                               | 3                            | PA BvD; ST                           |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML  | 5                            | PA NSO; NDS                          |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML  | 5                            | PA NSO; NDS; QL (120 per 28 days)    |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML               | 5                            | PA NSO; NDS                          |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML   | 5                            | PA NSO; LA; NDS                      |
| DAURISMO ORAL TABLET 100 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)     |
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen)                       | 5                            | NDS                                  |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i> (Docivyx)        | 2                            | GC                                   |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>                    | 2                            | GC                                   |

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| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2                            | PA BvD; GC                         |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)             | 5                            | PA BvD; NDS                        |
| ELIGARD (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5 MG                                     | 4                            | PA NSO                             |
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30 MG                                       | 4                            | PA NSO                             |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45 MG                                       | 4                            | PA NSO                             |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)   | 4                            | PA NSO                             |
| ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML                                   | 5                            | PA NSO; NDS                        |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML   | 5                            | PA NSO; NDS; QL (9.5 per 28 days)  |
| EMCYT ORAL CAPSULE 140 MG   | 5                            | NDS                                |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML                               | 5                            | PA NSO; NDS                        |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML                              | 5                            | PA NSO; NDS                        |
| ERIVEDGE ORAL CAPSULE 150 MG  | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| ERLEADA ORAL TABLET 240 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| ERLEADA ORAL TABLET 60 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| <i>erlotinib oral tablet 100 mg</i> (Tarceva)   | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva)   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| <i>erlotinib oral tablet 25 mg</i>  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG   | 4                            |                                    |

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|---|------------------------------|------------------------------------|
| <i>etoposide intravenous solution 20 mg/ml</i>  | 2                            | GC                                 |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)                                    | 5                            | PA NSO; NDS; QL (56 per 28 days)   |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)                     | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5                            | PA NSO; NDS; QL (112 per 28 days)  |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)  | 2                            | GC                                 |
| EXKIVITY ORAL CAPSULE 40 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                                     | 5                            | PA BvD; NDS                        |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                                      | 4                            | PA BvD                             |
| <i>floxuridine injection recon soln 0.5 gram</i>  | 2                            | PA BvD; GC                         |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>                | 2                            | PA BvD; GC                         |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG   | 5                            | PA NSO; NDS; QL (21 per 28 days)   |
| FRUZAQLA ORAL CAPSULE 1 MG  | 5                            | PA NSO; NDS; QL (84 per 28 days)   |
| FRUZAQLA ORAL CAPSULE 5 MG  | 5                            | PA NSO; NDS; QL (21 per 28 days)   |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)                                   | 5                            | NDS                                |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG   | 5                            | PA NSO; NDS                        |
| GAVRETO ORAL CAPSULE 100 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>                                  | 2                            | PA BvD; GC                         |

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|---|------------------------------|------------------------------------|
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> | 2                            | PA BvD; GC                         |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                          | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)           | 4                            |                                    |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML   | 5                            | PA NSO; NDS; QL (5 per 21 days)    |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG                     | 5                            | PA NSO; NDS                        |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                   | 2                            | GC                                 |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                        | 5                            | PA NSO; NDS; QL (21 per 28 days)   |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                         | 5                            | PA NSO; NDS; QL (21 per 28 days)   |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                    | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)            | 2                            | GC                                 |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2                            | GC                                 |
| <i>imatinib oral tablet 100 mg</i> (Gleevec)                      | 2                            | PA NSO; GC; QL (180 per 30 days)   |
| <i>imatinib oral tablet 400 mg</i> (Gleevec)                      | 2                            | PA NSO; GC; QL (60 per 30 days)    |
| IMBRUVICA ORAL CAPSULE 140 MG                                     | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| IMBRUVICA ORAL CAPSULE 70 MG                                      | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                      | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| IMBRUVICA ORAL TABLET 560 MG                                      | 5                            | NDS; QL (28 per 28 days)           |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG                      | 5                            | PA NSO; NDS                        |

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|--|------------------------------|------------------------------------|
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML   | 5                            | PA NSO; NDS                        |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML                                   | 4                            | PA NSO; QL (4 per 365 days)        |
| INLYTA ORAL TABLET 1 MG  | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| INLYTA ORAL TABLET 5 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| INQOVI ORAL TABLET 35-100 MG   | 5                            | PA NSO; NDS; QL (5 per 28 days)    |
| INREBIC ORAL CAPSULE 100 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar) | 2                            | GC                                 |
| <i>irinotecan intravenous solution 500 mg/25 ml</i>                                      | 2                            | GC                                 |
| IWILFIN ORAL TABLET 192 MG   | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                      | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| JAYPIRCA ORAL TABLET 100 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| JAYPIRCA ORAL TABLET 50 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML   | 5                            | PA NSO; NDS                        |
| JYLAMVO ORAL SOLUTION 2 MG/ML  | 4                            | PA BvD; ST                         |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG   | 5                            | PA NSO; NDS                        |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML   | 5                            | PA NSO; NDS; QL (8 per 21 days)    |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML   | 5                            | PA NSO; NDS; QL (2 per 28 days)    |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG                         | 5                            | PA NSO; NDS; QL (49 per 28 days)   |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG                         | 5                            | PA NSO; NDS; QL (70 per 28 days)   |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 600 MG/DAY(200<br>MG X 3)-2.5 MG   | 5                            | PA NSO; NDS; QL (91<br>per 28 days)  |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1)   | 5                            | PA NSO; NDS; QL (21<br>per 28 days)  |
| KISQALI ORAL TABLET 400<br>MG/DAY (200 MG X 2)   | 5                            | PA NSO; NDS; QL (42<br>per 28 days)  |
| KISQALI ORAL TABLET 600<br>MG/DAY (200 MG X 3)   | 5                            | PA NSO; NDS; QL (63<br>per 28 days)  |
| KOSELUGO ORAL CAPSULE 10<br>MG   | 5                            | PA NSO; NDS; QL (300<br>per 30 days) |
| KOSELUGO ORAL CAPSULE 25<br>MG   | 5                            | PA NSO; NDS; QL (120<br>per 30 days) |
| KRAZATI ORAL TABLET 200 MG   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)   | 5                            | PA NSO; NDS                          |
| LAZCLUZE ORAL TABLET 240<br>MG   | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| LAZCLUZE ORAL TABLET 80<br>MG  | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)   | 5                            | PA NSO; NDS; QL (28<br>per 28 days)  |
| LENVIMA ORAL CAPSULE 10<br>MG/DAY (10 MG X 1), 12<br>MG/DAY (4 MG X 3), 14<br>MG/DAY(10 MG X 1-4 MG X 1),<br>18 MG/DAY (10 MG X 1-4 MG<br>X2), 20 MG/DAY (10 MG X 2), 24<br>MG/DAY(10 MG X 2-4 MG X 1), 4<br>MG, 8 MG/DAY (4 MG X 2) | 5                            | PA NSO; NDS                          |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)   | 1                            | GC                                   |
| LEUKERAN ORAL TABLET 2 MG  | 5                            | NDS                                  |
| <i>leuprolide (3 month) intramuscular<br/>suspension for reconstitution 22.5 mg</i>  | 4                            | PA NSO                               |
| <i>leuprolide subcutaneous kit 1 mg/0.2<br/>ml</i>   | 2                            | PA NSO; GC                           |
| LONSURF ORAL TABLET 15-6.14<br>MG  | 5                            | PA NSO; NDS; QL (100<br>per 28 days) |
| LONSURF ORAL TABLET 20-8.19<br>MG  | 5                            | PA NSO; NDS; QL (80<br>per 28 days)  |

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|--|------------------------------|------------------------------------|
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)                                 | 5                            | PA NSO; NDS                        |
| LORBRENA ORAL TABLET 100 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| LORBRENA ORAL TABLET 25 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| LUMAKRAS ORAL TABLET 120 MG  | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| LUMAKRAS ORAL TABLET 320 MG  | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML  | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG                             | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                               | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG                               | 5                            | PA NSO; NDS                        |
| LYNPARZA ORAL TABLET 100 MG, 150 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| LYSODREN ORAL TABLET 500 MG  | 5                            | NDS                                |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5                            | PA NSO; NDS; QL (140 per 28 days)  |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML   | 5                            | PA NSO; NDS                        |
| MATULANE ORAL CAPSULE 50 MG  | 5                            | NDS                                |
| <i>megestrol oral tablet 20 mg, 40 mg</i>  | 2                            | PA NSO-HRM; GC; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML  | 5                            | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG  | 5                            | PA NSO; NDS; QL (90 per 30 days)   |

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|---|------------------------------|------------------------------------|
| MEKINIST ORAL TABLET 2 MG                                   | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| MEKTOVI ORAL TABLET 15 MG                                   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>mercaptopurine oral tablet 50 mg</i>                     | 2                            | GC                                 |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2                            | GC                                 |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2                            | GC                                 |
| <i>methotrexate sodium injection solution 25 mg/ml</i>      | 2                            | GC                                 |
| <i>methotrexate sodium oral tablet 2.5 mg</i>               | 2                            | PA BvD; ST; GC                     |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>         | 2                            | GC                                 |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML                         | 5                            | PA NSO; NDS                        |
| NERLYNX ORAL TABLET 40 MG                                   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)            | 5                            | NDS                                |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                     | 5                            | PA NSO; NDS; QL (3 per 28 days)    |
| NUBEQA ORAL TABLET 300 MG                                   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| ODOMZO ORAL CAPSULE 200 MG                                  | 5                            | PA NSO; LA; NDS                    |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG                | 5                            | PA NSO; NDS                        |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                          | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| OGSIVEO ORAL TABLET 50 MG                                   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)    | 5                            | PA NSO; NDS; QL (24 per 28 days)   |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML          | 5                            | PA NSO; NDS; QL (96 per 28 days)   |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)                 | 5                            | PA NSO; NDS; QL (24 per 28 days)   |

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|---|------------------------------|------------------------------------|
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG   | 5                            | PA NSO; NDS                        |
| ONUREG ORAL TABLET 200 MG, 300 MG   | 5                            | PA NSO; NDS; QL (14 per 28 days)   |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML            | 5                            | PA NSO; NDS                        |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML   | 5                            | PA NSO; NDS                        |
| ORSERDU ORAL TABLET 345 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| ORSERDU ORAL TABLET 86 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                     | 2                            | GC                                 |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>   | 2                            | GC                                 |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>   | 2                            | PA BvD; GC                         |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 5                            | PA BvD; NDS                        |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>                          | 5                            | NDS                                |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>                                    | 5                            | NDS                                |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>                                     | 5                            | NDS                                |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML   | 5                            | NDS                                |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)  | 5                            | PA NSO; NDS; QL (28 per 28 days)   |

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|---|------------------------------|------------------------------------|
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)                   | 5                            | PA NSO; NDS; QL (56 per 28 days)   |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG  | 5                            | PA NSO; NDS; QL (21 per 28 days)   |
| PURIXAN ORAL SUSPENSION 20 MG/ML  | 5                            | NDS                                |
| QINLOCK ORAL TABLET 50 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| RETEVMO ORAL CAPSULE 40 MG  | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| RETEVMO ORAL CAPSULE 80 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| RETEVMO ORAL TABLET 120 MG, 160 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| RETEVMO ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| RETEVMO ORAL TABLET 80 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| REZLIDHIA ORAL CAPSULE 150 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML  | 5                            | PA NSO; NDS                        |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5                            | PA NSO; NDS                        |
| ROZLYTREK ORAL CAPSULE 100 MG   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| ROZLYTREK ORAL CAPSULE 200 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG  | 5                            | PA NSO; NDS; QL (360 per 30 days)  |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML  | 5                            | PA NSO; NDS                        |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML   | 5                            | PA NSO; NDS                        |
| RYDAPT ORAL CAPSULE 25 MG   | 5                            | PA NSO; NDS; QL (224 per 28 days)  |

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|--|------------------------------|--------------------------------------|
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG                                  | 5                            | PA NSO; NDS                          |
| SCEMBLIX ORAL TABLET 100 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)    |
| SCEMBLIX ORAL TABLET 20 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)     |
| SCEMBLIX ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (300 per 30 days)    |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML   | 5                            | NDS                                  |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | 5                            | PA NSO; NDS; QL (120 per 30 days)    |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG                      | 5                            | PA NSO; NDS; QL (30 per 30 days)     |
| SPRYCEL ORAL TABLET 20 MG  | 5                            | PA NSO; NDS; QL (90 per 30 days)     |
| STIVARGA ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (84 per 28 days)     |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5                            | PA NSO; NDS; QL (28 per 28 days)     |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG                                       | 5                            | PA NSO; NDS                          |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                      | 4                            |                                      |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | 5                            | PA NSO; NDS; QL (112 per 28 days)    |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                    | 5                            | PA NSO; NDS; QL (900 per 30 days)    |
| TAGRISO ORAL TABLET 40 MG, 80 MG   | 5                            | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML                               | 5                            | PA NSO; NDS                          |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | 5                            | PA NSO; NDS; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                    | 2                            | GC                                   |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG  | 5                            | PA NSO; NDS; QL (112 per 28 days)    |

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|---|------------------------------|------------------------------------|
| TASIGNA ORAL CAPSULE 50 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| TAZVERIK ORAL TABLET 200 MG   | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5                            | PA NSO; NDS                        |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML                                 | 5                            | PA NSO; NDS                        |
| TEPMETKO ORAL TABLET 225 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| TIBSOVO ORAL TABLET 250 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                         | 4                            |                                    |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG   | 5                            | PA NSO; NDS; QL (5 per 21 days)    |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide)                          | 2                            | GC                                 |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                    | 5                            | NDS                                |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))                    | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))     | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG                                   | 5                            | PA NSO; NDS                        |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG   | 3                            | PA NSO                             |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                              | 5                            | NDS                                |
| TRUQAP ORAL TABLET 160 MG, 200 MG   | 5                            | PA NSO; NDS; QL (64 per 28 days)   |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML   | 5                            | PA NSO; NDS                        |
| TUKYSA ORAL TABLET 150 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |

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|---|------------------------------|---------------------------------------|
| TUKYSA ORAL TABLET 50 MG  | 5                            | PA NSO; NDS; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG, 200 MG                                       | 5                            | PA NSO; NDS; QL (120 per 30 days)     |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                     | 5                            | PA NSO; NDS                           |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML                                    | 5                            | PA NSO; NDS                           |
| VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)                          | 5                            | PA NSO; NDS                           |
| VENCLEXTA ORAL TABLET 10 MG   | 3                            | PA NSO; LA; QL (60 per 30 days)       |
| VENCLEXTA ORAL TABLET 100 MG  | 5                            | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG   | 5                            | PA NSO; LA; NDS; QL (30 per 30 days)  |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG        | 5                            | PA NSO; LA; NDS                       |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                        | 5                            | PA NSO; NDS; QL (56 per 28 days)      |
| <i>vinblastine intravenous solution 1 mg/ml</i>                           | 2                            | PA BvD; GC                            |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine) | 2                            | PA BvD; GC                            |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS) | 2                            | PA BvD; GC                            |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>              | 2                            | GC                                    |
| VITRAKVI ORAL CAPSULE 100 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)      |
| VITRAKVI ORAL CAPSULE 25 MG   | 5                            | PA NSO; NDS; QL (180 per 30 days)     |
| VITRAKVI ORAL SOLUTION 20 MG/ML   | 5                            | PA NSO; NDS; QL (300 per 30 days)     |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                  | 5                            | PA NSO; NDS; QL (30 per 30 days)      |
| VONJO ORAL CAPSULE 100 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)     |
| WELIREG ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)      |

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|---|------------------------------|------------------------------------|
| XALKORI ORAL CAPSULE 200 MG, 250 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| XALKORI ORAL PELLETT 150 MG   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| XALKORI ORAL PELLETT 20 MG  | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| XALKORI ORAL PELLETT 50 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| XATMEP ORAL SOLUTION 2.5 MG/ML  | 4                            | PA BvD; ST                         |
| XOSPATA ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5                            | PA NSO; NDS; QL (8 per 28 days)    |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)                               | 5                            | PA NSO; NDS; QL (4 per 28 days)    |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)  | 5                            | PA NSO; NDS; QL (24 per 28 days)   |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)  | 5                            | PA NSO; NDS; QL (32 per 28 days)   |
| XTANDI ORAL CAPSULE 40 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| XTANDI ORAL TABLET 40 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| XTANDI ORAL TABLET 80 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)                       | 5                            | PA NSO; NDS                        |
| YONSA ORAL TABLET 125 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| ZEJULA ORAL CAPSULE 100 MG  | 5                            | PA NSO; NDS; QL (90 per 30 days)   |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG   | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| ZELBORAF ORAL TABLET 240 MG   | 5                            | PA NSO; NDS; QL (240 per 30 days)  |

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|---|------------------------------|------------------------------------|
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML   | 5                            | PA NSO; NDS                        |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG                                      | 4                            | PA NSO                             |
| ZOLINZA ORAL CAPSULE 100 MG   | 5                            | NDS                                |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| ZYKADIA ORAL TABLET 150 MG  | 5                            | PA NSO; NDS; QL (84 per 28 days)   |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG   | 5                            | PA NSO; NDS                        |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML   | 5                            | PA NSO; NDS; QL (20 per 28 days)   |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b>                |                              |                                    |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b>                |                              |                                    |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>                    | 2                            | GC                                 |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                             | 2                            | GC; QL (90 per 30 days)            |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)                  | 4                            | QL (60 per 30 days)                |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 4                            | QL (90 per 30 days)                |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                  | 2                            | GC; QL (90 per 30 days)            |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>    | 2                            | GC                                 |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                      | 2                            | GC                                 |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                                  | 3                            | QL (4 per 30 days)                 |
| <i>naloxone injection solution 0.4 mg/ml</i>                                      | 1                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>            | 2                            | GC                                 |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)                               | 2                            | GC; QL (4 per 30 days)             |
| <i>naltrexone oral tablet 50 mg</i>  | 2                            | GC                                 |
| NICOTROL INHALATION CARTRIDGE 10 MG  | 4                            | QL (2688 per 365 days)             |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML  | 4                            | QL (240 per 180 days)              |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML                            | 5                            | NDS; QL (0.5 per 30 days)          |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML                            | 5                            | NDS; QL (1.5 per 30 days)          |
| <i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>  | 2                            | GC; QL (336 per 365 days)          |
| <i>varenicline oral tablet 1 mg</i> (Chantix)  | 2                            | GC; QL (336 per 365 days)          |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | 2                            | GC                                 |
| <b>Agentes Antiansiedad</b>  |                              |                                    |
| <b>Benzodiacepinas</b>   |                              |                                    |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)                                    | 1                            | GC; QL (120 per 30 days)           |
| <i>alprazolam oral tablet 2 mg</i> (Xanax)   | 1                            | GC; QL (150 per 30 days)           |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)             | 2                            | GC; QL (120 per 30 days)           |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)                           | 2                            | GC; QL (90 per 30 days)            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                                    | 1                            | GC; QL (120 per 30 days)           |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)  | 1                            | GC; QL (90 per 30 days)            |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)  | 1                            | GC; QL (300 per 30 days)           |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>                  | 2                            | GC; QL (90 per 30 days)            |

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|--|------------------------------|------------------------------------|
| <i>clonazepam oral tablet, disintegrating</i><br>2 mg                | 2                            | GC; QL (300 per 30 days)           |
| <i>clorazepate dipotassium oral tablet</i><br>15 mg, 3.75 mg, 7.5 mg | 4                            | QL (180 per 30 days)               |
| <i>diazepam injection solution</i> 5 mg/ml                           | 2                            | GC; QL (10 per 28 days)            |
| <i>diazepam injection syringe</i> 5 mg/ml                            | 2                            | GC                                 |
| <i>diazepam intensol oral concentrate</i> 5 mg/ml (diazepam)         | 2                            | GC; QL (1200 per 30 days)          |
| <i>diazepam oral solution</i> 5 mg/5 ml (1 mg/ml)                    | 2                            | GC; QL (1200 per 30 days)          |
| <i>diazepam oral tablet</i> 10 mg, 2 mg, 5 mg (Valium)               | 1                            | GC; QL (120 per 30 days)           |
| <i>estazolam oral tablet</i> 1 mg                                    | 2                            | GC; QL (60 per 30 days)            |
| <i>estazolam oral tablet</i> 2 mg                                    | 2                            | GC; QL (30 per 30 days)            |
| <i>flurazepam oral capsule</i> 15 mg                                 | 2                            | GC; QL (60 per 30 days)            |
| <i>flurazepam oral capsule</i> 30 mg                                 | 2                            | GC; QL (30 per 30 days)            |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)           | 2                            | GC; QL (150 per 30 days)           |
| <i>lorazepam 2 mg/ml vial 25's, outer</i> (Ativan)                   | 1                            | GC                                 |
| <i>lorazepam 4 mg/ml vial inner</i> (Ativan)                         | 1                            | GC                                 |
| <i>lorazepam injection solution</i> 2 mg/ml (Ativan)                 | 2                            | GC; QL (2 per 30 days)             |
| <i>lorazepam injection solution</i> 4 mg/ml (Ativan)                 | 4                            | QL (2 per 30 days)                 |
| <i>lorazepam injection syringe</i> 2 mg/ml                           | 1                            | GC; QL (2 per 30 days)             |
| <i>lorazepam intensol oral concentrate</i> 2 mg/ml (lorazepam)       | 2                            | GC; QL (150 per 30 days)           |
| <i>lorazepam oral tablet</i> 0.5 mg, 1 mg (Ativan)                   | 1                            | GC; QL (90 per 30 days)            |
| <i>lorazepam oral tablet</i> 2 mg (Ativan)                           | 1                            | GC; QL (150 per 30 days)           |
| <i>midazolam oral syrup</i> 2 mg/ml                                  | 2                            | GC; QL (10 per 30 days)            |
| <i>oxazepam oral capsule</i> 10 mg, 15 mg, 30 mg                     | 2                            | GC; QL (120 per 30 days)           |
| <i>temazepam oral capsule</i> 15 mg, 30 mg (Restoril)                | 1                            | GC; QL (30 per 30 days)            |
| <i>triazolam oral tablet</i> 0.125 mg                                | 2                            | GC; QL (120 per 30 days)           |
| <i>triazolam oral tablet</i> 0.25 mg (Halcion)                       | 2                            | GC; QL (60 per 30 days)            |
| <b>Agentes Antidemencia</b>  |                              |                                    |
| <b>Agentes Antidemencia</b>  |                              |                                    |
| <i>donepezil oral tablet</i> 10 mg, 5 mg (Aricept)                   | 1                            | GC; QL (30 per 30 days)            |

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|--|------------------------------|------------------------------------|
| <i>donepezil oral tablet 23 mg</i> (Aricept)   | 4                            | QL (30 per 30 days)                |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>   | 2                            | GC; QL (30 per 30 days)            |
| <i>ergoloid oral tablet 1 mg</i>   | 2                            | GC                                 |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                                   | 2                            | GC; QL (30 per 30 days)            |
| <i>galantamine oral solution 4 mg/ml</i>   | 2                            | GC; QL (200 per 30 days)           |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>   | 2                            | GC; QL (60 per 30 days)            |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)                      | 2                            | ST; GC; QL (30 per 30 days)        |
| <i>memantine oral solution 2 mg/ml</i>   | 2                            | GC; QL (300 per 30 days)           |
| <i>memantine oral tablet 10 mg, 5 mg</i>   | 2                            | GC; QL (60 per 30 days)            |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG   | 4                            | ST                                 |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG                               | 4                            | ST; QL (30 per 30 days)            |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>   | 2                            | GC; QL (60 per 30 days)            |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 2                            | GC; QL (30 per 30 days)            |
| <b>Agentes Antidiabetico</b>   |                              |                                    |
| <b>Agentes Antidiabeticos, Varios</b>  |                              |                                    |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)   | 2                            | GC; QL (90 per 30 days)            |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)  | 3                            | QL (30 per 30 days)                |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG  | 3                            | QL (30 per 30 days)                |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG   | 3                            | QL (60 per 30 days)                |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG   | 3                            | QL (30 per 30 days)                |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG   | 3                            | QL (60 per 30 days)                |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | 3                            | QL (30 per 30 days)                |
| JARDIANCE ORAL TABLET 10 MG, 25 MG   | 3                            | QL (30 per 30 days)                |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG  | 3                            | QL (60 per 30 days)                |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG   | 3                            | QL (60 per 30 days)                |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG   | 3                            | QL (30 per 30 days)                |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)  | 4                            | QL (765 per 30 days)               |
| <i>metformin oral tablet 1,000 mg</i>  | 1                            | GC; FFF; QL (75 per 30 days)       |
| <i>metformin oral tablet 500 mg</i>  | 1                            | GC; FFF; QL (150 per 30 days)      |
| <i>metformin oral tablet 850 mg</i>  | 1                            | GC; FFF; QL (90 per 30 days)       |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>   | 1                            | GC; FFF; QL (120 per 30 days)      |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>   | 1                            | GC; FFF; QL (60 per 30 days)       |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)  | 5                            | PA; NDS; QL (112 per 28 days)      |
| <i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>  | 4                            | QL (90 per 30 days)                |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3                            | PA NSO; QL (2 per 28 days)         |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>   | 2                            | GC; QL (90 per 30 days)            |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)            | 3                            | PA NSO; QL (3 per 28 days)         |

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|---|------------------------------|------------------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)                              | 3                            | PA NSO; QL (1.5 per 28 days)       |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)                                   | 1                            | GC; QL (30 per 30 days)            |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>   | 2                            | GC; QL (90 per 30 days)            |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                            | 2                            | GC; QL (90 per 30 days)            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>   | 2                            | GC; QL (120 per 30 days)           |
| <i>repaglinide oral tablet 2 mg</i>   | 2                            | GC; QL (240 per 30 days)           |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | 3                            | PA NSO; QL (30 per 30 days)        |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                      | 5                            | PA; NDS; QL (10.8 per 28 days)     |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                       | 5                            | PA; NDS; QL (10.8 per 28 days)     |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                         | 3                            | QL (60 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                      | 3                            | QL (30 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                     | 3                            | QL (60 per 30 days)                |
| TRADJENTA ORAL TABLET 5 MG  | 3                            | QL (30 per 30 days)                |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                  | 3                            | QL (30 per 30 days)                |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG             | 3                            | QL (60 per 30 days)                |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3                            | PA NSO; QL (2 per 28 days)         |

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| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites                                 |
|---|-----------------------|--|
| XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned-<br>ER, BIPHASIC 24HR 10-1,000 MG metformin)                                    | 3                     | QL (30 per 30 days)  |
| XIGDUO XR ORAL TABLET, IR -<br>ER, BIPHASIC 24HR 10-500 MG  | 3                     | QL (30 per 30 days)  |
| XIGDUO XR ORAL TABLET, IR -<br>ER, BIPHASIC 24HR 2.5-1,000<br>MG, 5-500 MG  | 3                     | QL (60 per 30 days)  |
| XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned-<br>ER, BIPHASIC 24HR 5-1,000 MG metformin)                                     | 3                     | QL (60 per 30 days)  |
| <b>Insulinas</b>  |                       |  |
| FIASP FLEXTOUCH U-100<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)  | 6                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE<br>100 UNIT/ML (3 ML)   | 6                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML   | 6                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| HUMULIN R U-500 (CONC)<br>INSULIN SUBCUTANEOUS<br>SOLUTION 500 UNIT/ML  | 6                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3<br>ML)   | 6                     | max \$35 copay per<br>month supply; QL (24<br>per 28 days) |
| <i>insulin asp prt-insulin aspart</i> (Novolog Mix 70-<br><i>subcutaneous insulin pen 100 unit/ml</i> 30FlexPen U-100)<br>(70-30) | 6                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin asp prt-insulin aspart</i> (Novolog Mix 70-30 U-<br><i>subcutaneous solution 100 unit/ml</i> 100 Insulin)<br>(70-30)   | 6                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> (Novolog PenFill U-100<br><i>cartridge 100 unit/ml</i> Insulin)                          | 6                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> (Novolog FlexPen U-<br><i>insulin pen 100 unit/ml (3 ml)</i> 100 Insulin)                | 6                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> (Novolog U-100 Insulin<br><i>solution 100 unit/ml</i> aspart)                            | 6                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |

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|---|-----------------------|--|
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                                   | 6                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                                  | 6                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 6                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML   | 6                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 6                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML   | 6                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARGINE- YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)                 | 6                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)       | 6                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML  | 6                     | max \$35 copay per month supply; QL (30 per 30 days)   |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)       | 6                     | max \$35 copay per month supply; QL (18 per 28 days)   |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc) | 6                     | max \$35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)                                      | 6                     | max \$35 copay per month supply; QL (15 per 28 days)   |
| <b>Sulfonilureas</b>  |                       |  |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>   | 1                     | GC; QL (30 per 30 days)                                |
| <i>glimepiride oral tablet 4 mg</i>   | 1                     | GC; QL (60 per 30 days)                                |

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|--|------------------------------|------------------------------------|
| <i>glipizide oral tablet 10 mg</i>   | 1                            | GC; QL (120 per 30 days)           |
| <i>glipizide oral tablet 2.5 mg</i>  | 2                            | GC; QL (60 per 30 days)            |
| <i>glipizide oral tablet 5 mg</i>  | 1                            | GC; QL (240 per 30 days)           |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i>        | 1                            | GC; QL (60 per 30 days)            |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i> | 1                            | GC; QL (30 per 30 days)            |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                              | 2                            | GC; QL (240 per 30 days)           |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                    | 2                            | GC; QL (120 per 30 days)           |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                     | 1                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                             | 1                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>       | 1                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <b>Agentes Antigota</b>  |                              |                                    |
| <b>Agentes Antigota, Otros</b>   |                              |                                    |
| <i>allopurinol oral tablet 100 mg (Zyloprim)</i>                               | 1                            | GC                                 |
| <i>allopurinol oral tablet 300 mg</i>  | 1                            | GC                                 |
| <i>colchicine oral capsule 0.6 mg (Mitigare)</i>                               | 2                            | GC; QL (60 per 30 days)            |
| <i>colchicine oral tablet 0.6 mg (Colcris)</i>                                 | 2                            | GC; QL (120 per 30 days)           |
| <i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>                            | 4                            | ST; QL (30 per 30 days)            |
| <i>probenecid oral tablet 500 mg</i>   | 2                            | GC                                 |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                            | 2                            | GC                                 |
| <b>Agentes Antimigraña</b>   |                              |                                    |
| <b>Agentes Antimigraña</b>   |                              |                                    |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 225 MG/1.5 ML             | 3                            | PA; QL (1.5 per 30 days)           |
| AJOVY SYRINGE<br>SUBCUTANEOUS SYRINGE 225<br>MG/1.5 ML                         | 3                            | PA; QL (1.5 per 30 days)           |

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|--|------------------------------|------------------------------------|
| <i>dihydroergotamine injection solution</i><br><i>1 mg/ml</i>  | 5                            | NDS; QL (24 per 28 days)           |
| <i>dihydroergotamine nasal spray,non-aerosol</i> 0.5 mg/pump act. (4 mg/ml) (Migranal)                           | 5                            | ST; NDS; QL (8 per 28 days)        |
| EMGALITY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>120 MG/ML   | 3                            | PA; QL (2 per 30 days)             |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML  | 3                            | PA; QL (2 per 30 days)             |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300<br>MG/3 ML (100 MG/ML X 3)  | 3                            | PA; QL (3 per 30 days)             |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>  | 2                            | GC; QL (9 per 30 days)             |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75<br>MG  | 3                            | PA; QL (18 per 30 days)            |
| QULIPTA ORAL TABLET 10 MG,<br>30 MG, 60 MG   | 3                            | PA; QL (30 per 30 days)            |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)  | 2                            | GC; QL (12 per 30 days)            |
| <i>rizatriptan oral tablet 5 mg</i>  | 2                            | GC; QL (12 per 30 days)            |
| <i>rizatriptan oral tablet,disintegrating</i> 10 mg (Maxalt-MLT)   | 2                            | GC; QL (12 per 30 days)            |
| <i>rizatriptan oral tablet,disintegrating</i> 5 mg   | 2                            | GC; QL (12 per 30 days)            |
| <i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen)<br><i>suv</i>                                | 2                            | GC; QL (4 per 28 days)             |
| <i>sumatriptan nasal spray,non-aerosol</i><br><i>20 mg/actuation</i>   | 2                            | GC; QL (12 per 30 days)            |
| <i>sumatriptan nasal spray,non-aerosol</i><br><i>5 mg/actuation</i>  | 2                            | GC; QL (18 per 30 days)            |
| <i>sumatriptan succinate oral tablet 100</i> (Imitrex)<br><i>mg</i>  | 1                            | GC; QL (9 per 30 days)             |
| <i>sumatriptan succinate oral tablet 25</i> (Imitrex)<br><i>mg, 50 mg</i>  | 1                            | GC; QL (18 per 30 days)            |
| <i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose<br><i>cartridge 6 mg/0.5 ml</i> Refill)              | 4                            | QL (4 per 28 days)                 |
| <i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen)<br><i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | 4                            | QL (4 per 28 days)                 |
| <i>sumatriptan succinate subcutaneous</i> (Imitrex)<br><i>solution 6 mg/0.5 ml</i>                               | 2                            | GC; QL (4 per 28 days)             |

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|---|------------------------------|------------------------------------|
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>           | 4                            | QL (4 per 28 days)                 |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)            | 4                            | QL (9 per 27 days)                 |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                       | 3                            | PA; QL (16 per 30 days)            |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)                    | 2                            | GC; QL (6 per 30 days)             |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>            | 2                            | GC; QL (6 per 30 days)             |
| <b>Agentes Antinausea</b>   |                              |                                    |
| <b>Agentes Antinausea</b>   |                              |                                    |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG              | 4                            |                                    |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML      | 4                            |                                    |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                            | 4                            | PA BvD                             |
| APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)                   | 4                            | QL (4.4 per 28 days)               |
| <i>aprepitant oral capsule 125 mg</i>                                   | 2                            | PA BvD; GC; QL (2 per 28 days)     |
| <i>aprepitant oral capsule 40 mg</i>                                    | 2                            | PA BvD; GC; QL (1 per 28 days)     |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                            | 2                            | PA BvD; GC; QL (4 per 28 days)     |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 2                            | PA BvD; GC                         |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine)               | 2                            | GC                                 |
| <i>dimenhydrinate injection solution 50 mg/ml</i>                       | 2                            | GC                                 |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)            | 4                            | PA; QL (60 per 30 days)            |
| <i>droperidol injection solution 2.5 mg/ml</i>                          | 2                            | GC                                 |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 5                            | PA BvD; NDS; QL (6 per 28 days)    |

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|--|------------------------------|------------------------------------|
| <i>fosaprepitant intravenous recon soln</i> 150 mg (Emend (fosaprepitant)) | 2                            | GC; QL (2 per 28 days)             |
| <i>granisetron (pf) intravenous solution</i> 1 mg/ml (1 ml), 100 mcg/ml    | 2                            | GC                                 |
| <i>granisetron hcl intravenous solution</i> 1 mg/ml                        | 2                            | GC                                 |
| <i>granisetron hcl oral tablet</i> 1 mg                                    | 2                            | PA BvD; GC                         |
| <i>meclizine oral tablet</i> 12.5 mg                                       | 2                            | GC                                 |
| <i>meclizine oral tablet</i> 25 mg (Dramamine (meclizine))                 | 2                            | GC                                 |
| <i>ondansetron hcl (pf) injection solution</i> 4 mg/2 ml                   | 2                            | GC                                 |
| <i>ondansetron hcl (pf) injection syringe</i> 4 mg/2 ml                    | 1                            | GC                                 |
| <i>ondansetron hcl intravenous solution</i> 2 mg/ml                        | 2                            | GC                                 |
| <i>ondansetron hcl oral solution</i> 4 mg/5 ml                             | 2                            | PA BvD; GC                         |
| <i>ondansetron hcl oral tablet</i> 4 mg, 8 mg                              | 2                            | PA BvD; GC                         |
| <i>ondansetron oral tablet, disintegrating</i> 4 mg, 8 mg                  | 2                            | PA BvD; GC                         |
| <i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml)  | 2                            | GC                                 |
| <i>prochlorperazine maleate oral tablet</i> 10 mg, 5 mg (Compazine)        | 2                            | GC                                 |
| <i>prochlorperazine rectal suppository</i> 25 mg (Compro)                  | 2                            | GC                                 |
| <i>promethazine injection solution</i> 25 mg/ml (Phenergan)                | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>promethazine injection solution</i> 50 mg/ml (Phenergan)                | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg                      | 1                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>promethazine rectal suppository</i> 12.5 mg, 25 mg (Promethegan)        | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>promethazine rectal suppository</i> 50 mg (Promethegan)                 | 4                            | PA-HRM; AGE (Max 64 Years)         |
| <i>promethegan rectal suppository</i> 12.5 mg, 25 mg (promethazine)        | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |

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|---|------------------------------|---|
| <i>promethegan rectal suppository 50 mg</i> (promethazine)                        | 4                            | PA-HRM; AGE (Max 64 Years)                      |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 4                            | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| <b>Agentes Antiparasitarios</b>   |                              |   |
| <b>Agentes Antiparasitarios</b>   |                              |   |
| <i>albendazole oral tablet 200 mg</i>   | 5                            | NDS   |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                            | 2                            | GC  |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)                     | 2                            | GC  |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)           | 2                            | GC  |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                           | 2                            | GC  |
| COARTEM ORAL TABLET 20-120 MG   | 4                            |   |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)                          | 2                            | GC; QL (90 per 30 days)                         |
| IMPAVIDO ORAL CAPSULE 50 MG   | 5                            | PA; NDS; QL (84 per 28 days)                    |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                                   | 2                            | GC  |
| KRINTAFEL ORAL TABLET 150 MG  | 4                            |   |
| <i>mefloquine oral tablet 250 mg</i>  | 2                            | GC  |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                                   | 5                            | NDS   |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)                                  | 2                            | GC  |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)                        | 2                            | PA BvD; GC                                      |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam)                           | 4                            |   |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)                                       | 4                            |   |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                                 | 5                            | PA; NDS   |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                            | 2                            | PA; GC; QL (42 per 7 days)                      |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                      | 2                            | GC  |
| <b>Agentes Antiparkinson</b>  |                              |   |

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|---|-----------------------|-------------------------------|
| <b>Agentes Antiparkinson</b>  |                       |                               |
| <i>amantadine hcl oral capsule 100 mg</i>   | 2                     | GC                            |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>  | 1                     | GC                            |
| <i>amantadine hcl oral tablet 100 mg</i>  | 2                     | GC                            |
| <i>apomorphine subcutaneous cartridge (APOKYN) 10 mg/ml</i>   | 5                     | PA; NDS; QL (60 per 30 days)  |
| <i>benztropine injection solution 1 mg/ml</i>   | 4                     |                               |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                     | GC                            |
| <i>bromocriptine oral capsule 5 mg (Parlodel)</i>   | 4                     |                               |
| <i>bromocriptine oral tablet 2.5 mg (Parlodel)</i>  | 2                     | GC                            |
| <i>cabergoline oral tablet 0.5 mg</i>   | 2                     | GC                            |
| <i>carbidopa oral tablet 25 mg (Lodosyn)</i>  | 2                     | GC                            |
| <i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>   | 2                     | GC                            |
| <i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>   | 2                     | GC                            |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>   | 2                     | GC                            |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | 2                     | GC                            |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | 4                     |                               |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 2                     | GC                            |
| <i>entacapone oral tablet 200 mg</i>  | 2                     | GC                            |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | 5                     | PA; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 5                     | PA; NDS; QL (150 per 30 days) |

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|---|------------------------------|------------------------------------|
| KYNMOBI SUBLINGUAL FILM<br>10-15-20-25-30 MG  | 5                            | PA; NDS                            |
| NEUPRO TRANSDERMAL<br>PATCH 24 HOUR 1 MG/24 HOUR,<br>2 MG/24 HOUR, 3 MG/24 HOUR, 4<br>MG/24 HOUR, 6 MG/24 HOUR, 8<br>MG/24 HOUR | 4                            | ST; QL (30 per 30 days)            |
| ONGENTYS ORAL CAPSULE 25<br>MG, 50 MG   | 4                            | PA; QL (30 per 30 days)            |
| OSMOLEX ER ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 129 MG,<br>193 MG, 258 MG   | 4                            | ST; QL (30 per 30 days)            |
| OSMOLEX ER ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 322<br>MG/DAY(129 MG X1-193MG X1)   | 4                            | ST; QL (60 per 30 days)            |
| <i>pramipexole oral tablet 0.125 mg,<br/>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5<br/>mg</i>   | 1                            | GC                                 |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)  | 4                            |                                    |
| <i>ropinirole oral tablet 0.25 mg, 0.5<br/>mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>   | 2                            | GC                                 |
| <i>ropinirole oral tablet extended<br/>release 24 hr 12 mg, 2 mg, 4 mg, 6<br/>mg, 8 mg</i>                                      | 2                            | GC                                 |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2                            | GC                                 |
| <i>selegiline hcl oral tablet 5 mg</i>  | 2                            | GC                                 |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>  | 2                            | GC                                 |
| <i>trihexyphenidyl oral tablet 2 mg, 5<br/>mg</i>   | 1                            | GC                                 |
| XADAGO ORAL TABLET 100<br>MG, 50 MG   | 5                            | PA; NDS; QL (30 per 30<br>days)    |
| <b>Agentes Antipsicóticos</b>   |                              |                                    |
| <b>Agentes Antipsicóticos</b>   |                              |                                    |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 720 MG/2.4 ML   | 5                            | NDS; QL (2.4 per 42<br>days)       |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 960 MG/3.2 ML   | 5                            | NDS; QL (3.2 per 42<br>days)       |

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|---|------------------------------|------------------------------------|
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 300 MG, 400 MG  | 5                            | NDS; QL (1 per 26 days)            |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 300 MG, 400 MG | 5                            | NDS; QL (1 per 26 days)            |
| <i>aripiprazole oral solution 1 mg/ml</i>   | 2                            | GC                                 |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)      | 2                            | GC                                 |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                  | 4                            | ST; QL (90 per 30 days)            |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                  | 4                            | ST; QL (60 per 30 days)            |
| ARISTADA INITIO<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 675 MG/2.4 ML   | 5                            | NDS; QL (4.8 per 365 days)         |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 1,064 MG/3.9 ML           | 5                            | NDS; QL (3.9 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 441 MG/1.6 ML             | 5                            | NDS; QL (1.6 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML             | 5                            | NDS; QL (2.4 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML             | 5                            | NDS; QL (3.2 per 14 days)          |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)              | 2                            | GC; QL (60 per 30 days)            |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG  | 5                            | ST; NDS; QL (30 per 30 days)       |
| <i>chlorpromazine injection solution 25 mg/ml</i>                                     | 2                            | GC                                 |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                            | 4                            |                                    |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                 | 4                            |                                    |

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|--|------------------------------|------------------------------------|
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)                       | 2                            | GC                                 |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>                        | 4                            | ST; QL (90 per 30 days)            |
| <i>clozapine oral tablet, disintegrating 150 mg</i>  | 4                            | ST; QL (180 per 30 days)           |
| <i>clozapine oral tablet, disintegrating 200 mg</i>  | 5                            | ST; NDS; QL (120 per 30 days)      |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                              | 5                            | ST; NDS; QL (60 per 30 days)       |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)                                | 4                            | ST                                 |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                  | 2                            | GC                                 |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                       | 2                            | GC                                 |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>   | 4                            |                                    |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>  | 4                            |                                    |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                              | 4                            |                                    |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>        | 2                            | GC                                 |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | 2                            | GC                                 |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                      | 2                            | GC                                 |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                                   | 2                            | GC                                 |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>  | 2                            | GC                                 |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                      | 2                            | GC                                 |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML                                       | 5                            | NDS; QL (3.5 per 166 days)         |

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|--|------------------------------|------------------------------------|
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE<br>1,560 MG/5 ML           | 5                            | NDS; QL (5 per 166 days)           |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML         | 5                            | NDS; QL (0.75 per 21 days)         |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML              | 5                            | NDS; QL (1 per 21 days)            |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML          | 5                            | NDS; QL (1.5 per 21 days)          |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML          | 3                            | QL (0.25 per 21 days)              |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML           | 5                            | NDS; QL (0.5 per 21 days)          |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 273<br>MG/0.88 ML           | 5                            | NDS; QL (0.88 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 410<br>MG/1.32 ML           | 5                            | NDS; QL (1.32 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 546<br>MG/1.75 ML           | 5                            | NDS; QL (1.75 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 819<br>MG/2.63 ML           | 5                            | NDS; QL (2.63 per 70 days)         |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda) | 2                            | GC; QL (30 per 30 days)            |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                       | 2                            | GC; QL (60 per 30 days)            |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG          | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| <i>molindone oral tablet 10 mg</i>                                 | 2                            | GC; QL (240 per 30 days)           |
| <i>molindone oral tablet 25 mg</i>                                 | 2                            | GC; QL (270 per 30 days)           |

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|--|------------------------------|------------------------------------|
| <i>molindone oral tablet 5 mg</i>  | 2                            | GC; QL (120 per 30 days)           |
| NUPLAZID ORAL CAPSULE 34 MG  | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| NUPLAZID ORAL TABLET 10 MG   | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)   | 2                            | GC; QL (30 per 30 days)            |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)  | 2                            | GC                                 |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)                                  | 2                            | GC                                 |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>   | 4                            | QL (30 per 30 days)                |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)  | 4                            | QL (30 per 30 days)                |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)  | 4                            | QL (60 per 30 days)                |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>  | 2                            | GC                                 |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG  | 5                            | NDS; QL (1 per 30 days)            |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | 2                            | GC                                 |
| <i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>   | 2                            | GC                                 |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                                    | 2                            | GC                                 |
| <i>quetiapine oral tablet 150 mg</i>   | 2                            | GC; QL (30 per 30 days)            |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)                 | 2                            | GC                                 |
| REXULTI ORAL TABLET 0.25 MG  | 5                            | ST; NDS; QL (120 per 30 days)      |
| REXULTI ORAL TABLET 0.5 MG   | 5                            | ST; NDS; QL (60 per 30 days)       |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG   | 5                            | ST; NDS; QL (30 per 30 days)       |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta) | 2                            | GC; QL (2 per 28 days)             |

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|---|------------------------------|------------------------------------|
| <i>risperidone microspheres</i> (Risperdal Consta)<br><i>intramuscular suspension,extended</i><br><i>rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5                            | NDS; QL (2 per 28 days)            |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)  | 2                            | GC                                 |
| <i>risperidone oral tablet 0.25 mg</i>  | 2                            | GC                                 |
| <i>risperidone oral tablet 0.5 mg, 1 mg,</i> (Risperdal)<br><i>2 mg, 3 mg, 4 mg</i>   | 2                            | GC                                 |
| <i>risperidone oral tablet,disintegrating</i><br><i>0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4</i><br><i>mg</i>                                   | 4                            |                                    |
| SECUADO TRANSDERMAL<br>PATCH 24 HOUR 3.8 MG/24<br>HOUR, 5.7 MG/24 HOUR, 7.6<br>MG/24 HOUR   | 5                            | ST; NDS; QL (30 per 30<br>days)    |
| <i>thioridazine oral tablet 10 mg, 100</i><br><i>mg, 25 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>thiothixene oral capsule 1 mg, 10 mg,</i><br><i>2 mg, 5 mg</i>   | 2                            | GC                                 |
| <i>trifluoperazine oral tablet 1 mg, 10</i><br><i>mg, 2 mg, 5 mg</i>  | 2                            | GC                                 |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 100 MG/0.28 ML  | 5                            | NDS; QL (0.28 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML  | 5                            | NDS; QL (0.35 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML  | 5                            | NDS; QL (0.42 per 56<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML  | 5                            | NDS; QL (0.56 per 56<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML   | 5                            | NDS; QL (0.7 per 56<br>days)       |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML   | 5                            | NDS; QL (0.14 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML   | 5                            | NDS; QL (0.21 per 28<br>days)      |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| VERSACLOZ ORAL<br>SUSPENSION 50 MG/ML  | 5                            | ST; NDS; QL (540 per<br>30 days)   |
| VRAYLAR ORAL CAPSULE 1.5<br>MG, 3 MG, 4.5 MG, 6 MG   | 5                            | ST; NDS; QL (30 per 30<br>days)    |
| VRAYLAR ORAL<br>CAPSULE,DOSE PACK 1.5 MG<br>(1)- 3 MG (6)                                      | 4                            | ST                                 |
| <i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon)<br><i>40 mg, 60 mg, 80 mg</i>              | 2                            | GC                                 |
| <i>ziprasidone mesylate intramuscular</i> (Geodon)<br><i>recon soln 20 mg/ml (final conc.)</i> | 2                            | GC; QL (6 per 28 days)             |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 210 MG                      | 4                            | QL (2 per 28 days)                 |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 300 MG                      | 5                            | NDS; QL (2 per 28 days)            |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 405 MG                      | 5                            | NDS; QL (1 per 28 days)            |
| <b>Agentes Calóricos</b>   |                              |                                    |
| <b>Agentes Calóricos</b>   |                              |                                    |
| CLINIMIX 5%/D15W SULFITE<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %                        | 4                            | PA BvD                             |
| CLINIMIX 4.25%/D10W SULF<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 %                     | 4                            | PA BvD                             |
| CLINIMIX 4.25%/D5W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 %                    | 4                            | PA BvD                             |
| CLINIMIX 5%-D20W(SULFITE-<br>FREE) INTRAVENOUS<br>PARENTERAL SOLUTION 5 %                      | 4                            | PA BvD                             |
| CLINIMIX 6%-D5W (SULFITE-<br>FREE) INTRAVENOUS<br>PARENTERAL SOLUTION 6-5 %                    | 4                            | PA BvD                             |
| CLINIMIX 8%-D10W(SULFITE-<br>FREE) INTRAVENOUS<br>PARENTERAL SOLUTION 8-10 %                   | 4                            | PA BvD                             |

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|---|------------------------------|------------------------------------|
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %     | 4                            | PA BvD                             |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %     | 4                            | PA BvD                             |
| CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %    | 4                            | PA BvD                             |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %     | 4                            | PA BvD                             |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 4                            | PA BvD                             |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 4                            | PA BvD                             |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %     | 4                            | PA BvD                             |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %     | 4                            | PA BvD                             |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | 2                            | PA BvD; GC                         |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>        | 4                            |                                    |
| <i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>              | 2                            | GC                                 |
| <i>dextrose 5%-water iv soln single use</i>                               | 2                            | GC                                 |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                                | 4                            | PA BvD                             |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                      | 4                            | PA BvD                             |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                               | 4                            | PA BvD                             |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                        | 4                            | PA BvD                             |

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|---|-----------------------|--------------------------------|
| TROPHAMINE 10 %<br>INTRAVENOUS PARENTERAL<br>SOLUTION 10 %                    | 4                     | PA BvD                         |
| <b>Agentes Cardiovasculares</b>   |                       |                                |
| <b>Agentes Alfa-Adrenérgicos</b>  |                       |                                |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                       | 1                     | GC                             |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)       | 2                     | GC; QL (4 per 28 days)         |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)       | 2                     | GC; QL (4 per 28 days)         |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)       | 2                     | GC; QL (8 per 28 days)         |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)                 | 2                     | GC                             |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)               | 5                     | PA; NDS; QL (180 per 30 days)  |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                      | 2                     | GC                             |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                  | 2                     | GC                             |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                              | 2                     | GC                             |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)               | 2                     | GC                             |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                 | 2                     | GC                             |
| <b>Agentes Antiarrítmicos</b>   |                       |                                |
| <i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)                       | 2                     | GC                             |
| <i>amiodarone oral tablet 200 mg</i> (Pacerone)                               | 1                     | GC                             |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)           | 2                     | PA-HRM; GC; AGE (Max 64 Years) |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)            | 2                     | GC                             |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                           | 2                     | GC                             |
| <i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>                     | 1                     | GC                             |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i> | 1                     | GC                             |

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|--|------------------------------|------------------------------------|
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                | 2                            | GC                                 |
| <b>MULTAQ ORAL TABLET 400 MG</b>   | 3                            |                                    |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)                      | 2                            | GC                                 |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>                          | 2                            | GC                                 |
| <i>procainamide intravenous syringe 100 mg/ml</i>                                    | 2                            | GC                                 |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>       | 2                            | GC                                 |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                                | 2                            | GC                                 |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                       | 2                            | GC                                 |
| <i>quinidine sulfate oral tablet 200 mg</i>  | 1                            | GC                                 |
| <i>quinidine sulfate oral tablet 300 mg</i>  | 2                            | GC                                 |
| <b>Agentes Bloqueadores Beta-Adrenérgicos</b>  |                              |                                    |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>  | 2                            | GC                                 |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)                          | 1                            | GC                                 |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                 | 2                            | GC                                 |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                   | 2                            | GC                                 |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>  | 2                            | GC                                 |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                   | 2                            | GC                                 |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 2                            | GC                                 |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)              | 1                            | GC                                 |
| <i>labetalol intravenous solution 5 mg/ml</i>  | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>                         | 2                            | GC                                 |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>   | 2                            | GC                                 |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1                            | GC                                 |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                        | 2                            | GC                                 |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>   | 2                            | GC                                 |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)  | 1                            | GC                                 |
| <i>metoprolol tartrate oral tablet 25 mg</i>  | 1                            | GC                                 |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)  | 2                            | GC                                 |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                      | 2                            | GC                                 |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | 2                            | GC                                 |
| <i>propranolol intravenous solution 1 mg/ml</i>   | 2                            | GC                                 |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)       | 2                            | GC                                 |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                             | 2                            | GC                                 |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>  | 2                            | GC                                 |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                    | 2                            | GC                                 |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)                                       | 2                            | GC                                 |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)   | 2                            | GC                                 |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)   | 2                            | GC                                 |
| <i>sotalol oral tablet 240 mg</i> (Betapace)  | 2                            | GC                                 |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   | 4                            |                                    |

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|--|-----------------------|----------------------------|
| <b>Agentes Bloqueadores Da Canal De Calcio</b>   |                       |                            |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>                   | (diltiazem hcl)       | 2<br>GC                    |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>  |                       | 2<br>GC                    |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                        |                       | 4                          |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>                              | (Tiadylt ER)          | 2<br>GC                    |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>               | (Cartia XT)           | 2<br>GC                    |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>  | (Cardizem)            | 2<br>GC                    |
| <i>diltiazem hcl oral tablet 90 mg</i>   |                       | 2<br>GC                    |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>                                       | (Cardizem LA)         | 4                          |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>       | (Matzim LA)           | 4                          |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                            | (diltiazem hcl)       | 2<br>GC                    |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>           | (diltiazem hcl)       | 4                          |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | (diltiazem hcl)       | 2<br>GC                    |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | (diltiazem hcl)       | 2<br>GC                    |
| <i>verapamil intravenous syringe 2.5 mg/ml</i>   |                       | 2<br>GC                    |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                             | (Verelan PM)          | 4                          |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                          |                       | 2<br>GC                    |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>  |                       | 4                          |

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|--|------------------------------|------------------------------------|
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                  | 1                            | GC                                 |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>               | 2                            | GC                                 |
| <b>Agentes Cardiovasculares, Varios</b>  |                              |                                    |
| CORLANOR ORAL SOLUTION 5 MG/5 ML   | 3                            | QL (600 per 30 days)               |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)         | 2                            | GC                                 |
| <i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)                              | 2                            | GC                                 |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)                | 2                            | GC                                 |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>                           | 2                            | GC                                 |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)         | 2                            | GC                                 |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | 2                            | GC; QL (4 per 30 days)             |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)              | 2                            | GC; QL (4 per 30 days)             |
| <i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)                          | 1                            | GC                                 |
| <i>hydralazine injection solution 20 mg/ml</i>                                     | 2                            | GC                                 |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                         | 2                            | GC                                 |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)                         | 5                            | PA; NDS; QL (18 per 30 days)       |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)                              | 3                            | QL (60 per 30 days)                |
| <i>metyrosine oral capsule 250 mg</i> (Demser)                                     | 5                            | NDS                                |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                      | 2                            | GC; QL (60 per 30 days)            |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                        | 2                            | GC; QL (120 per 30 days)           |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)                         | 5                            | PA; NDS; QL (18 per 30 days)       |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML   | 4                            | QL (4 per 30 days)                 |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)                              | 4                            | QL (4 per 30 days)                 |

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|---|-----------------------|----------------------------|
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG   | 4                     | PA; QL (30 per 30 days)    |
| <b>Antagonistas De Receptores De Angiotensina Ii</b>  |                       |                            |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)   | 2                     | GC                         |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                | 2                     | GC                         |
| EDARBI ORAL TABLET 40 MG, 80 MG   | 3                     |                            |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG   | 3                     |                            |
| ENTRESTO ORAL TABLET 24-26 MG   | 3                     | QL (180 per 30 days)       |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG  | 3                     | QL (60 per 30 days)        |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG   | 3                     | QL (240 per 30 days)       |
| <i>eprosartan oral tablet 600 mg</i>  | 4                     |                            |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)  | 2                     | GC                         |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)  | 2                     | GC                         |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)   | 1                     | GC                         |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                     | 1                     | GC                         |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)  | 2                     | GC                         |
| <i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 2                     | GC                         |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                | 2                     | GC                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)   | 2                     | GC                         |

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|---|------------------------------|------------------------------------|
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>  | 4                            |                                    |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                     | 2                            | GC                                 |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)  | 2                            | GC                                 |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)              | 2                            | GC                                 |
| <b>Dihidropiridinas</b>   |                              |                                    |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)   | 1                            | GC                                 |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)   | 1                            | GC                                 |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>  | 1                            | GC                                 |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)  | 2                            | GC                                 |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)  | 2                            | GC                                 |
| <i>amlodipine-valsartan-hcthiaid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 2                            | GC                                 |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>  | 2                            | GC                                 |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>   | 4                            |                                    |
| <b>KATERZIA ORAL SUSPENSION 1 MG/ML</b>   | 4                            | ST; QL (300 per 30 days)           |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>  | 4                            |                                    |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>   | 2                            | GC                                 |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)  | 2                            | GC                                 |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>  | 2                            | GC                                 |

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|--|-----------------------|----------------------------|
| <b>Dislipidémicos</b>  |                       |                            |
| <i>amlodipine-atorvastatin oral tablet</i> (Caduet)<br>10-10 mg, 5-10 mg                                       | 2                     | GC                         |
| <i>amlodipine-atorvastatin oral tablet</i> (Caduet)<br>10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg | 2                     | GC; QL (30 per 30 days)    |
| <i>amlodipine-atorvastatin oral tablet</i><br>2.5-10 mg, 2.5-20 mg, 2.5-40 mg                                  | 2                     | GC                         |
| <i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)   | 1                     | GC; QL (30 per 30 days)    |
| <i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)                                     | 2                     | GC                         |
| <i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine-aspartame)                            | 2                     | GC                         |
| <i>colesevelam oral powder in packet</i> 3.75 gram (WelChol)   | 4                     |                            |
| <i>colesevelam oral tablet</i> 625 mg (WelChol)  | 2                     | GC                         |
| <i>colestipol oral packet</i> 5 gram   | 2                     | GC                         |
| <i>colestipol oral tablet</i> 1 gram (Colestid)  | 2                     | GC                         |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG  | 4                     | ST; QL (30 per 30 days)    |
| <i>ezetimibe oral tablet</i> 10 mg (Zetia)   | 1                     | GC; QL (30 per 30 days)    |
| <i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)  | 2                     | GC; QL (30 per 30 days)    |
| <i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)  | 2                     | GC; QL (30 per 30 days)    |
| <i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)  | 2                     | GC; QL (30 per 30 days)    |
| <i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)  | 2                     | GC; QL (30 per 30 days)    |
| <i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg                                | 2                     | GC                         |
| <i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)   | 2                     | GC                         |
| <i>fenofibrate oral tablet</i> 160 mg, 54 mg   | 2                     | GC                         |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i> 135 mg, 45 mg (Trilipix)                 | 2                     | GC                         |

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| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>                              | 2                            | GC; QL (60 per 30 days)            |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)   | 2                            | GC                                 |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                             | 1                            | GC                                 |
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG                           | 5                            | PA; NDS; QL (28 per 28 days)       |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG  | 5                            | PA; NDS; QL (56 per 28 days)       |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)                | 2                            | GC; QL (30 per 30 days)            |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                         | 1                            | GC                                 |
| NEXLETOL ORAL TABLET 180 MG   | 3                            | QL (30 per 30 days)                |
| NEXLIZET ORAL TABLET 180-10 MG  | 3                            | QL (30 per 30 days)                |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                 | 1                            | GC                                 |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2                            | GC                                 |
| <i>niacor oral tablet 500 mg</i> (niacin)                                 | 4                            |                                    |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)             | 2                            | ST; GC; QL (120 per 30 days)       |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML                | 3                            | QL (2 per 28 days)                 |
| <i>pravastatin oral tablet 10 mg, 80 mg</i>                               | 1                            | GC                                 |
| <i>pravastatin oral tablet 20 mg, 40 mg</i>                               | 1                            | GC; QL (30 per 30 days)            |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)  | 2                            | GC                                 |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML           | 3                            | QL (7 per 28 days)                 |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                     | 3                            | QL (6 per 28 days)                 |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                            | 3                            | QL (6 per 28 days)                 |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>                        | 1                            | GC; QL (30 per 30 days)            |

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|--|------------------------------|------------------------------------|
| <i>rosuvastatin oral tablet 40 mg</i> (Crestor)                | 1                            | GC; QL (30 per 30 days)            |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)     | 1                            | GC; QL (30 per 30 days)            |
| <i>simvastatin oral tablet 5 mg, 80 mg</i>                     | 1                            | GC; QL (30 per 30 days)            |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)                | 2                            | GC; QL (240 per 30 days)           |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)                  | 2                            | GC; QL (120 per 30 days)           |
| <b>Diuréticos</b>  |                              |                                    |
| <i>amiloride oral tablet 5 mg</i>                              | 2                            | GC                                 |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>       | 2                            | GC                                 |
| <i>bumetanide 2.5 mg/10 ml vial mdv, inner 0.25 mg/ml</i>      | 2                            | GC                                 |
| <i>bumetanide injection solution 0.25 mg/ml</i>                | 4                            |                                    |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>               | 2                            | GC                                 |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i>     | 2                            | GC                                 |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                 | 2                            | GC                                 |
| <i>furosemide injection solution 10 mg/ml</i>                  | 2                            | GC                                 |
| <i>furosemide injection syringe 10 mg/ml</i>                   | 1                            | GC                                 |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1                            | GC                                 |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)      | 1                            | GC                                 |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                | 1                            | GC                                 |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>   | 1                            | GC                                 |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                  | 1                            | GC                                 |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                              | 5                            | PA; NDS; QL (120 per 30 days)      |

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|--|------------------------------|------------------------------------|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5                            | PA; NDS; QL (56 per 28 days)       |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                            | GC                                 |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)   | 1                            | GC                                 |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>   | 2                            | GC                                 |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>  | 2                            | GC                                 |
| <i>toremide oral tablet 20 mg</i> (Soanz)  | 2                            | GC                                 |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>  | 1                            | GC                                 |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>   | 1                            | GC                                 |
| <b>Inhibidores De Enzima<br/>Convertidoras De Angiotensina</b>   |                              |                                    |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)   | 1                            | GC                                 |
| <i>benazepril oral tablet 5 mg</i>   | 1                            | GC                                 |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)  | 2                            | GC                                 |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>  | 2                            | GC                                 |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>  | 4                            |                                    |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)  | 2                            | ST; GC; QL (1200 per 30 days)      |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)  | 1                            | GC                                 |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>   | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                                    | 1                            | GC                                 |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>   | 1                            | GC                                 |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>  | 1                            | GC                                 |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                 | 2                            | GC                                 |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)                         | 1                            | GC                                 |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | 1                            | GC                                 |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>   | 2                            | GC                                 |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>   | 2                            | GC                                 |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)  | 1                            | GC                                 |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)            | 2                            | GC                                 |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)                                       | 1                            | GC                                 |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>   | 1                            | GC                                 |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2                            | GC                                 |
| <b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>  |                              |                                    |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)   | 2                            | GC                                 |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)  | 2                            | GC                                 |
| KERENDIA ORAL TABLET 10 MG, 20 MG  | 3                            | PA; QL (30 per 30 days)            |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)  | 2                            | ST; GC; QL (600 per 30 days)       |
| <b>Vasodilatadores</b>   |                              |                                    |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>  | 2                            | GC                                 |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)   | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>  | 2                            | GC                                 |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | 1                            | GC                                 |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)  | 2                            | GC                                 |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | 2                            | GC                                 |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>                                       | 2                            | GC                                 |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | 2                            | GC                                 |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2                            | GC                                 |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                              |                                    |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                              |                                    |
| <i>alosetron oral tablet 0.5 mg</i> (Lotronex)  | 2                            | GC                                 |
| <i>alosetron oral tablet 1 mg</i> (Lotronex)  | 5                            | NDS                                |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)  | 2                            | GC                                 |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>   | 4                            |                                    |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)   | 2                            | GC                                 |
| <b>DIPENTUM ORAL CAPSULE 250 MG</b>   | 5                            | ST; NDS                            |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)   | 2                            | GC                                 |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)                               | 4                            |                                    |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)                             | 4                            |                                    |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)                              | 4                            | QL (120 per 30 days)               |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>   | 4                            |                                    |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)  | 2                            | GC                                 |

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|---|-----------------------|-----------------------------|
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)  | 2                     | GC                          |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)                       | 4                     |                             |
| <b>Agentes De Enfermedad Ósea Metabólica</b>  |                       |                             |
| <b>Agentes De Enfermedad Ósea Metabólica</b>  |                       |                             |
| <i>alendronate oral solution 70 mg/75 ml</i>  | 2                     | GC; QL (300 per 28 days)    |
| <i>alendronate oral tablet 10 mg, 5 mg</i>  | 1                     | GC; QL (30 per 30 days)     |
| <i>alendronate oral tablet 35 mg</i>  | 1                     | GC; QL (4 per 28 days)      |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)  | 1                     | GC; QL (4 per 28 days)      |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)                                       | 5                     | NDS                         |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>                                      | 2                     | GC; QL (3.7 per 28 days)    |
| <i>calcitriol intravenous solution 1 mcg/ml</i>   | 2                     | GC                          |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)  | 2                     | GC                          |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)  | 2                     | GC                          |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)   | 2                     | GC; QL (60 per 30 days)     |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)  | 2                     | GC; QL (120 per 30 days)    |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>   | 4                     |                             |
| <i>ibandronate intravenous solution 3 mg/3 ml</i>   | 4                     | QL (3 per 84 days)          |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i>  | 2                     | GC; QL (3 per 84 days)      |
| <i>ibandronate oral tablet 150 mg</i>   | 1                     | GC; QL (1 per 28 days)      |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE                          | 5                     | PA; NDS; QL (2 per 28 days) |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i>  | 2                     | GC                          |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 2                     | GC                          |

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|---|------------------------------|------------------------------------|
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                           | 4                            |                                    |
| <i>paricalcitol oral capsule 4 mcg</i>  | 4                            |                                    |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML  | 3                            | QL (1 per 180 days)                |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                               | 3                            | QL (60 per 30 days)                |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                                   | 2                            | GC; QL (1 per 28 days)             |
| <i>risedronate oral tablet 30 mg, 5 mg</i>  | 4                            | QL (30 per 30 days)                |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                                    | 2                            | GC; QL (4 per 28 days)             |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>                    | 2                            | GC; QL (4 per 28 days)             |
| <i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)            | 4                            | QL (4 per 28 days)                 |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>         | 2                            | GC; QL (2.48 per 28 days)          |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                       | 3                            | QL (1.56 per 30 days)              |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                              | 5                            | PA; NDS                            |
| <i>zoledronic acid intravenous recon soln 4 mg</i>                                | 4                            |                                    |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>                             | 2                            | GC                                 |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 2                            | GC; QL (100 per 300 days)          |
| <b>Agentes De Trastorno De Sueño</b>  |                              |                                    |
| <b>Agentes De Trastorno De Sueño</b>  |                              |                                    |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)            | 2                            | PA; GC; QL (30 per 30 days)        |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                    | 3                            | QL (30 per 30 days)                |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)                         | 2                            | GC; QL (30 per 30 days)            |

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|---|------------------------------|--------------------------------------|
| HETLIOZ LQ ORAL SUSPENSION<br>4 MG/ML   | 5                            | PA; NDS; QL (150 per<br>30 days)     |
| <i>modafinil oral tablet 100 mg</i> (Provigil)                                      | 2                            | PA; GC; QL (30 per 30<br>days)       |
| <i>modafinil oral tablet 200 mg</i> (Provigil)                                      | 2                            | PA; GC; QL (60 per 30<br>days)       |
| <i>sodium oxybate oral solution 500<br/>mg/ml</i> (Xyrem)                           | 5                            | PA; LA; NDS; QL (540<br>per 30 days) |
| SUNOSI ORAL TABLET 150 MG,<br>75 MG   | 4                            | PA; QL (30 per 30 days)              |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz)                                     | 5                            | PA; NDS; QL (30 per 30<br>days)      |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>  | 1                            | GC; QL (30 per 30 days)              |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                    | 1                            | GC; QL (30 per 30 days)              |
| <i>zolpidem oral tablet,ext release<br/>multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | 2                            | GC; QL (30 per 30 days)              |
| <b>Agentes Del Sistema Nervioso Central</b>   |                              |                                      |
| <b>Agentes Del Sistema Nervioso Central</b>   |                              |                                      |
| <i>atomoxetine oral capsule 10 mg, 18<br/>mg, 25 mg, 40 mg</i> (Strattera)          | 2                            | GC; QL (60 per 30 days)              |
| <i>atomoxetine oral capsule 100 mg, 60<br/>mg, 80 mg</i> (Strattera)                | 2                            | GC; QL (30 per 30 days)              |
| AUSTEDO ORAL TABLET 12 MG,<br>9 MG  | 5                            | PA; NDS; QL (120 per<br>30 days)     |
| AUSTEDO ORAL TABLET 6 MG  | 5                            | PA; NDS; QL (60 per 30<br>days)      |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 12<br>MG                           | 5                            | PA; NDS; QL (90 per 30<br>days)      |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 18<br>MG, 24 MG                    | 5                            | PA; NDS; QL (60 per 30<br>days)      |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 30<br>MG, 36 MG, 42 MG, 48 MG      | 5                            | PA; NDS; QL (30 per 30<br>days)      |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 6<br>MG                            | 5                            | PA; NDS; QL (210 per<br>30 days)     |

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|---|------------------------------|------------------------------------|
| AUSTEDO XR TITRATION<br>KT(WK1-4) ORAL TABLET, EXT<br>REL 24HR DOSE PACK 12-18-24-<br>30 MG, 6 MG (14)-12 MG (14)-24<br>MG (14) | 5                            | PA; NDS                            |
| AVONEX INTRAMUSCULAR<br>PEN INJECTOR KIT 30 MCG/0.5<br>ML   | 5                            | PA; NDS; QL (1 per 28<br>days)     |
| AVONEX INTRAMUSCULAR<br>SYRINGE KIT 30 MCG/0.5 ML   | 5                            | PA; NDS; QL (1 per 28<br>days)     |
| BETASERON SUBCUTANEOUS<br>KIT 0.3 MG  | 5                            | PA; NDS; QL (15 per 30<br>days)    |
| <i>caffeine citrate intravenous solution</i> (Cafcit)<br><i>60 mg/3 ml (20 mg/ml)</i>   | 2                            | PA BvD; GC                         |
| <i>caffeine citrate oral solution 60 mg/3<br/>ml (20 mg/ml)</i>   | 2                            | GC                                 |
| <i>clonidine hcl oral tablet extended<br/>release 12 hr 0.1 mg</i>  | 4                            |                                    |
| COPAXONE SUBCUTANEOUS (glatiramer)<br>SYRINGE 20 MG/ML  | 5                            | PA; NDS; QL (30 per 30<br>days)    |
| COPAXONE SUBCUTANEOUS (glatiramer)<br>SYRINGE 40 MG/ML  | 5                            | PA; NDS; QL (12 per 28<br>days)    |
| <i>dalfampridine oral tablet extended<br/>release 12 hr 10 mg</i> (Ampyra)  | 2                            | PA; GC; QL (60 per 30<br>days)     |
| <i>dexmethylphenidate oral tablet 10<br/>mg, 2.5 mg, 5 mg</i> (Focalin)   | 2                            | GC; QL (60 per 30 days)            |
| <i>dextroamphetamine sulfate oral<br/>capsule, extended release 10 mg</i> (Dexedrine Spansule)                                  | 4                            | QL (120 per 30 days)               |
| <i>dextroamphetamine sulfate oral<br/>capsule, extended release 15 mg, 5<br/>mg</i>   | 4                            | QL (120 per 30 days)               |
| <i>dextroamphetamine sulfate oral<br/>tablet 10 mg</i> (Zenedi)   | 2                            | GC; QL (180 per 30<br>days)        |
| <i>dextroamphetamine sulfate oral<br/>tablet 15 mg</i> (Zenedi)   | 4                            | QL (90 per 30 days)                |
| <i>dextroamphetamine sulfate oral<br/>tablet 20 mg</i> (Zenedi)   | 4                            | QL (60 per 30 days)                |
| <i>dextroamphetamine sulfate oral<br/>tablet 30 mg</i> (Zenedi)   | 2                            | GC; QL (60 per 30 days)            |
| <i>dextroamphetamine sulfate oral<br/>tablet 5 mg</i> (Zenedi)  | 2                            | GC; QL (90 per 30 days)            |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)      | 2                            | GC; QL (30 per 30 days)            |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)     | 2                            | GC; QL (60 per 30 days)            |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2                            | GC; QL (60 per 30 days)            |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> (Tecfidera)                               | 5                            | PA; NDS; QL (14 per 7 days)        |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)             | 5                            | PA; NDS                            |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> (Tecfidera)                               | 5                            | PA; NDS; QL (60 per 30 days)       |
| <i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava)   | 5                            | PA; NDS; QL (2800 per 28 days)     |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML   | 5                            | PA; NDS                            |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya)  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>flumazenil intravenous solution 0.1 mg/ml</i>  | 2                            | GC                                 |
| GILENYA ORAL CAPSULE 0.25 MG  | 5                            | PA; NDS; QL (60 per 30 days)       |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)  | 5                            | PA; NDS; QL (12 per 28 days)       |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)   | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)   | 5                            | PA; NDS; QL (12 per 28 days)       |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)                      | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| INGREZZA INITIATION<br>PK(TARDIV) ORAL<br>CAPSULE,DOSE PACK 40 MG (7)-<br>80 MG (21) | 5                            | PA; NDS                            |
| INGREZZA ORAL CAPSULE 40<br>MG, 60 MG, 80 MG   | 5                            | PA; NDS; QL (30 per 30<br>days)    |
| INGREZZA SPRINKLE ORAL<br>CAPSULE, SPRINKLE 40 MG, 60<br>MG, 80 MG                   | 5                            | PA; NDS; QL (30 per 30<br>days)    |
| KESIMPTA PEN<br>SUBCUTANEOUS PEN INJECTOR<br>20 MG/0.4 ML                            | 5                            | PA; NDS; QL (1.2 per<br>28 days)   |
| <i>lithium carbonate oral capsule 150<br/>mg, 300 mg, 600 mg</i>                     | 1                            | GC                                 |
| <i>lithium carbonate oral tablet 300 mg</i>  | 2                            | GC                                 |
| <i>lithium carbonate oral tablet<br/>extended release 300 mg</i> (Lithobid)          | 2                            | GC                                 |
| <i>lithium carbonate oral tablet<br/>extended release 450 mg</i>                     | 2                            | GC                                 |
| <i>lithium citrate oral solution 8 meq/5<br/>ml</i>                                  | 2                            | GC                                 |
| MAVENCLAD (10 TABLET<br>PACK) ORAL TABLET 10 MG                                      | 5                            | PA; NDS                            |
| MAVENCLAD (4 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                                       | 5                            | PA; NDS                            |
| MAYZENT ORAL TABLET 0.25<br>MG   | 5                            | PA; NDS; QL (112 per<br>28 days)   |
| MAYZENT ORAL TABLET 1 MG,<br>2 MG  | 5                            | PA; NDS; QL (30 per 30<br>days)    |

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|--|------------------------------|------------------------------------|
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)                                     | 4                            | PA                                 |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                                    | 5                            | PA; NDS                            |
| <i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)                                | 4                            | QL (90 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD) | 2                            | GC; QL (30 per 30 days)            |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)                             | 2                            | GC; QL (60 per 30 days)            |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)                 | 2                            | GC; QL (30 per 30 days)            |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)                               | 2                            | GC; QL (60 per 30 days)            |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>  | 2                            | GC; QL (30 per 30 days)            |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)                                  | 2                            | GC; QL (900 per 30 days)           |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)  | 2                            | GC; QL (90 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>  | 2                            | GC; QL (90 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)                                | 2                            | GC; QL (90 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 54 mg (bx rating)</i>          | 2                            | GC; QL (30 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                | 2                            | GC; QL (30 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 24hr 27 mg (bx rating)</i>                             | 4                            | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)                              | 2                            | GC; QL (60 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>                             | 2                            | GC; QL (60 per 30 days)            |

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|---|-----------------------|--------------------------------|
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML                           | 5                     | PA; NDS; QL (20 per 180 days)  |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML               | 5                     | PA; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5                     | PA; NDS                        |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                    | 5                     | PA; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML      | 5                     | PA; NDS                        |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (edaravone)          | 5                     | PA; NDS; QL (2800 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> (Rilutek)                     | 2                     | GC; QL (60 per 30 days)        |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG               | 3                     | QL (60 per 30 days)            |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)   | 3                     |                                |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG         | 5                     | PA; NDS; QL (30 per 30 days)   |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)          | 5                     | PA; NDS; QL (30 per 30 days)   |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)      | 5                     | PA; NDS; QL (112 per 28 days)  |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG             | 5                     | PA; NDS; QL (120 per 30 days)  |

## Agentes Del Tracto Respiratorio

### Agentes Del Tracto Respiratorio, Otros

|   |   |                           |
|---|---|---------------------------|
| <i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote) | 2 | GC                        |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>       | 2 | PA BvD; GC                |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                | 5 | NDS; QL (560 per 28 days) |

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|---|------------------------------|------------------------------------|
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                                 | 5                            | PA; NDS                            |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>       | 2                            | PA BvD; GC                         |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                       | 5                            | PA; NDS; QL (1 per 28 days)        |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML                   | 5                            | PA; NDS; QL (1 per 28 days)        |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5                            | PA; NDS; QL (56 per 28 days)       |
| KALYDECO ORAL TABLET 150 MG   | 5                            | PA; NDS; QL (56 per 28 days)       |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                           | 5                            | PA; LA; NDS; QL (3 per 28 days)    |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                 | 5                            | PA; LA; NDS; QL (3 per 28 days)    |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                 | 5                            | PA; LA; NDS; QL (3 per 28 days)    |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                              | 5                            | PA; LA; NDS; QL (0.4 per 28 days)  |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                      | 5                            | PA; NDS; QL (60 per 30 days)       |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG      | 5                            | PA; NDS; QL (56 per 28 days)       |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                            | 5                            | PA; NDS; QL (112 per 28 days)      |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                      | 5                            | PA; NDS; QL (270 per 30 days)      |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet)                       | 5                            | PA; NDS; QL (270 per 30 days)      |
| <i>pirfenidone oral tablet 534 mg</i>                                 | 5                            | PA; NDS; QL (90 per 30 days)       |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet)                       | 5                            | PA; NDS; QL (90 per 30 days)       |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                 | 5                            | PA BvD; NDS                        |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp)                     | 2                            | GC; QL (28 per 28 days)            |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp)                     | 2                            | GC; QL (30 per 30 days)            |

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|--|------------------------------|------------------------------------|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)   | 5                            | PA; NDS; QL (56 per 28 days)       |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)                                      | 5                            | PA; NDS; QL (56 per 28 days)       |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)   | 5                            | PA; NDS; QL (84 per 28 days)       |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)  | 5                            | PA; NDS; QL (1 per 21 days)        |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML   | 5                            | PA; NDS                            |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG  | 5                            | PA; NDS                            |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML   | 5                            | PA; NDS                            |
| <b>Antiinflamatorios, Corticoesteroides</b>  |                              |                                    |
| <b>Inhalados</b>   |                              |                                    |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 3                            | QL (12 per 30 days)                |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION   | 3                            | QL (32.1 per 30 days)              |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                      | 3                            | QL (30 per 30 days)                |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)                              | 3                            | QL (60 per 30 days)                |

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|--|------------------------------|-------------------------------------|
| BREO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 50-25<br>MCG/DOSE   | 3                            | QL (60 per 30 days)                 |
| <i>breyna inhalation hfa aerosol inhaler</i> (budesonide-formoterol)<br><i>160-4.5 mcg/actuation, 80-4.5<br/>mcg/actuation</i>                                 | 2                            | GC; QL (30.9 per 30<br>days)        |
| <i>budesonide inhalation suspension for</i> (Pulmicort)<br><i>nebulization 0.25 mg/2 ml, 0.5 mg/2<br/>ml</i>   | 2                            | PA BvD; GC; QL (120<br>per 30 days) |
| <i>budesonide inhalation suspension for</i> (Pulmicort)<br><i>nebulization 1 mg/2 ml</i>   | 2                            | PA BvD; GC; QL (60<br>per 30 days)  |
| <i>budesonide-formoterol inhalation hfa</i> (Breyna)<br><i>aerosol inhaler 160-4.5<br/>mcg/actuation, 80-4.5 mcg/actuation</i>                                 | 2                            | GC; QL (30.6 per 30<br>days)        |
| <i>fluticasone propionate inhalation hfa</i><br><i>aerosol inhaler 110 mcg/actuation</i>   | 2                            | GC; QL (12 per 30 days)             |
| <i>fluticasone propionate inhalation hfa</i><br><i>aerosol inhaler 220 mcg/actuation</i>   | 2                            | GC; QL (24 per 30 days)             |
| <i>fluticasone propionate inhalation hfa</i><br><i>aerosol inhaler 44 mcg/actuation</i>  | 2                            | GC; QL (21.2 per 30<br>days)        |
| <i>fluticasone propion-salmeterol</i> (Wixela Inhub)<br><i>inhalation blister with device 100-50<br/>mcg/dose, 250-50 mcg/dose, 500-50<br/>mcg/dose</i>        | 2                            | GC; QL (60 per 30 days)             |
| <i>wixela inhub inhalation blister with</i> (fluticasone propion-<br><i>device 100-50 mcg/dose, 250-50<br/>salmeterol)</i><br><i>mcg/dose, 500-50 mcg/dose</i> | 2                            | GC; QL (60 per 30 days)             |
| <b>Antileucotrinicos</b>   |                              |                                     |
| <i>montelukast oral tablet 10 mg</i> (Singulair)   | 1                            | GC                                  |
| <i>montelukast oral tablet, chewable 4</i> (Singulair)<br><i>mg, 5 mg</i>  | 1                            | GC                                  |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)   | 4                            |                                     |
| <b>Broncodilatadores</b>   |                              |                                     |
| AIRSUPRA INHALATION HFA<br>AEROSOL INHALER 90-80<br>MCG/ACTUATION  | 3                            | QL (32.1 per 30 days)               |
| <i>albuterol sulfate inhalation hfa</i> (Ventolin HFA)<br><i>aerosol inhaler 90 mcg/actuation</i>  | 2                            | GC; QL (17 per 30 days)             |
| <i>albuterol sulfate inhalation hfa</i><br><i>aerosol inhaler 90 mcg/actuation</i><br>(nda020503)  | 2                            | GC; QL (13.4 per 30<br>days)        |

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|--|------------------------------|------------------------------------|
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>                             | 2                            | GC; QL (36 per 30 days)            |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 2                            | PA BvD; GC; QL (360 per 30 days)   |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                      | 2                            | PA BvD; GC; QL (120 per 30 days)   |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>  | 2                            | GC                                 |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>  | 4                            |                                    |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>   | 2                            | GC                                 |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION   | 3                            | QL (60 per 30 days)                |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION   | 4                            | QL (25.8 per 28 days)              |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION  | 3                            | QL (10.7 per 30 days)              |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION  | 3                            | QL (8 per 30 days)                 |
| <i>elixophyllin oral elixir 80 mg/15 ml (theophylline)</i>   | 4                            |                                    |
| <i>ipratropium bromide inhalation solution 0.02 %</i>  | 2                            | PA BvD; GC; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                  | 2                            | PA BvD; GC; QL (540 per 30 days)   |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION                                     | 4                            | QL (2 per 30 days)                 |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE   | 3                            | QL (60 per 30 days)                |

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|---|-----------------------|----------------------------|
| SPIRIVA RESPIMAT<br>INHALATION MIST 1.25<br>MCG/ACTUATION, 2.5<br>MCG/ACTUATION                   | 3                     | QL (4 per 30 days)         |
| SPIRIVA WITH HANDIHALER (tiotropium bromide)<br>INHALATION CAPSULE,<br>W/INHALATION DEVICE 18 MCG | 2                     | GC; QL (30 per 30 days)    |
| STIOLTO RESPIMAT<br>INHALATION MIST 2.5-2.5<br>MCG/ACTUATION                                      | 3                     | QL (4 per 30 days)         |
| STRIVERDI RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION  | 3                     | QL (4 per 28 days)         |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>   | 2                     | GC                         |
| <i>terbutaline subcutaneous solution 1<br/>mg/ml</i>  | 5                     | NDS                        |
| <i>theophylline oral solution 80 mg/15<br/>ml</i>   | 2                     | GC                         |
| <i>theophylline oral tablet extended<br/>release 12 hr 100 mg, 200 mg, 300<br/>mg, 450 mg</i>     | 4                     |                            |
| <i>theophylline oral tablet extended<br/>release 24 hr 400 mg, 600 mg</i>                         | 2                     | GC                         |
| TRELEGY ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 100-62.5-25 MCG, 200-<br>62.5-25 MCG         | 3                     | QL (60 per 30 days)        |
| <b>Agentes Dentales Y Orales</b>  |                       |                            |
| <b>Agentes Dentales Y Orales</b>  |                       |                            |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)   | 2                     | GC                         |
| <i>chlorhexidine gluconate mucous<br/>membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)           | 1                     | GC                         |
| <i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))                                     | 1                     | GC                         |
| <i>dentagel dental gel 1.1 %</i> (fluoride (sodium))  | 1                     | GC                         |
| <i>fluoride (sodium) dental solution 0.2<br/>%</i> (PreviDent)                                    | 1                     | GC                         |
| KOURZEQ DENTAL PASTE 0.1 % (triamcinolone<br>acetonide)   | 2                     | GC                         |
| <i>oralone dental paste 0.1 %</i> (triamcinolone<br>acetonide)                                    | 2                     | GC                         |

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|---|------------------------------|------------------------------------|
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate) | 1                            | GC                                 |
| <i>perio gard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)        | 1                            | GC                                 |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))             | 2                            | GC                                 |
| <i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))                          | 1                            | GC                                 |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive) | 1                            | GC                                 |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)                         | 2                            | GC                                 |
| <b>Agentes Dermatológicos</b>   |                              |                                    |
| <b>Agentes Antiinflamatorios Dermatológicos</b>                                     |                              |                                    |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone)                                  | 2                            | GC                                 |
| <i>ala-scalp topical lotion 2 %</i> (hydrocortisone)                                | 4                            |                                    |
| <i>alclometasone topical cream 0.05 %</i>   | 2                            | GC                                 |
| <i>alclometasone topical ointment 0.05 %</i>  | 2                            | GC                                 |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                              | 2                            | GC                                 |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                             | 2                            | GC                                 |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>                           | 2                            | GC                                 |
| <i>betamethasone valerate topical cream 0.1 %</i>                                   | 2                            | GC                                 |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)                           | 4                            |                                    |
| <i>betamethasone valerate topical lotion 0.1 %</i>                                  | 2                            | GC                                 |
| <i>betamethasone valerate topical ointment 0.1 %</i>                                | 2                            | GC                                 |
| <i>betamethasone, augmented topical cream 0.05 %</i>                                | 2                            | GC                                 |
| <i>betamethasone, augmented topical gel 0.05 %</i>                                  | 2                            | GC                                 |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                               | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 2                            | GC                                 |
| <i>clobetasol scalp solution 0.05 %</i>   | 2                            | GC                                 |
| <i>clobetasol topical cream 0.05 %</i>  | 2                            | GC                                 |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | 4                            |                                    |
| <i>clobetasol topical gel 0.05 %</i>  | 2                            | GC                                 |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | 4                            |                                    |
| <i>clobetasol topical ointment 0.05 %</i>                                       | 2                            | GC                                 |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | 2                            | GC                                 |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | 2                            | GC                                 |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)                        | 4                            |                                    |
| <i>desonide topical cream 0.05 %</i> (DesOwen)                                  | 4                            |                                    |
| <i>desonide topical lotion 0.05 %</i>   | 4                            |                                    |
| <i>desonide topical ointment 0.05 %</i>   | 4                            |                                    |
| <i>desoximetasone topical cream 0.05 %</i> (Topicort)                           | 4                            | QL (120 per 30 days)               |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort)                           | 2                            | GC; QL (120 per 30 days)           |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)                             | 4                            | QL (120 per 30 days)               |
| <i>desoximetasone topical ointment 0.05 %</i> (Topicort)                        | 4                            | QL (120 per 30 days)               |
| <i>desoximetasone topical ointment 0.25 %</i> (Topicort)                        | 2                            | GC; QL (120 per 30 days)           |
| <i>diflorasone topical ointment 0.05 %</i>                                      | 4                            | QL (180 per 30 days)               |
| EUCRISA TOPICAL OINTMENT 2 %  | 3                            |                                    |
| <i>fluocinolone topical cream 0.01 %</i>  | 2                            | GC                                 |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar)                             | 2                            | GC                                 |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)                          | 2                            | GC                                 |
| <i>fluocinonide topical cream 0.05 %</i>  | 2                            | GC                                 |
| <i>fluocinonide topical gel 0.05 %</i>  | 2                            | GC                                 |
| <i>fluocinonide topical ointment 0.05 %</i>                                     | 2                            | GC                                 |
| <i>fluocinonide topical solution 0.05 %</i>                                     | 2                            | GC                                 |
| <i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)             | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>fluticasone propionate topical cream 0.05 %</i>                                 | 2                            | GC                                 |
| <i>fluticasone propionate topical ointment 0.005 %</i>                             | 2                            | GC                                 |
| <i>halobetasol propionate topical cream 0.05 %</i>                                 | 2                            | GC                                 |
| <i>halobetasol propionate topical ointment 0.05 %</i>                              | 2                            | GC                                 |
| <i>hydrocortisone 2.5% cream</i>   | 1                            | GC                                 |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                                 | 4                            | QL (120 per 30 days)               |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)                       | 4                            | QL (236 per 30 days)               |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                              | 4                            | QL (120 per 30 days)               |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                              | 4                            | QL (120 per 30 days)               |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %                              | 4                            |                                    |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | 1                            | GC                                 |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)  | 1                            | GC                                 |
| <i>hydrocortisone topical lotion 2.5 %</i>   | 2                            | GC                                 |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))                        | 1                            | GC                                 |
| <i>hydrocortisone topical ointment 2.5 %</i>                                       | 1                            | GC                                 |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                                 | 2                            | GC                                 |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>                              | 4                            |                                    |
| <i>mometasone topical cream 0.1 %</i>  | 2                            | GC                                 |
| <i>mometasone topical ointment 0.1 %</i>   | 2                            | GC                                 |
| <i>mometasone topical solution 0.1 %</i>   | 2                            | GC                                 |
| <i>pimecrolimus topical cream 1 %</i> (Elidel)                                     | 4                            | QL (100 per 30 days)               |
| <i>prednicarbate topical ointment 0.1 %</i>  | 2                            | GC                                 |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)  | 2                            | GC                                 |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>tacrolimus topical ointment 0.03 %,<br/>0.1 %</i>                       | 2                            | GC; QL (100 per 30 days)           |
| <i>triamcinolone acetonide topical<br/>cream 0.025 %</i>                   | 1                            | GC                                 |
| <i>triamcinolone acetonide topical<br/>cream 0.1 %, 0.5 %</i> (Triderm)    | 1                            | GC                                 |
| <i>triamcinolone acetonide topical<br/>lotion 0.025 %, 0.1 %</i>           | 2                            | GC                                 |
| <i>triamcinolone acetonide topical<br/>ointment 0.025 %, 0.1 %, 0.5 %</i>  | 2                            | GC                                 |
| <i>triamcinolone acetonide topical<br/>ointment 0.05 %</i> (Trianex)       | 4                            |                                    |
| <b>Agentes Dermatológicos, Otros</b>                                       |                              |                                    |
| <i>accutane oral capsule 10 mg, 20 mg,<br/>30 mg, 40 mg</i> (isotretinoin) | 2                            | GC                                 |
| <i>acitretin oral capsule 10 mg, 17.5<br/>mg, 25 mg</i>                    | 2                            | GC                                 |
| <i>acyclovir topical cream 5 %</i> (Zovirax)                               | 4                            | QL (5 per 4 days)                  |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)                            | 4                            | QL (30 per 30 days)                |
| ALCOHOL 70% SWABS (Alcohol Pads)   | 1                            | GC                                 |
| ALCOHOL PADS TOPICAL PADS,<br>MEDICATED (alcohol swabs)                    | 1                            | GC                                 |
| ALCOHOL PREP SWABS<br>TOPICAL PADS, MEDICATED (alcohol swabs)              | 1                            | GC                                 |
| ALCOHOL WIPES TOPICAL<br>PADS, MEDICATED (alcohol swabs)                   | 1                            | GC                                 |
| <i>ammonium lactate topical cream 12<br/>%</i>                             | 2                            | GC                                 |
| <i>ammonium lactate topical lotion 12<br/>%</i> (Skin Treatment)           | 2                            | GC                                 |
| BD SINGLE USE SWAB (alcohol swabs)   | 1                            | GC                                 |
| <i>calcipotriene scalp solution 0.005 %</i>                                | 2                            | GC; QL (120 per 30 days)           |
| <i>calcipotriene topical cream 0.005 %</i>                                 | 2                            | GC; QL (120 per 30 days)           |
| <i>calcipotriene topical ointment 0.005<br/>%</i>                          | 2                            | GC; QL (120 per 30 days)           |
| CARETOUCH ALCOHOL 70%<br>PREP PAD (alcohol swabs)                          | 1                            | GC                                 |

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|--|------------------------------|------------------------------------|
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)            | 1                            | GC                                 |
| DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)               | 1                            | GC                                 |
| EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)                 | 1                            | GC                                 |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs) | 1                            | GC                                 |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)              | 5                            | NDS                                |
| <i>fluorouracil topical cream 5 %</i> (Efudex)               | 2                            | GC                                 |
| <i>fluorouracil topical solution 2 %</i>                     | 2                            | GC                                 |
| <i>fluorouracil topical solution 5 %</i>                     | 4                            |                                    |
| HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)               | 1                            | GC                                 |
| <i>imiquimod topical cream in packet 5 %</i>                 | 2                            | GC; QL (24 per 30 days)            |
| IV ANTISEPTIC WIPES (alcohol swabs)                          | 1                            | GC                                 |
| KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)                 | 1                            | GC                                 |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 %                       | 3                            | QL (5 per 5 days)                  |
| <i>methoxsalen oral capsule,liq-filled,rapid rel 10 mg</i>   | 5                            | NDS                                |
| PANRETIN TOPICAL GEL 0.1 %                                   | 5                            | NDS; QL (180 per 30 days)          |
| <i>penciclovir topical cream 1 %</i> (Denavir)               | 4                            |                                    |
| <i>podofilox topical solution 0.5 %</i>                      | 2                            | GC                                 |
| PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)                 | 1                            | GC                                 |
| PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)                | 1                            | GC                                 |
| REGANEX TOPICAL GEL 0.01 %                                   | 5                            | PA; NDS; QL (30 per 30 days)       |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                        | 4                            | QL (180 per 30 days)               |
| SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)               | 1                            | GC                                 |
| SURE-PREP ALCOHOL PREP PADS (alcohol swabs)                  | 1                            | GC                                 |

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|---|-----------------------|----------------------------|
| TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS                         | 1                     | GC                         |
| TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS                         | 1                     | GC                         |
| ULTILET ALCOHOL STERL (alcohol swabs) SWAB                            | 1                     | GC                         |
| VALCHLOR TOPICAL GEL 0.016 %  | 5                     | PA NSO; NDS                |
| WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE                       | 1                     | GC                         |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)       | 2                     | GC                         |
| <b>Antibacterianos Dermatológicos</b>                                 |                       |                            |
| clindamycin phosphate topical foam 1 % (Clindacin)                    | 4                     | QL (100 per 30 days)       |
| clindamycin phosphate topical solution 1 %                            | 2                     | GC; QL (180 per 30 days)   |
| clindamycin phosphate topical swab 1 % (Clindacin ETZ)                | 2                     | GC                         |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac) | 2                     | GC                         |
| clindamycin-benzoyl peroxide topical gel 1-5 %                        | 4                     |                            |
| ery pads topical swab 2 % (erythromycin with ethanol)                 | 2                     | GC                         |
| erythromycin with ethanol topical gel 2 % (Erygel)                    | 4                     | QL (180 per 30 days)       |
| erythromycin with ethanol topical solution 2 %                        | 2                     | GC; QL (180 per 30 days)   |
| erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin)          | 4                     |                            |
| gentamicin topical cream 0.1 %  | 2                     | GC; QL (120 per 30 days)   |
| gentamicin topical ointment 0.1 %                                     | 2                     | GC; QL (120 per 30 days)   |
| metronidazole topical cream 0.75 % (Rosadan)                          | 2                     | GC                         |
| metronidazole topical gel 0.75 % (Rosadan)                            | 2                     | GC                         |
| metronidazole topical gel 1 % (Metrogel)                              | 4                     |                            |
| metronidazole topical lotion 0.75 % (MetroLotion)                     | 4                     |                            |

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|--|------------------------------|------------------------------------|
| <i>mupirocin topical ointment 2 %</i> (Centany)  | 1                            | GC; QL (220 per 30 days)           |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>                               | 2                            | GC                                 |
| <i>rosadan topical cream 0.75 %</i> (metronidazole)  | 2                            | GC                                 |
| <i>selenium sulfide topical lotion 2.5 %</i>   | 2                            | GC                                 |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD)   | 2                            | GC                                 |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine)   | 4                            |                                    |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)                                    | 2                            | GC                                 |
| <b>Escabicidas Y Pediculicidas</b>   |                              |                                    |
| <i>malathion topical lotion 0.5 %</i> (Ovide)  | 4                            |                                    |
| <i>permethrin topical cream 5 %</i> (Elimite)  | 2                            | GC; QL (60 per 30 days)            |
| <b>Retinoides Dermatológicos</b>   |                              |                                    |
| <i>adapalene topical cream 0.1 %</i> (Differin)  | 4                            |                                    |
| <i>adapalene topical gel 0.1 %</i> (Differin)  | 2                            | GC                                 |
| ALTRENO TOPICAL LOTION 0.05 %  | 4                            | PA                                 |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)  | 2                            | GC                                 |
| TAZORAC TOPICAL CREAM 0.05 %   | 4                            |                                    |
| <i>tretinoin topical cream 0.025 %</i> (Avita)   | 2                            | PA; GC                             |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)   | 2                            | PA; GC                             |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A)  | 2                            | PA; GC                             |
| <i>tretinoin topical gel 0.025 %</i> (Avita)   | 2                            | PA; GC                             |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)  | 4                            | PA                                 |
| <b>Agentes Gastrointestinales</b>  |                              |                                    |
| <b>Agentes Antiúlceras Y Supresores De Ácidos</b>  |                              |                                    |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                                    | 4                            |                                    |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>  | 2                            | GC                                 |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))                                       | 2                            | GC                                 |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>   | 2                            | GC                                 |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole)) | 2                            | GC; QL (30 per 30 days)            |

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|--|------------------------------|------------------------------------|
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)              | 2                            | GC; QL (60 per 30 days)            |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | 2                            | ST; GC; QL (30 per 30 days)        |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)        | 2                            | ST; GC; QL (60 per 30 days)        |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>                                 | 2                            | GC                                 |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>   | 1                            | GC                                 |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>                         | 2                            | GC                                 |
| <i>famotidine intravenous solution 10 mg/ml</i>  | 2                            | GC                                 |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>                      | 4                            |                                    |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)  | 1                            | GC                                 |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)   | 1                            | GC                                 |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))   | 1                            | GC; QL (30 per 30 days)            |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                      | 1                            | GC; QL (60 per 30 days)            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                                      | 2                            | GC                                 |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>  | 2                            | GC                                 |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                     | 1                            | GC                                 |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)     | 4                            | ST; QL (30 per 30 days)            |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)                                    | 2                            | GC                                 |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)                      | 1                            | GC; QL (30 per 30 days)            |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)                      | 1                            | GC; QL (60 per 30 days)            |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)                        | 2                            | GC; QL (30 per 30 days)            |

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|---|------------------------------|------------------------------------|
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                   | 2                            | GC                                 |
| <b>Agentes Gastrointestinales, Otros</b>                          |                              |                                    |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)  | 5                            | PA; NDS                            |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose)         | 2                            | GC                                 |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)         | 2                            | GC                                 |
| <i>dicyclomine oral capsule 10 mg</i>                             | 2                            | GC                                 |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                       | 2                            | GC                                 |
| <i>dicyclomine oral tablet 20 mg</i>                              | 2                            | GC                                 |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>       | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)  | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose)            | 2                            | GC                                 |
| GATTEX 30-VIAL<br>SUBCUTANEOUS KIT 5 MG                           | 5                            | PA; NDS                            |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose)           | 2                            | GC                                 |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)                  | 2                            | GC                                 |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)            | 2                            | GC                                 |
| IQIRVO ORAL TABLET 80 MG  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>    | 2                            | GC                                 |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)         | 2                            | GC                                 |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                     | 3                            | QL (30 per 30 days)                |
| LIVDELZI ORAL CAPSULE 10 MG                                       | 5                            | PA; NDS; QL (30 per 30 days)       |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM                             | 3                            | QL (34 per 30 days)                |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM                              | 3                            | QL (30 per 30 days)                |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 2                            | GC                                 |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)          | 3                            | QL (60 per 30 days)                |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                   | 4                            |                                    |

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|---|------------------------------|------------------------------------|
| <i>metoclopramide hcl injection solution 5 mg/ml</i>          | 2                            | GC                                 |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>           | 2                            | GC                                 |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>             | 2                            | GC                                 |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)    | 1                            | GC                                 |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                           | 3                            | QL (30 per 30 days)                |
| OALIVA ORAL TABLET 10 MG, 5 MG                                | 5                            | PA; NDS; QL (30 per 30 days)       |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                               | 5                            | PA; NDS                            |
| RELISTOR ORAL TABLET 150 MG                                   | 5                            | PA; NDS; QL (90 per 30 days)       |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                   | 5                            | PA; NDS; QL (16.8 per 28 days)     |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                    | 5                            | PA; NDS; QL (16.8 per 28 days)     |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                     | 5                            | PA; NDS; QL (11.2 per 28 days)     |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)    | 5                            | PA; NDS                            |
| <i>sodium polystyrene sulfonate oral powder</i>               | 2                            | GC                                 |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>   | 2                            | GC                                 |
| <i>ursodiol oral capsule 300 mg</i>                           | 2                            | GC                                 |
| <i>ursodiol oral tablet 250 mg</i>                            | 2                            | GC                                 |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)               | 2                            | GC                                 |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3                            | QL (30 per 30 days)                |
| XERMELO ORAL TABLET 250 MG                                    | 5                            | PA; NDS; QL (84 per 28 days)       |
| <b>Enlaces De Fosfato</b>                                     |                              |                                    |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>     | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>  | 2                            | GC                                 |
| <i>lanthanum oral tablet,chewable</i> (Fosrenol)<br><i>1,000 mg, 500 mg, 750 mg</i>             | 5                            | NDS                                |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)                   | 2                            | GC                                 |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)   | 2                            | GC                                 |
| <i>sevelamer hcl oral tablet 400 mg</i>   | 2                            | GC                                 |
| <i>sevelamer hcl oral tablet 800 mg</i>   | 4                            |                                    |
| VELPHORO ORAL<br>TABLET,CHEWABLE 500 MG   | 3                            |                                    |
| <b>Laxantes</b>   |                              |                                    |
| CLENPIQ ORAL SOLUTION 10<br>MG-3.5 GRAM- 12 GRAM/160 ML,<br>10 MG-3.5 GRAM- 12 GRAM/175<br>ML   | 3                            |                                    |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)             | 2                            | GC                                 |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)             | 2                            | GC                                 |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)                               | 2                            | GC                                 |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                               | 2                            | GC                                 |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 3                            |                                    |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>          | 3                            |                                    |
| SUTAB ORAL TABLET 1.479-<br>0.188- 0.225 GRAM   | 3                            |                                    |
| <b>Agentes Genitourinarios</b>  |                              |                                    |
| <b>Agentes Genitourinarios, Varios</b>  |                              |                                    |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)                           | 1                            | GC; QL (30 per 30 days)            |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)  | 2                            | GC                                 |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)              | 4                            |                                    |
| ENTADFI ORAL CAPSULE 5-5<br>MG  | 4                            | PA; QL (30 per 30 days)            |

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|---|------------------------------|------------------------------------|
| <i>finasteride oral tablet 5 mg</i> (Proscar)   | 1                            | GC                                 |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)  | 1                            | GC                                 |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>   | 1                            | GC                                 |
| <i>tiopronin oral tablet 100 mg</i> (Thiola)  | 5                            | NDS                                |
| <b>Antiespasmódicos, Urinario</b>   |                              |                                    |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)  | 2                            | GC                                 |
| <i>flavoxate oral tablet 100 mg</i>   | 2                            | GC                                 |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)  | 2                            | GC                                 |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>   | 2                            | GC                                 |
| <i>oxybutynin chloride oral tablet 2.5 mg</i>   | 4                            |                                    |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | 2                            | GC                                 |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>   | 2                            | GC                                 |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)   | 1                            | GC                                 |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)   | 2                            | GC                                 |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)  | 2                            | GC                                 |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>   | 4                            |                                    |
| <i>trospium oral tablet 20 mg</i>   | 2                            | GC                                 |
| <b>Agentes Hormonales, Estimulante/Reemplazo/Modificador</b>  |                              |                                    |
| <b>Agentes Tiroideos Y Antitiroideos</b>  |                              |                                    |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1                            | GC                                 |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)   | 1                            | GC                                 |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)   | 2                            | GC                                 |

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|--|------------------------------|--|
| <i>methimazole oral tablet 10 mg, 5 mg</i>   | 1                            | GC   |
| <i>propylthiouracil oral tablet 50 mg</i>  | 2                            | GC   |
| <b>Andrógenos</b>  |                              |  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>  | 2                            | GC   |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)  | 2                            | PA; GC   |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)   | 2                            | PA; GC   |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>   | 2                            | PA; GC   |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>  | 2                            | PA; GC; QL (5 per 28 days)                         |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)  | 4                            | PA; QL (300 per 30 days)                           |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)                                    | 4                            | PA; QL (150 per 30 days)                           |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)                                   | 4                            | PA; QL (300 per 30 days)                           |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>  | 4                            | PA; QL (180 per 30 days)                           |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML   | 3                            | PA; QL (2 per 28 days)                             |
| <b>Estrógenos Y Antiestrógenos</b>   |                              |  |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)   | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol) | 2                            | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG  | 3                            | PA-HRM; AGE (Max 64 Years)                         |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)  | 1                            | PA-HRM; GC; AGE (Max 64 Years)                     |

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|---|------------------------------|--|
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)              | 2                            | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | 2                            | PA-HRM; GC; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)   | 2                            | GC   |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)  | 4                            | QL (18 per 28 days)                                |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)  | 4                            |  |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>  | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR  | 4                            | QL (1 per 84 days)                                 |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)  | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)  | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)            | 2                            | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)   | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)  | 2                            | PA-HRM; GC; AGE (Max 64 Years)                     |
| PREMARIN INJECTION RECON SOLN 25 MG   | 3                            |  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG  | 3                            | PA-HRM; AGE (Max 64 Years)                         |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)   | 3                            | PA-HRM; AGE (Max 64 Years)                         |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM  | 3                            |  |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)  | 3                            | PA-HRM; AGE (Max 64 Years)                         |

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|---|------------------------------|------------------------------------|
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                   | 3                            | PA-HRM; AGE (Max 64 Years)         |
| <i>raloxifene oral tablet 60 mg</i> (Evista)  | 2                            | GC                                 |
| <i>yuvafem vaginal tablet 10 mcg</i> (estradiol)  | 4                            | QL (18 per 28 days)                |
| <b>Glucocorticoides/Mineralocorticoides</b>   |                              |                                    |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)    | 2                            | GC                                 |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>  | 2                            | GC                                 |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>        | 2                            | GC                                 |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                       | 1                            | GC                                 |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>                        | 1                            | GC                                 |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>              | 1                            | GC                                 |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>                         | 2                            | GC                                 |
| <i>fludrocortisone oral tablet 0.1 mg</i>   | 2                            | GC                                 |
| HEMADY ORAL TABLET 20 MG  | 4                            |                                    |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                           | 2                            | GC                                 |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol) | 2                            | GC                                 |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                        | 2                            | GC                                 |
| <i>methylprednisolone oral tablet 32 mg</i>   | 2                            | GC                                 |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                    | 2                            | GC                                 |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                | 2                            | GC                                 |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)     | 1                            | GC                                 |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>                            | 2                            | PA BvD; GC                         |

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|--|------------------------------|------------------------------------|
| <i>prednisolone oral solution 15 mg/5 ml</i>   | 2                            | PA BvD; GC                         |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>                                  | 2                            | PA BvD; GC                         |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)              | 2                            | PA BvD; GC                         |
| <i>prednisone oral solution 5 mg/5 ml</i>  | 2                            | PA BvD; GC                         |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                    | 1                            | PA BvD; GC                         |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>                   | 2                            | GC                                 |
| SOLU-CORTEF ACT-O-VIAL (PF)<br>INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 4                            |                                    |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)                                   | 2                            | GC                                 |
| <b>Pituitario</b>  |                              |                                    |
| ACTHAR INJECTION GEL 80 UNIT/ML  | 5                            | PA; NDS; QL (35 per 28 days)       |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML   | 5                            | PA; NDS; QL (15 per 30 days)       |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML   | 5                            | PA; NDS; QL (30 per 30 days)       |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML  | 5                            | PA; NDS; QL (35 per 28 days)       |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>  | 2                            | GC                                 |
| <i>desmopressin ac 4 mcg/ml ampul p/f, outer, sdv</i> (DDAVP)  | 5                            | NDS                                |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)  | 4                            |                                    |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>                                       | 2                            | GC                                 |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)   | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG   | 5                            | PA; NDS; QL (30 per 30 days)       |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML   | 5                            | NDS                                |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)   | 5                            | PA NSO; NDS; QL (0.5 per 28 days)  |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG   | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG  | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG  | 5                            | PA; NDS                            |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)  | 5                            | PA; NDS                            |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG  | 5                            | PA; NDS                            |
| NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5                            | PA; NDS                            |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>   | 2                            | GC                                 |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)  | 2                            | GC                                 |
| <i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)   | 5                            | NDS                                |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>  | 2                            | GC                                 |
| ORGOVYX ORAL TABLET 120 MG  | 5                            | PA NSO; NDS                        |
| ORILISSA ORAL TABLET 150 MG   | 5                            | PA; NDS; QL (28 per 28 days)       |
| ORILISSA ORAL TABLET 200 MG   | 5                            | PA; NDS; QL (56 per 28 days)       |

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|---|-----------------------|--------------------------------------|
| SEROSTIM SUBCUTANEOUS<br>RECON SOLN 4 MG, 5 MG, 6 MG                                      | 5                     | PA; NDS                              |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5                     | PA; NDS; QL (60 per 30<br>days)      |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 120<br>MG/0.5 ML                    | 5                     | PA NSO; NDS; QL (0.5<br>per 28 days) |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 60<br>MG/0.2 ML                     | 5                     | PA NSO; NDS; QL (0.2<br>per 28 days) |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 90<br>MG/0.3 ML                     | 5                     | PA NSO; NDS; QL (0.3<br>per 28 days) |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG                  | 5                     | PA; NDS                              |
| SUPPRELIN LA IMPLANT KIT 50<br>MG (65 MCG/DAY)  | 5                     | PA; NDS                              |
| SYNAREL NASAL SPRAY, NON-<br>AEROSOL 2 MG/ML  | 5                     | PA; NDS                              |
| TRIPTODUR INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 22.5 MG                       | 5                     | PA; NDS                              |
| <b>Progestinas</b>  |                       |                                      |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML                           | 4                     | QL (1 per 84 days)                   |
| <i>hydroxyprogesterone cap(ppres)<br/>intramuscular oil 250 mg/ml</i>                     | 5                     | NDS                                  |
| <i>hydroxyprogesterone caproate<br/>intramuscular oil 250 mg/ml</i>                       | 5                     | NDS                                  |
| <i>medroxyprogesterone intramuscular<br/>suspension 150 mg/ml</i> (Depo-Provera)          | 2                     | GC; QL (1 per 84 days)               |
| <i>medroxyprogesterone intramuscular<br/>syringe 150 mg/ml</i> (Depo-Provera)             | 2                     | GC; QL (1 per 84 days)               |
| <i>medroxyprogesterone oral tablet 10<br/>mg, 2.5 mg, 5 mg</i> (Provera)                  | 1                     | GC                                   |
| <i>megestrol oral suspension 400 mg/10<br/>ml (40 mg/ml)</i>                              | 2                     | PA-HRM; GC; AGE<br>(Max 64 Years)    |

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|---|------------------------------|------------------------------------|
| <i>norethindrone acetate oral tablet 5 mg</i>   | 2                            | GC                                 |
| <i>progesterone intramuscular oil 50 mg/ml</i>  | 4                            |                                    |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)                                       | 2                            | GC                                 |
| <b>Agentes Inmunológicos</b>  |                              |                                    |
| <b>Agentes Inmunológicos</b>  |                              |                                    |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML  | 5                            | PA; NDS                            |
| ACTEMRA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20 MG/ML) | 5                            | PA; NDS                            |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML   | 5                            | PA; NDS                            |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG  | 5                            | NDS                                |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.5 MG, 1 MG, 5 MG                          | 4                            | PA BvD                             |
| AVSOLA INTRAVENOUS RECON<br>SOLN 100 MG   | 5                            | PA; NDS                            |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)  | 2                            | PA BvD; GC                         |
| <i>azathioprine sodium injection recon<br/>soln 100 mg</i>  | 2                            | PA BvD; GC                         |
| BENLYSTA INTRAVENOUS<br>RECON SOLN 120 MG, 400 MG   | 5                            | PA; NDS                            |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML  | 5                            | PA; NDS; QL (8 per 28<br>days)     |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML  | 5                            | PA; NDS; QL (8 per 28<br>days)     |
| BESREMI SUBCUTANEOUS<br>SYRINGE 500 MCG/ML  | 5                            | PA NSO; NDS; QL (2<br>per 28 days) |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML  | 5                            | PA; NDS                            |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML   | 5                            | PA; NDS                            |

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|---|------------------------------|------------------------------------|
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML  | 5                            | PA; NDS                            |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)                     | 5                            | PA; NDS                            |
| <i>cyclosporine intravenous solution</i> (Sandimmune)<br>250 mg/5 ml                        | 2                            | PA BvD; GC                         |
| <i>cyclosporine modified oral capsule</i> (Gengraf)<br>100 mg, 25 mg                        | 2                            | PA BvD; GC                         |
| <i>cyclosporine modified oral capsule</i><br>50 mg  | 2                            | PA BvD; GC                         |
| <i>cyclosporine modified oral solution</i> (Gengraf)<br>100 mg/ml                           | 2                            | PA BvD; GC                         |
| <i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)                                 | 2                            | PA BvD; GC                         |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML                          | 5                            | PA; NDS                            |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML           | 5                            | PA; NDS                            |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)  | 5                            | PA; NDS                            |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)   | 5                            | PA; NDS                            |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML   | 5                            | PA; NDS                            |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                             | 5                            | PA; NDS                            |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)                                  | 5                            | PA; NDS                            |
| <i>everolimus (immunosuppressive) oral tablet</i> 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress) | 5                            | PA BvD; NDS                        |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %   | 5                            | PA BvD; NDS                        |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML   | 5                            | PA; NDS                            |

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|---|------------------------------|---|
| GAMMAGARD LIQUID<br>INJECTION SOLUTION 10 %   | 5                            | PA BvD; NDS                               |
| GAMMAGARD S-D (IGA < 1<br>MCG/ML) INTRAVENOUS<br>RECON SOLN 10 GRAM, 5 GRAM   | 5                            | PA BvD; NDS                               |
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %   | 5                            | PA BvD; NDS                               |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %, 10 % (100 ML),<br>10 % (200 ML)   | 5                            | PA BvD; NDS                               |
| GAMUNEX-C INJECTION<br>SOLUTION 1 GRAM/10 ML (10<br>%), 10 GRAM/100 ML (10 %), 2.5<br>GRAM/25 ML (10 %), 20<br>GRAM/200 ML (10 %), 40<br>GRAM/400 ML (10 %), 5 GRAM/50<br>ML (10 %) | 5                            | PA BvD; NDS                               |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)   | 2                            | PA BvD; GC                                |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)  | 2                            | PA BvD; GC                                |
| HUMIRA PEN CROHNS-UC-HS<br>START SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML  | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA PEN PSOR-UVEITS-<br>ADOL HS SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML  | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML  | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA SUBCUTANEOUS<br>SYRINGE KIT 40 MG/0.8 ML   | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA(CF) PEDI CROHNS<br>STARTER SUBCUTANEOUS<br>SYRINGE KIT 80 MG/0.8 ML, 80<br>MG/0.8 ML-40 MG/0.4 ML  | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML   | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC<br>UC SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML  | 5                            | PA; NDS; Only NDCs<br>starting with 00074 |

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|---|-----------------------|--|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML  | 5                     | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML   | 5                     | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML  | 5                     | PA; NDS; Only NDCs starting with 00074 |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5                     | PA BvD; NDS                            |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML   | 5                     | PA; NDS                                |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5                     | PA; NDS                                |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG   | 5                     | PA; NDS                                |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade)  | 5                     | PA; NDS                                |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML  | 5                     | PA; NDS                                |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML   | 5                     | PA; NDS                                |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML   | 5                     | PA; NDS                                |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)   | 2                     | GC                                     |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)   | 2                     | PA BvD; GC                             |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)   | 2                     | PA BvD; GC                             |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)  | 5                     | PA BvD; NDS                            |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)  | 2                     | PA BvD; GC                             |

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|--|------------------------------|------------------------------------|
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)   | 4                            | PA BvD                             |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG  | 5                            | PA BvD; NDS                        |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %   | 5                            | PA BvD; NDS                        |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG  | 5                            | PA; NDS                            |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG   | 5                            | PA; NDS                            |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML   | 5                            | PA; NDS                            |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML   | 5                            | PA; NDS                            |
| OTEZLA ORAL TABLET 20 MG, 30 MG  | 5                            | PA; NDS                            |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)  | 5                            | PA; NDS                            |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %   | 5                            | PA BvD; NDS                        |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML   | 4                            | PA BvD                             |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 4                            | PA BvD; ST                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3                            |                                    |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG  | 5                            | PA; NDS                            |
| REZUROCK ORAL TABLET 200 MG  | 5                            | PA NSO; NDS                        |
| RIDAURA ORAL CAPSULE 3 MG  | 5                            | NDS                                |

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|---|------------------------------|------------------------------------|
| RINVOQ LQ ORAL SOLUTION 1 MG/ML   | 5                            | PA; NDS; QL (360 per 30 days)      |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG                               | 5                            | PA; NDS                            |
| <i>sirolimus oral solution 1 mg/ml</i>  | 5                            | PA BvD; NDS                        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                            | PA BvD; GC                         |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML   | 5                            | PA; NDS                            |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | 5                            | PA; NDS                            |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML                                       | 5                            | PA; NDS                            |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)                             | 5                            | PA; NDS                            |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 5                            | PA; NDS                            |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML   | 5                            | PA; NDS                            |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML  | 5                            | PA; NDS                            |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML   | 5                            | PA; NDS                            |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                                 | 2                            | PA BvD; GC                         |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML                                      | 5                            | PA; NDS                            |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML                    | 5                            | PA; NDS                            |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML  | 5                            | PA; NDS                            |

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|---|------------------------------|------------------------------------|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML  | 5                            | PA; NDS                            |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML   | 5                            | PA; LA; NDS                        |
| XELJANZ ORAL SOLUTION 1 MG/ML   | 5                            | PA; NDS                            |
| XELJANZ ORAL TABLET 10 MG, 5 MG   | 5                            | PA; NDS                            |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG                              | 5                            | PA; NDS                            |
| <b>Vacunas</b>  |                              |                                    |
| ABRYSSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                                   | 3                            | \$0 copay                          |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                                      | 3                            |                                    |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3                            | \$0 copay                          |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 3                            | \$0 copay                          |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML                  | 3                            | \$0 copay                          |
| AREXVY ANTIGEN COMPONENT 120 MCG  | 3                            | \$0 copay                          |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG                 | 3                            | \$0 copay                          |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                                    | 3                            | \$0 copay                          |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                          | 3                            | \$0 copay                          |

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|---|------------------------------|-------------------------------------|
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-<br>8-5 LF-MCG-LF/0.5ML                          | 3                            | \$0 copay                           |
| DAPTACEL (DTAP PEDIATRIC)<br>(PF) INTRAMUSCULAR<br>SUSPENSION 15-10-5 LF-MCG-<br>LF/0.5ML   | 3                            |                                     |
| DENGVAXIA (PF)<br>SUBCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION<br>10EXP4.5-6 CCID50/0.5 ML | 3                            | QL (3 per 365 days)                 |
| ENGERIX-B (PF)<br>INTRAMUSCULAR SUSPENSION<br>20 MCG/ML                                     | 3                            | PA BvD; \$0 copay                   |
| ENGERIX-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/ML  | 3                            | PA BvD; \$0 copay                   |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                          | 3                            | PA BvD; \$0 copay                   |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION<br>0.5 ML                                       | 3                            | \$0 copay; QL (1.5 per<br>365 days) |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML  | 3                            | \$0 copay; QL (1.5 per<br>365 days) |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML                                    | 3                            | \$0 copay                           |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT/0.5 ML                                  | 3                            |                                     |
| HEPLISAV-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/0.5 ML                                   | 3                            | PA BvD; \$0 copay                   |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                      | 3                            |                                     |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN<br>2.5 UNIT                          | 3                            | PA BvD; \$0 copay                   |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-<br>58-10 LF-MCG-LF/0.5ML                  | 3                            |                                     |

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|---|------------------------------|------------------------------------|
| IPOL INJECTION SUSPENSION<br>40-8-32 UNIT/0.5 ML  | 3                            | \$0 copay                          |
| IXCHIQ (PF) INTRAMUSCULAR<br>RECON SOLN 1,000 TCID50/0.5<br>ML                                      | 3                            | \$0 copay                          |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML   | 3                            | \$0 copay                          |
| JYNNEOS (PF) SUBCUTANEOUS<br>SUSPENSION 0.5X TO 3.95X<br>10EXP8 UNIT/0.5                            | 3                            | \$0 copay                          |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5<br>ML                                   | 3                            |                                    |
| MENACTRA (PF)<br>INTRAMUSCULAR SOLUTION 4<br>MCG/0.5 ML   | 3                            | \$0 copay                          |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10<br>MCG/0.5 ML   | 3                            | \$0 copay                          |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5<br>MCG/0.5 ML                                 | 3                            | \$0 copay                          |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500<br>TCID50/0.5 ML                              | 3                            | \$0 copay                          |
| MRESVIA (PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML  | 3                            | \$0 copay                          |
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG-25LF-25 MCG-10LF/0.5 ML                            | 3                            |                                    |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION<br>7.5 MCG/0.5 ML   | 3                            |                                    |
| PENBRAYA (PF)<br>INTRAMUSCULAR KIT 5-120<br>MCG/0.5 ML  | 3                            | \$0 copay                          |
| PENBRAYA MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 5<br>MCG/0.5 ML | 3                            | \$0 copay                          |

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|--|------------------------------|------------------------------------|
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML  | 3                            | \$0 copay                          |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML  | 3                            |                                    |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML   | 3                            | PA BvD; \$0 copay                  |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML                             | 3                            | \$0 copay                          |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5                             | 3                            |                                    |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML) | 3                            |                                    |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML   | 3                            |                                    |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT   | 3                            | PA BvD; \$0 copay                  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML                                   | 3                            | PA BvD; \$0 copay                  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML   | 3                            | PA BvD; \$0 copay                  |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML  | 3                            |                                    |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML  | 3                            |                                    |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML   | 3                            |                                    |

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|--|------------------------------|------------------------------------|
| SHINGRIX (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 50<br>MCG/0.5 ML     | 3                            | \$0 copay; QL (2 per 365 days)     |
| TDVAX INTRAMUSCULAR (tetanus-diphtheria<br>SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td) | 3                            | \$0 copay                          |
| TENIVAC (PF)<br>INTRAMUSCULAR SUSPENSION<br>5 LF UNIT- 2 LF UNIT/0.5ML               | 3                            | \$0 copay                          |
| TENIVAC (PF)<br>INTRAMUSCULAR SYRINGE 5-2<br>LF UNIT/0.5 ML                          | 3                            | \$0 copay                          |
| TETANUS,DIPHThERIA TOX<br>PED(PF) INTRAMUSCULAR<br>SUSPENSION 5-25 LF UNIT/0.5<br>ML | 3                            |                                    |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML                                     | 3                            | QL (0.75 per 365 days)             |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 2.4 MCG/0.5 ML                                      | 3                            | \$0 copay; QL (1.5 per 365 days)   |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                     | 3                            | \$0 copay                          |
| TWINRIX (PF)<br>INTRAMUSCULAR SYRINGE 720<br>ELISA UNIT- 20 MCG/ML                   | 3                            | \$0 copay                          |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                    | 3                            | \$0 copay                          |
| TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch<br>SYRINGE 25 MCG/0.5 ML vaccine)      | 3                            | \$0 copay                          |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML                                | 3                            |                                    |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 50 UNIT/ML                                    | 3                            | \$0 copay                          |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML                                   | 3                            |                                    |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 50 UNIT/ML                                       | 3                            | \$0 copay                          |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML   | 3                            | \$0 copay; QL (2 per 365 days)     |

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|---|------------------------------|------------------------------------|
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML, 10 EXP4.74<br>UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3                            | \$0 copay                          |
| <b>Agentes Oftálmicos</b>   |                              |                                    |
| <b>Agentes Antiglaucoma</b>   |                              |                                    |
| <i>acetazolamide oral capsule, extended<br/>release 500 mg</i>  | 2                            | GC                                 |
| <i>acetazolamide oral tablet 125 mg,<br/>250 mg</i>   | 2                            | GC                                 |
| <i>acetazolamide sodium injection<br/>recon soln 500 mg</i>   | 2                            | GC                                 |
| <i>betaxolol ophthalmic (eye) drops 0.5<br/>%</i>   | 2                            | GC                                 |
| <i>bimatoprost ophthalmic (eye) drops<br/>0.03 %</i>  | 4                            | QL (2.5 per 25 days)               |
| <i>brimonidine ophthalmic (eye) drops (Alphagan P)<br/>0.1 %, 0.15 %</i>  | 2                            | GC                                 |
| <i>brimonidine ophthalmic (eye) drops<br/>0.2 %</i>   | 2                            | GC                                 |
| <i>brimonidine-timolol ophthalmic (eye) (Combigan)<br/>drops 0.2-0.5 %</i>  | 4                            |                                    |
| <i>brinzolamide ophthalmic (eye) (Azopt)<br/>drops,suspension 1 %</i>   | 2                            | GC                                 |
| <i>carteolol ophthalmic (eye) drops 1 %</i>   | 2                            | GC                                 |
| <i>dorzolamide ophthalmic (eye) drops<br/>2 %</i>   | 2                            | GC                                 |
| <i>dorzolamide-timolol ophthalmic (eye) (Cosopt)<br/>drops 22.3-6.8 mg/ml</i>   | 2                            | GC                                 |
| <i>latanoprost ophthalmic (eye) drops (Xalatan)<br/>0.005 %</i>   | 1                            | GC; QL (2.5 per 25<br>days)        |
| <i>levobunolol ophthalmic (eye) drops<br/>0.5 %</i>   | 1                            | GC                                 |
| LUMIGAN OPHTHALMIC (EYE)<br>DROPS 0.01 %  | 3                            | QL (2.5 per 25 days)               |
| <i>methazolamide oral tablet 25 mg, 50<br/>mg</i>   | 4                            |                                    |
| <i>pilocarpine hcl ophthalmic (eye)<br/>drops 1 %, 2 %, 4 %</i>   | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %  | 3                            | QL (2.5 per 25 days)               |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %  | 3                            | QL (2.5 per 25 days)               |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                                    | 3                            |                                    |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))            | 4                            | QL (30 per 30 days)                |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                            | 1                            | GC                                 |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>             | 2                            | GC                                 |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                          | 4                            | QL (2.5 per 25 days)               |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %   | 4                            | QL (5 per 30 days)                 |
| <b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b>                                   |                              |                                    |
| <b>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</b>                        |                              |                                    |
| <i>acetic acid otic (ear) solution 2 %</i>   | 2                            | GC                                 |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                              | 2                            | GC                                 |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 2                            | GC                                 |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                                  | 2                            | GC                                 |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>               | 2                            | GC; QL (7.5 per 7 days)            |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                        | 2                            | GC; QL (3.5 per 4 days)            |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                                       | 2                            | GC                                 |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>                              | 2                            | GC                                 |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | 2                            | GC                                 |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                               | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>  | 4                            |                                    |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)  | 2                            | GC                                 |
| <b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>  | 4                            |                                    |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | 2                            | GC                                 |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)      | 2                            | GC                                 |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2                            | GC                                 |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)          | 2                            | GC                                 |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                      | 2                            | GC                                 |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                      | 4                            |                                    |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                           | 2                            | GC                                 |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                                   | 2                            | GC                                 |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)       | 2                            | GC                                 |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)      | 2                            | GC                                 |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)   | 2                            | GC                                 |
| <i>ofloxacin otic (ear) drops 0.3 %</i>   | 2                            | GC                                 |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)                          | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1                            | GC                                 |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                          | 2                            | GC                                 |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                       | 2                            | GC                                 |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>    | 2                            | GC                                 |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | 2                            | GC                                 |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>      | 2                            | GC                                 |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                   | 2                            | GC                                 |
| ZIRGAN OPHTHALMIC (EYE)<br>GEL 0.15 %  | 4                            |                                    |
| ZYLET OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3-0.5 %                             | 3                            |                                    |
| <b>Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta</b>                |                              |                                    |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)                        | 3                            |                                    |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)                       | 3                            |                                    |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                                   | 4                            |                                    |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>               | 2                            | GC                                 |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                            | 2                            | GC                                 |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)                     | 4                            |                                    |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                              | 3                            | QL (8.3 per 14 days)               |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                      | 4                            | QL (50 per 25 days)                |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)         | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)                 | 4                            |                                    |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                                       | 2                            | GC                                 |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1                            | GC; QL (16 per 30 days)            |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %  | 3                            |                                    |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %  | 3                            | QL (5.6 per 14 days)               |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)   | 2                            | GC; QL (10 per 25 days)            |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %   | 3                            | QL (3.5 per 14 days)               |
| LOTEMAX SM OPHTHALMIC<br>(EYE) DROPS,GEL 0.38 %  | 3                            | QL (5 per 16 days)                 |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)                        | 4                            | QL (10 per 14 days)                |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)                   | 3                            | ST; QL (10 per 25 days)            |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)                 | 4                            | QL (15 per 19 days)                |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))        | 4                            | QL (34 per 30 days)                |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)                 | 4                            |                                    |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                                | 2                            | GC                                 |
| RESTASIS MULTIDOSE<br>OPHTHALMIC (EYE) DROPS 0.05 %  | 3                            | QL (5.5 per 28 days)               |
| RESTASIS OPHTHALMIC (EYE)<br>DROPPERETTE 0.05 % (cyclosporine)                                 | 2                            | GC; QL (60 per 30 days)            |
| XHANCE NASAL AEROSOL<br>BREATH ACTIVATED 93<br>MCG/ACTUATION                                   | 3                            | ST; QL (32 per 30 days)            |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %   | 3                            | QL (60 per 30 days)                |
| <b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>  |                              |                                    |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i> (proparacaine)                                     | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>apraclonidine ophthalmic (eye) drops</i><br>0.5 %                              | 2                            | GC                                 |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                      | 2                            | GC                                 |
| <i>azelastine nasal spray,non-aerosol</i><br>137 mcg (0.1 %)                      | 2                            | GC; QL (30 per 25 days)            |
| <i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy)<br>205.5 mcg (0.15 %) | 2                            | GC; QL (30 per 25 days)            |
| <i>azelastine ophthalmic (eye) drops</i><br>0.05 %                                | 2                            | GC                                 |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)                | 4                            | ST                                 |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>  | 2                            | GC                                 |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)           | 2                            | GC                                 |
| CYSTADROPS OPHTHALMIC<br>(EYE) DROPS 0.37 %                                       | 5                            | PA; NDS; QL (20 per 28 days)       |
| CYSTARAN OPHTHALMIC (EYE)<br>DROPS 0.44 %   | 5                            | PA; NDS; QL (60 per 28 days)       |
| <i>epinastine ophthalmic (eye) drops</i><br>0.05 %                                | 4                            |                                    |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>                | 2                            | GC; QL (30 per 28 days)            |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>                | 2                            | GC; QL (15 per 10 days)            |
| <i>levofloxacin ophthalmic (eye) drops</i><br>1.5 %                               | 4                            |                                    |
| <i>olopatadine nasal spray,non-aerosol</i> (Patanase)<br>0.6 %                    | 4                            | QL (30.5 per 30 days)              |
| <i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch-Redness Rlf)<br>0.1 % | 2                            | GC                                 |
| <i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch Relief)<br>0.2 %      | 4                            |                                    |
| <i>proparacaine ophthalmic (eye) drops</i> (Alcaine)<br>0.5 %                     | 2                            | GC                                 |
| TEPEZZA INTRAVENOUS<br>RECON SOLN 500 MG  | 5                            | PA; NDS                            |
| <b>Agentes Terapeuticos</b>   |                              |                                    |
| <b>Misceláneos</b>  |                              |                                    |
| <b>Agentes Terapeuticos Misceláneos</b>   |                              |                                    |

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|--|------------------------------|------------------------------------|
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                                       | 5                            | PA; NDS                            |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                                  | 5                            | PA; NDS                            |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                        | 2                            | GC                                 |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML   | 5                            | PA; NDS                            |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>                         | 5                            | NDS                                |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                                | 2                            | GC                                 |
| ELMIRON ORAL CAPSULE 100 MG  | 4                            | QL (90 per 30 days)                |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML   | 5                            | PA; NDS                            |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML   | 5                            | PA; LA; NDS                        |
| <i>fomepizole intravenous solution 1 gram/ml</i>                                     | 5                            | NDS                                |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)                 | 5                            | PA; NDS; QL (180 per 30 days)      |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML           | 3                            |                                    |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                            | 3                            |                                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML                          | 3                            |                                    |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML  | 3                            |                                    |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                                       | 2                            | GC                                 |
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)                             | 1                            | GC                                 |
| <i>hydroxyzine pamoate oral capsule 50 mg</i>  | 1                            | GC                                 |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>leucovorin calcium injection solution 10 mg/ml</i>                                 | 2                            | GC                                 |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                       | 2                            | GC                                 |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)                  | 2                            | GC                                 |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                                    | 2                            | GC                                 |
| <i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))               | 2                            | GC                                 |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)                  | 5                            | NDS                                |
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex)                                  | 2                            | GC                                 |
| <b>MESNEX ORAL TABLET 400 MG</b>  | 5                            | NDS                                |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)                             | 2                            | GC; QL (30 per 30 days)            |
| <b>OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML</b>                                    | 5                            | PA; NDS                            |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)                        | 4                            |                                    |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                       | 4                            |                                    |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)                            | 2                            | GC                                 |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan) | 4                            |                                    |
| <b>RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)</b>                        | 5                            | PA; NDS                            |
| <b>RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML</b>                         | 5                            | PA; NDS                            |
| <b>TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)</b>                         | 5                            | PA; NDS; QL (4 per 28 days)        |
| <b>TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML</b>  | 5                            | PA; NDS; QL (2 per 28 days)        |
| <b>TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)</b>                          | 5                            | PA; NDS; QL (4 per 28 days)        |

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| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites       |
|--|-----------------------|----------------------------------|
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                | 5                     | PA NSO; NDS; QL (56 per 28 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG   | 5                     | NDS                              |
| TYBOST ORAL TABLET 150 MG  | 4                     | QL (30 per 30 days)              |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM  | 5                     | NDS; QL (24 per 14 days)         |
| VOWST ORAL CAPSULE   | 5                     | PA; NDS; QL (12 per 30 days)     |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML                    | 3                     |                                  |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                               | 3                     |                                  |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML                                  | 5                     | PA; NDS                          |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML                                       | 5                     | PA; NDS                          |
| <b>Agentes Vasodilatadores</b>   |                       |                                  |
| <b>Agentes Vasodilatadores</b>   |                       |                                  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                             | 5                     | PA; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))                     | 2                     | PA; GC; QL (60 per 30 days)      |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)                              | 5                     | PA; NDS; QL (30 per 30 days)     |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                             | 5                     | PA; LA; NDS; QL (60 per 30 days) |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)                | 5                     | PA; NDS                          |
| OPSUMIT ORAL TABLET 10 MG  | 5                     | PA; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio) | 5                     | PA; NDS; QL (37.5 per 1 day)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                  | 1                     | PA; GC; QL (360 per 30 days)     |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)                     | 2                     | PA; GC; QL (60 per 30 days)      |

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|---|------------------------------|------------------------------------|
| <i>tadalafil oral tablet 2.5 mg</i>   | 2                            | PA; GC; QL (30 per 30 days)        |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)  | 2                            | PA; GC; QL (30 per 30 days)        |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG   | 5                            | PA; NDS; QL (112 per 28 days)      |
| <i>treprostinil sodium injection solution</i> (Remodulin)<br><i>1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | 5                            | PA; NDS                            |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                                    | 5                            | PA; NDS                            |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG  | 5                            | PA; NDS; QL (60 per 30 days)       |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG                 | 5                            | PA; NDS; QL (60 per 30 days)       |
| UPTRAVI ORAL TABLET 200 MCG   | 5                            | PA; NDS; QL (240 per 30 days)      |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)  | 5                            | PA; NDS                            |
| <b>Analgésicos</b>  |                              |                                    |
| <b>Agentes Antiinflamatorios No Esteroides</b>  |                              |                                    |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                                    | 2                            | GC; QL (60 per 30 days)            |
| <i>diclofenac potassium oral tablet 50 mg</i>   | 2                            | GC; QL (120 per 30 days)           |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>  | 2                            | GC; QL (60 per 30 days)            |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>                                       | 2                            | GC; QL (150 per 30 days)           |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>                                       | 2                            | GC; QL (120 per 30 days)           |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>                                       | 1                            | GC; QL (60 per 30 days)            |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 2                            | GC; QL (300 per 30 days)           |

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|--|------------------------------|--|
| <i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))  | 2                            | GC; QL (1000 per 30 days)                            |
| <i>diclofenac sodium topical gel 3 %</i>   | 2                            | PA; GC; QL (100 per 28 days)                         |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid) | 5                            | PA; NDS; QL (224 per 28 days)                        |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)       | 2                            | GC   |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)       | 2                            | GC   |
| <i>diflunisal oral tablet 500 mg</i>   | 2                            | GC   |
| <i>ec-naproxen dr 500 mg tablet</i> (naproxen)   | 4                            |  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>  | 2                            | GC   |
| <i>etodolac oral tablet 400 mg</i> (Lodine)  | 2                            | GC   |
| <i>etodolac oral tablet 500 mg</i>   | 2                            | GC   |
| <i>fenopofen oral tablet 600 mg</i> (Nalfon)   | 4                            |  |
| <i>flurbiprofen oral tablet 100 mg</i>   | 2                            | GC   |
| <i>ibu oral tablet 400 mg</i> (ibuprofen)  | 1                            | GC; QL (240 per 30 days)                             |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)  | 1                            | GC   |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                                      | 2                            | GC   |
| <i>ibuprofen oral tablet 400 mg</i> (IBU)  | 1                            | GC; QL (240 per 30 days)                             |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)  | 1                            | GC   |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)   | 4                            | PA; QL (90 per 30 days)                              |
| <i>indomethacin oral capsule 25 mg</i>   | 1                            | PA-HRM; GC; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i>   | 1                            | PA-HRM; GC; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule, extended release 75 mg</i>   | 2                            | PA-HRM; GC; QL (60 per 30 days); AGE (Max 64 Years)  |

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|--|------------------------------|---|
| <i>ketoprofen oral capsule 50 mg</i>                                     | 4                            |   |
| <i>ketoprofen oral capsule 75 mg</i>                                     | 2                            | GC  |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>             | 4                            |   |
| <i>ketorolac injection solution 15 mg/ml</i>                             | 2                            | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>            | 2                            | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 15 mg/ml</i>                              | 2                            | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 30 mg/ml</i>                              | 2                            | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                       | 2                            | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                        | 2                            | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i>                                       | 2                            | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i>                                | 4                            |   |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                               | 1                            | GC  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                             | 2                            | GC  |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                               | 1                            | GC  |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                            | 1                            | GC  |
| <i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i> (EC-Naprosyn) | 2                            | GC  |
| <i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i> (EC-Naproxen) | 4                            |   |
| <i>piroxicam oral capsule 10 mg</i>                                      | 2                            | GC  |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)                            | 2                            | GC  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                               | 2                            | GC  |
| <i>tolmetin oral capsule 400 mg</i>                                      | 4                            |   |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600)                        | 4                            |   |

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|--|-----------------------|---|
| <b>Analgésicos, Varios</b>   |                       |   |
| <i>acetaminophen-codeine oral solution</i><br>120-12 mg/5 ml   | 2                     | GC; QL (4500 per 30 days)   |
| <i>acetaminophen-codeine oral tablet</i><br>300-15 mg, 300-30 mg   | 2                     | GC; QL (360 per 30 days)  |
| <i>acetaminophen-codeine oral tablet</i><br>300-60 mg  | 2                     | GC; QL (180 per 30 days)  |
| <i>ascomp with codeine oral capsule</i><br>30-50-325-40 mg   | 2                     | (codeine-butalbital-asa-caff)<br>PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>buprenorphine hcl injection solution</i><br>0.3 mg/ml   | 2                     | GC  |
| <i>buprenorphine hcl injection syringe</i><br>0.3 mg/ml  | 2                     | GC  |
| <i>buprenorphine transdermal patch</i><br>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour | 2                     | (Butrans)<br>GC; QL (4 per 28 days)   |
| <i>butalbital-acetaminop-caff-cod oral capsule</i><br>50-300-40-30 mg  | 4                     | (Fioricet with Codeine)<br>PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)           |
| <i>butalbital-acetaminop-caff-cod oral capsule</i><br>50-325-40-30 mg  | 2                     | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)                                  |
| <i>butalbital-acetaminophen oral tablet</i><br>50-325 mg   | 2                     | (Tencon)<br>PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)                      |
| <i>butalbital-acetaminophen-caff oral capsule</i><br>50-325-40 mg  | 4                     | (Esgic)<br>PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)                           |
| <i>butalbital-acetaminophen-caff oral tablet</i><br>50-325-40 mg   | 2                     | (Esgic)<br>PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)                       |
| <i>butalbital-aspirin-caffeine oral capsule</i><br>50-325-40 mg  | 2                     | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)                                  |
| <i>butalbital-aspirin-caffeine oral tablet</i><br>50-325-40 mg   | 2                     | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)                                  |
| <i>butorphanol nasal spray,non-aerosol</i><br>10 mg/ml   | 2                     | GC; QL (5 per 28 days)  |

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|--|------------------------------|--|
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i>  | 2                            | GC; QL (180 per 30 days)                             |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)              | 2                            | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)                                     | 2                            | GC; QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)                          | 2                            | GC; QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)                                    | 2                            | GC; QL (240 per 30 days)                             |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5                            | PA; NDS; QL (120 per 30 days)                        |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>   | 2                            | PA; GC; QL (120 per 30 days)                         |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>   | 2                            | GC; QL (10 per 30 days)                              |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                    | 2                            | GC; QL (2700 per 30 days)                            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>                                 | 4                            | QL (180 per 30 days)                                 |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                                 | 2                            | GC; QL (180 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>                        | 2                            | GC; QL (240 per 30 days)                             |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>   | 4                            | QL (150 per 30 days)                                 |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>                                      | 2                            | GC; QL (150 per 30 days)                             |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>                           | 2                            | GC   |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)  | 2                            | GC; QL (1200 per 30 days)                            |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                                       | 2                            | GC; QL (180 per 30 days)                             |
| <i>methadone injection solution 10 mg/ml</i>   | 2                            | GC; QL (120 per 30 days)                             |

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|---|------------------------------|------------------------------------|
| <i>methadone oral solution 10 mg/5 ml</i>   | 2                            | GC; QL (600 per 30 days)           |
| <i>methadone oral solution 5 mg/5 ml</i>  | 2                            | GC; QL (1200 per 30 days)          |
| <i>methadone oral tablet 10 mg</i>  | 2                            | GC; QL (120 per 30 days)           |
| <i>methadone oral tablet 5 mg</i>   | 2                            | GC; QL (180 per 30 days)           |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone)   | 2                            | GC; QL (30 per 30 days)            |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                | 2                            | PA; GC; QL (180 per 30 days)       |
| <i>morphine oral solution 10 mg/5 ml</i>  | 2                            | GC; QL (700 per 30 days)           |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>  | 2                            | GC; QL (300 per 30 days)           |
| MORPHINE ORAL TABLET 15 MG  | 4                            | QL (180 per 30 days)               |
| MORPHINE ORAL TABLET 30 MG  | 4                            | QL (120 per 30 days)               |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)                  | 2                            | GC; QL (60 per 30 days)            |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)                           | 2                            | GC; QL (90 per 30 days)            |
| <i>oxycodone oral capsule 5 mg</i>  | 2                            | GC; QL (180 per 30 days)           |
| <i>oxycodone oral concentrate 20 mg/ml</i>  | 4                            | PA; QL (120 per 30 days)           |
| <i>oxycodone oral solution 5 mg/5 ml</i>  | 2                            | GC; QL (1300 per 30 days)          |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>  | 2                            | GC; QL (180 per 30 days)           |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)  | 2                            | GC; QL (120 per 30 days)           |
| <i>oxycodone oral tablet 20 mg</i>  | 2                            | GC; QL (120 per 30 days)           |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (OxyContin) | 3                            | QL (60 per 30 days)                |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)                                  | 2                            | GC; QL (180 per 30 days)           |

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|---|------------------------------|--|
| <i>oxycodone-acetaminophen oral tablet</i> (Endocet)<br>2.5-325 mg, 5-325 mg  | 2                            | GC; QL (360 per 30 days)                             |
| <i>oxycodone-acetaminophen oral tablet</i> (Endocet)<br>7.5-325 mg  | 2                            | GC; QL (240 per 30 days)                             |
| OXYCONTIN ORAL (oxycodone)<br>TABLET,ORAL<br>ONLY,EXT.REL.12 HR 10 MG, 15<br>MG, 20 MG, 30 MG, 40 MG, 60<br>MG, 80 MG | 3                            | QL (60 per 30 days)                                  |
| <i>oxymorphone oral tablet 10 mg</i>  | 2                            | GC; QL (120 per 30 days)                             |
| <i>oxymorphone oral tablet 5 mg</i>   | 2                            | GC; QL (180 per 30 days)                             |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                        | 2                            | GC; QL (60 per 30 days)                              |
| <i>oxymorphone oral tablet extended release 12 hr 40 mg</i>   | 5                            | NDS; QL (60 per 30 days)                             |
| <i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)  | 2                            | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i>   | 1                            | GC; QL (240 per 30 days)                             |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>   | 2                            | GC; QL (300 per 30 days)                             |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 13.5 MG, 18 MG, 9 MG   | 3                            | QL (60 per 30 days)                                  |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 27 MG  | 3                            | QL (120 per 30 days)                                 |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 36 MG  | 5                            | NDS; QL (240 per 30 days)                            |
| <i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)  | 4                            | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <b>Anestésicos</b>  |                              |  |
| <b>Anestesia Local</b>  |                              |  |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)  | 2                            | GC; QL (30 per 30 days)                              |

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|--|------------------------------|------------------------------------|
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF) | 1                            | GC                                 |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>  | 1                            | GC                                 |
| <i>lidocaine hcl 2% 40 mg/2 ml ampule outer,p/f,sdv 20 mg/ml (2 %)</i> (Xylocaine-MPF)                                     | 2                            | GC                                 |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> (Xylocaine)   | 2                            | GC                                 |
| <i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> (Xylocaine)  | 1                            | GC                                 |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)   | 2                            | GC; QL (30 per 30 days)            |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>   | 2                            | PA; GC                             |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (Tridacaine II)  | 2                            | PA; GC; QL (90 per 30 days)        |
| <i>lidocaine topical ointment 5 %</i>  | 2                            | PA; GC; QL (90 per 30 days)        |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)  | 2                            | GC                                 |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>  | 2                            | PA; GC; QL (30 per 30 days)        |
| <i>tridacaine ii topical adhesive patch,medicated 5 %</i> (lidocaine)  | 2                            | PA; GC; QL (90 per 30 days)        |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %  | 3                            | PA; QL (90 per 30 days)            |
| <b>Antagonistas De Metales Pesados</b>   |                              |                                    |
| <b>Antagonistas De Metales Pesados</b>   |                              |                                    |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)   | 5                            | PA; NDS                            |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)   | 5                            | PA; NDS                            |
| <i>deferasirox oral tablet 90 mg</i> (Jadenu)  | 2                            | PA; GC                             |
| <i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)  | 2                            | PA; GC                             |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)  | 5                            | PA; NDS                            |

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|--|------------------------------|------------------------------------|
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)                  | 5                            | PA; NDS                            |
| <i>deferoxamine injection recon soln 2 gram</i>                              | 5                            | PA; NDS                            |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal)                   | 5                            | PA; NDS                            |
| FERRIPROX (2 TIMES A DAY)<br>ORAL TABLET, MODIFIED<br>RELEASE 1,000 MG       | 5                            | PA; NDS                            |
| FERRIPROX ORAL SOLUTION<br>100 MG/ML   | 5                            | PA; NDS                            |
| FERRIPROX ORAL TABLET 1,000 MG (deferiprone)                                 | 5                            | PA; NDS                            |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                    | 5                            | PA; NDS                            |
| <i>trientine oral capsule 250 mg</i> (Syprine)                               | 5                            | PA; NDS; QL (240 per 30 days)      |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                          |                              |                                    |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                          |                              |                                    |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)                     | 4                            |                                    |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)          | 4                            |                                    |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                | 2                            | GC                                 |
| <i>terconazole vaginal suppository 80 mg</i>                                 | 4                            |                                    |
| <b>Antibacterianos</b>   |                              |                                    |
| <b>Aminoglicósidos</b>   |                              |                                    |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                    | 2                            | GC                                 |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>           | 2                            | GC                                 |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 2                            | GC                                 |
| <i>neomycin oral tablet 500 mg</i>   | 2                            | GC                                 |
| <i>streptomycin intramuscular recon soln 1 gram</i>                          | 5                            | NDS                                |

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|---|------------------------------|------------------------------------|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                               | 5                            | NDS; QL (224 per 28 days)          |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 5                            | PA BvD; NDS                        |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)              | 5                            | PA BvD; NDS                        |
| <i>tobramycin sulfate injection solution 40 mg/ml</i>                                     | 2                            | GC                                 |
| <b>Antibacteriales, Misceláneos</b>   |                              |                                    |
| <i>bacitracin intramuscular recon soln 50,000 unit</i>                                    | 4                            |                                    |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>                        | 2                            | GC                                 |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                   | 1                            | GC                                 |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>                     | 2                            | GC                                 |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)       | 2                            | GC                                 |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                       | 2                            | GC                                 |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 5                            | NDS                                |
| <i>daptomycin intravenous recon soln 500 mg</i>   | 5                            | NDS                                |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)               | 2                            | GC                                 |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                   | 5                            | NDS                                |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)   | 2                            | GC                                 |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)                                  | 2                            | GC                                 |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)    | 2                            | GC                                 |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | 1                            | GC                                 |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)       | 2                            | GC; QL (120 per 30 days)           |

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|--|------------------------------|------------------------------------|
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)                     | 2                            | GC; QL (60 per 30 days)            |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>                             | 2                            | GC                                 |
| <i>trimethoprim oral tablet 100 mg</i>   | 1                            | GC                                 |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>       | 2                            | GC                                 |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)   | 2                            | GC; QL (56 per 14 days)            |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)   | 2                            | GC; QL (112 per 14 days)           |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)                                     | 4                            |                                    |
| XIFAXAN ORAL TABLET 200 MG   | 3                            | PA; QL (9 per 30 days)             |
| XIFAXAN ORAL TABLET 550 MG   | 5                            | PA; NDS; QL (90 per 30 days)       |
| <b>Antibióticos B-Lactam Misceláneos</b>   |                              |                                    |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                           | 2                            | GC                                 |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                    | 5                            | PA; LA; NDS                        |
| <i>ertapenem injection recon soln 1 gram</i>   | 2                            | GC                                 |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>                                 | 2                            | GC                                 |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                   | 2                            | GC                                 |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>                                   | 2                            | GC                                 |
| <b>Cefalosporinas</b>  |                              |                                    |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>  | 2                            | GC                                 |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 4                            |                                    |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | 4                            |                                    |
| <i>cefadroxil oral capsule 500 mg</i>  | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>   | 2                            | GC                                 |
| <i>cefadroxil oral tablet 1 gram</i>  | 4                            |                                    |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>        | 2                            | GC                                 |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                   | 2                            | GC                                 |
| <i>cefazolin intravenous recon soln 3 gram</i>                                  | 4                            |                                    |
| <i>cefdinir oral capsule 300 mg</i>   | 2                            | GC                                 |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>     | 2                            | GC                                 |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                             | 2                            | GC                                 |
| <i>cefixime oral capsule 400 mg</i>   | 4                            |                                    |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>     | 4                            |                                    |
| <i>cefotaxime injection recon soln 1 gram</i>                                   | 2                            | GC                                 |
| <i>cefoxitin intravenous recon soln 1 gram</i>                                  | 2                            | GC                                 |
| <i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>                         | 4                            |                                    |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>   | 4                            |                                    |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                   | 4                            |                                    |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>    | 2                            | GC                                 |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | 2                            | GC                                 |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)        | 2                            | GC                                 |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>   | 2                            | GC                                 |
| <i>cefuroxime sodium injection recon soln 750 mg</i>  | 2                            | GC                                 |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                                  | 2                            | GC                                 |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>   | 1                            | GC                                 |
| <i>cephalexin oral capsule 750 mg</i>   | 2                            | GC                                 |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                       | 2                            | GC                                 |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>  | 2                            | GC                                 |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG   | 5                            | NDS                                |
| <b>Macrólidos</b>   |                              |                                    |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)                                       | 2                            | GC                                 |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)         | 2                            | GC                                 |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>                                    | 1                            | GC                                 |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)  | 1                            | GC                                 |
| <i>azithromycin oral tablet 600 mg</i>  | 2                            | GC                                 |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | 2                            | GC                                 |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>  | 2                            | GC                                 |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                     | 4                            |                                    |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML   | 5                            | NDS; QL (136 per 10 days)          |
| DIFICID ORAL TABLET 200 MG  | 5                            | NDS; QL (20 per 10 days)           |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 4                            |                                    |

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|---|------------------------------|------------------------------------|
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)            | 4                            |                                    |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>  | 4                            |                                    |
| <b>Penicilinas</b>  |                              |                                    |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | 1                            | GC                                 |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>  | 1                            | GC                                 |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   | 1                            | GC                                 |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>   | 2                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>    | 2                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | 2                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>   | 2                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | 1                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>   | 1                            | GC                                 |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)        | 4                            |                                    |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                           | 4                            |                                    |
| <i>ampicillin oral capsule 500 mg</i>   | 2                            | GC                                 |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>             | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)              | 2                            | GC                                 |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML     | 4                            |                                    |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>   | 2                            | GC                                 |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT      | 4                            |                                    |
| LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT                        | 4                            |                                    |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>   | 2                            | GC                                 |
| <i>nafcillin injection recon soln 10 gram</i>  | 4                            |                                    |
| <i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)                 | 2                            | GC                                 |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>        | 2                            | GC                                 |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                           | 2                            | GC                                 |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>   | 1                            | GC                                 |
| <i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)                 | 2                            | GC                                 |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 2                            | GC                                 |
| <b>Quinolonas</b>  |                              |                                    |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>  | 2                            | GC                                 |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                                      | 1                            | GC                                 |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>  | 1                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>                    | 2                            | GC                                 |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)                  | 4                            |                                    |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>                | 2                            | GC                                 |
| <i>levofloxacin intravenous solution 25 mg/ml</i>  | 4                            |                                    |
| <i>levofloxacin oral solution 250 mg/10 ml</i>   | 2                            | GC                                 |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>   | 1                            | GC                                 |
| <i>moxifloxacin 400 mg/250 ml bag</i>  | 2                            | GC                                 |
| <i>moxifloxacin oral tablet 400 mg</i>   | 2                            | GC                                 |
| <i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic)) | 2                            | GC                                 |
| <b>Sulfonamidas</b>  |                              |                                    |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                            | GC                                 |
| <i>sulfamethoxazole-trimethoprim 400-80 mg/5 ml iv vial outer, suv</i>                                     | 4                            |                                    |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>                                   | 2                            | GC                                 |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)                            | 2                            | GC                                 |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                                       | 1                            | GC                                 |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                                   | 1                            | GC                                 |
| <b>Tetraciclinas</b>   |                              |                                    |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>   | 4                            |                                    |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)  | 2                            | GC                                 |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)  | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)                             | 2                            | GC                                 |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | 2                            | GC                                 |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i> | 4                            |                                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)               | 4                            |                                    |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)                            | 2                            | GC                                 |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)                                  | 2                            | GC                                 |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                 | 2                            | GC                                 |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                                  | 2                            | GC                                 |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>                              | 2                            | GC                                 |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>   | 2                            | GC                                 |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>  | 4                            |                                    |
| <i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)                            | 2                            | GC                                 |
| <i>mondoxyne nl oral capsule 75 mg</i> (doxycycline monohydrate)                             | 4                            | QL (60 per 30 days)                |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>  | 4                            |                                    |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                                    | 5                            | NDS                                |
| <b>Anticonceptivos</b>   |                              |                                    |
| <b>Anticonceptivos</b>   |                              |                                    |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                   | 2                            | GC                                 |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                | 2                            | GC                                 |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)             | 2                            | GC                                 |

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|--|-------------------------------------|------------------------------|
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                  | 2                                   | GC                           |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estradiol) | 2<br>GC; QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i>   | (desogestrel-ethinyl estradiol)     | 2<br>GC                      |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                         |                                     | 2<br>GC                      |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estradiol) | 2<br>GC; QL (91 per 84 days) |
| <i>abra eq oral tablet 0.1-20 mg-mcg</i>                                     | (levonorgestrel-ethinyl estrad)     | 2<br>GC                      |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                        | (norethindrone ac-eth estradiol)    | 2<br>GC                      |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                            | (norethindrone ac-eth estradiol)    | 2<br>GC                      |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                 | (norethindrone-e.estradiol-iron)    | 2<br>GC                      |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>      | (norethindrone-e.estradiol-iron)    | 2<br>GC                      |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | (norethindrone-e.estradiol-iron)    | 1<br>GC                      |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)     | 2<br>GC                      |
| <i>ayuna oral tablet 0.15-0.03 mg</i>  | (levonorgestrel-ethinyl estrad)     | 2<br>GC                      |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                | (desog-e.estradiol/e.estradiol)     | 2<br>GC                      |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                |                                     | 2<br>GC                      |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                  | (norethindrone-e.estradiol-iron)    | 2<br>GC                      |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>       | (norethindrone-e.estradiol-iron)    | 2<br>GC                      |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>           | (norethindrone-e.estradiol-iron)    | 1<br>GC                      |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                    |                                     | 2<br>GC                      |
| <i>camila oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))     | 1<br>GC                      |

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| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b>     | <b>Requerimientos/<br/>Límites</b> |                         |
|---|----------------------------------|------------------------------------|-------------------------|
| <i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>                        | 2                                | GC                                 |                         |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                               | (levonorgestrel-ethinyl estrad)  | 2                                  | GC                      |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | (norgestrel-ethinyl estradiol)   | 2                                  | GC                      |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | (desogestrel-ethinyl estradiol)  | 2                                  | GC                      |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | (norethindrone-ethin estradiol)  | 2                                  | GC                      |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   |                                  | 2                                  | GC                      |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>   | (1 norgest/e.estradiol-e.estrad) | 2                                  | GC; QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 1                                  | GC                      |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | 2                                  | GC                      |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                 | (Enskyce)                        | 2                                  | GC                      |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                   | (Jasmiel (28))                   | 2                                  | GC                      |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                   | (Syeda)                          | 2                                  | GC                      |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 2                                  | GC                      |
| <b>ELLA ORAL TABLET 30 MG</b>   |                                  | 4                                  | QL (6 per 365 days)     |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                               | (etonogestrel-ethinyl estradiol) | 2                                  | GC; QL (1 per 28 days)  |
| <i>emzahh oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 1                                  | GC                      |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>                            | (etonogestrel-ethinyl estradiol) | 4                                  | QL (1 per 28 days)      |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                    | (levonorg-eth estrad triphasic)  | 2                                  | GC                      |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                       | (desogestrel-ethinyl estradiol)  | 1                                  | GC                      |
| <i>errin oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 1                                  | GC                      |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)                                   | 2                            | GC                                 |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))                                | 2                            | GC                                 |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))                                | 2                            | GC                                 |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)                               | 2                            | GC; QL (1 per 28 days)             |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                                  | 2                            | GC                                 |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)                    | 2                            | GC                                 |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)         | 2                            | GC                                 |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)             | 2                            | GC                                 |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)                                       | 2                            | GC                                 |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                              | 4                            | QL (1 per 28 days)                 |
| <i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))   | 1                            | GC                                 |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)              | 2                            | GC; QL (91 per 84 days)            |
| <i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))  | 1                            | GC                                 |
| <i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                       | 1                            | GC                                 |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad) | 2                            | GC; QL (91 per 84 days)            |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)                                     | 2                            | GC                                 |
| <i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))  | 1                            | GC                                 |
| <i>juleber oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)  | 2                            | GC                                 |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)                            | 2                            | GC                                 |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)                                | 2                            | GC                                 |

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| <b>Nombre del Medicamento</b>   |                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------------|------------------------------|--------------------------------|
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                | (norethindrone-e.estradiol-iron) | 2                            | GC                             |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                    | (norethindrone-e.estradiol-iron) | 1                            | GC                             |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>   | (norethindrone-e.estradiol-iron) | 2                            | GC                             |
| <i>kalliga oral tablet 0.15-0.03 mg</i>   | (desogestrel-ethinyl estradiol)  | 2                            | GC                             |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>   | (desog-e.estradiol/e.estradiol)  | 2                            | GC                             |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>   | (ethynodiol diac-eth estradiol)  | 2                            | GC                             |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>   | (ethynodiol diac-eth estradiol)  | 2                            | GC                             |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>  | (levonorgestrel-ethinyl estrad)  | 2                            | GC                             |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (LoJaimiess)                     | 2                            | GC; QL (91 per 84 days)        |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | 2                            | GC; QL (91 per 84 days)        |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>  | (norethindrone ac-eth estradiol) | 2                            | GC                             |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>  | (norethindrone ac-eth estradiol) | 2                            | GC                             |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>   | (norethindrone-e.estradiol-iron) | 2                            | GC                             |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                | (norethindrone-e.estradiol-iron) | 2                            | GC                             |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                    | (norethindrone-e.estradiol-iron) | 1                            | GC                             |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>  | (levonorgestrel-ethinyl estrad)  | 2                            | GC                             |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                     | (levonorg-eth estrad triphasic)  | 2                            | GC                             |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                      | (Balcoltra)                      | 2                            | GC                             |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                                      | (Afirmelle)                      | 2                            | GC                             |

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|---|----------------------------------|------------------------------|------------------------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | 2                            | GC                                 |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | 2                            | GC; QL (91 per 84 days)            |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | 2                            | GC                                 |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>   | (levonorgestrel-ethinyl estrad)  | 2                            | GC                                 |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>          | (l norgest/e.estradiol-e.estrad) | 2                            | GC; QL (91 per 84 days)            |
| <i>loryna (28) oral tablet 3-0.02 mg</i>  | (drospirenone-ethinyl estradiol) | 2                            | GC                                 |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 2                            | GC                                 |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>  | (drospirenone-ethinyl estradiol) | 2                            | GC                                 |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i>   | (levonorgestrel-ethinyl estrad)  | 2                            | GC                                 |
| <i>lyleq oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 1                            | GC                                 |
| <i>lyza oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 1                            | GC                                 |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>   | (levonorgestrel-ethinyl estrad)  | 2                            | GC                                 |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                   | (norethindrone-e.estradiol-iron) | 2                            | GC                                 |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | (norethindrone-e.estradiol-iron) | 2                            | GC                                 |
| <i>mili oral tablet 0.25-35 mg-mcg</i>  | (norgestimate-ethinyl estradiol) | 1                            | GC                                 |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i>   | (norgestimate-ethinyl estradiol) | 2                            | GC                                 |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                      |                                  | 2                            | GC                                 |
| <i>nikki (28) oral tablet 3-0.02 mg</i>   | (drospirenone-ethinyl estradiol) | 2                            | GC                                 |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>         | (Xulane)                         | 2                            | GC; QL (3 per 28 days)             |

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|--|------------------------------|------------------------------------|
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)  | 1                            | GC                                 |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))                   | 2                            | GC                                 |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))                       | 2                            | GC                                 |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee)                   | 2                            | GC                                 |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))     | 1                            | GC                                 |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28)) | 2                            | GC                                 |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tri-Legest Fe)         | 2                            | GC                                 |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)           | 2                            | GC                                 |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)         | 2                            | GC                                 |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Mili)                                  | 2                            | GC                                 |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>   | 2                            | GC                                 |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>  | 2                            | GC                                 |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)                         | 2                            | GC                                 |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>  | 2                            | GC                                 |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)                           | 2                            | GC                                 |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>  | 2                            | GC                                 |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)                                 | 2                            | GC                                 |
| <i>philith oral tablet 0.4-35 mg-mcg</i>   | 2                            | GC                                 |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)             | 2                            | GC                                 |
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>   | 2                            | GC                                 |

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|---|-----------------------------------|------------------------------|------------------------------------|
| <i>pirmella oral tablet 1-35 mg-mcg</i>                                       | (norethindrone-ethin estradiol)   | 2                            | GC                                 |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | (levonorgestrel-ethinyl estrad)   | 2                            | GC                                 |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | (desogestrel-ethinyl estradiol)   | 2                            | GC                                 |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | (levonorgestrel-ethinyl estrad)   | 2                            | GC; QL (91 per 84 days)            |
| <i>sharobel oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))   | 1                            | GC                                 |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | (desog- e.estradiol/e.estradiol)  | 2                            | GC                                 |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol- e.estrad) | 2                            | GC; QL (91 per 84 days)            |
| <b>SLYND ORAL TABLET 4 MG (28)</b>  |                                   | 4                            |                                    |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>                               | (norgestimate-ethinyl estradiol)  | 2                            | GC                                 |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | (levonorgestrel-ethinyl estrad)   | 2                            | GC                                 |
| <i>syeda oral tablet 3-0.03 mg</i>  | (drospirenone-ethinyl estradiol)  | 2                            | GC                                 |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | (norethindrone- e.estradiol-iron) | 2                            | GC                                 |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | (norethindrone- e.estradiol-iron) | 1                            | GC                                 |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>               | (norgestimate-ethinyl estradiol)  | 1                            | GC                                 |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>               | (norethindrone- e.estradiol-iron) | 2                            | GC                                 |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                  | (norgestimate-ethinyl estradiol)  | 2                            | GC                                 |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                 | (norgestimate-ethinyl estradiol)  | 1                            | GC                                 |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                    | (norgestimate-ethinyl estradiol)  | 1                            | GC                                 |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                      | (norgestimate-ethinyl estradiol)  | 1                            | GC                                 |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                  | (norgestimate-ethinyl estradiol)  | 2                            | GC                                 |

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|--|-----------------------|----------------------------|
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)          | 2                     | GC                         |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)         | 2                     | GC                         |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol) | 2                     | GC                         |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)       | 2                     | GC                         |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)         | 1                     | GC                         |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)       | 2                     | GC                         |
| <i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                    | 1                     | GC                         |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)                          | 2                     | GC                         |
| <i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>   | 4                     |                            |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>                             | 2                     | GC                         |
| <i>vestura (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)                           | 2                     | GC                         |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                              | 2                     | GC                         |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)         | 2                     | GC                         |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)          | 2                     | GC                         |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>  | 2                     | GC                         |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)                           | 2                     | GC                         |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>   | 2                     | GC                         |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol)             | 2                     | GC; QL (3 per 28 days)     |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol)             | 2                     | GC; QL (3 per 28 days)     |
| <i>zarah oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)                                  | 2                     | GC                         |

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| Nombre del Medicamento   |                                  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|--|----------------------------------|-----------------------|-----------------------------------|
| <i>zovia 1-35 (28) oral tablet 1-35 mcg</i>                                    | (ethynodiol diac-eth estradiol)  | 2                     | GC                                |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                                  | (drospirenone-ethinyl estradiol) | 2                     | GC                                |
| <b>Anticonvulsivos</b>   |                                  |                       |                                   |
| <b>Anticonvulsivos</b>   |                                  |                       |                                   |
| APTIOM ORAL TABLET 200 MG, 400 MG  |                                  | 5                     | ST; NDS; QL (30 per 30 days)      |
| APTIOM ORAL TABLET 600 MG, 800 MG  |                                  | 5                     | ST; NDS; QL (60 per 30 days)      |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                       |                                  | 3                     | QL (80 per 30 days)               |
| BRIVIACT ORAL SOLUTION 10 MG/ML  |                                  | 3                     | QL (600 per 30 days)              |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        |                                  | 3                     | QL (60 per 30 days)               |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | (Carbatrol)                      | 2                     | GC                                |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                               | (Tegretol)                       | 2                     | GC                                |
| <i>carbamazepine oral tablet 200 mg</i>  | (Eptol)                          | 2                     | GC                                |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | (Tegretol XR)                    | 2                     | GC                                |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                              |                                  | 2                     | GC                                |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                      | (Onfi)                           | 2                     | GC; QL (480 per 30 days)          |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                       | (Onfi)                           | 2                     | GC; QL (60 per 30 days)           |
| DIACOMIT ORAL CAPSULE 250 MG   |                                  | 5                     | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG   |                                  | 5                     | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG  |                                  | 5                     | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG  |                                  | 5                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>             |                                  | 4                     |                                   |

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|--|------------------------------|------------------------------------|
| DILANTIN ORAL CAPSULE 30 MG  | 4                            |                                    |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)         | 2                            | GC                                 |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)        | 2                            | GC                                 |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 2                            | GC                                 |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                            | PA NSO; NDS                        |
| <i>epitol oral tablet 200 mg</i> (carbamazepine)   | 2                            | GC                                 |
| EPRONTIA ORAL SOLUTION 25 MG/ML  | 4                            | ST; QL (480 per 30 days)           |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                                       | 2                            | GC                                 |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                 | 2                            | GC                                 |
| <i>felbamate oral suspension 600 mg/5 ml</i>   | 2                            | GC                                 |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                   | 2                            | GC                                 |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 5                            | PA NSO; NDS                        |
| <i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)      | 2                            | GC                                 |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML  | 5                            | ST; NDS; QL (720 per 30 days)      |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG   | 5                            | ST; NDS; QL (30 per 30 days)       |
| FYCOMPA ORAL TABLET 2 MG   | 4                            | ST; QL (30 per 30 days)            |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                            | ST; NDS; QL (60 per 30 days)       |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)                                | 1                            | GC; QL (360 per 30 days)           |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin)  | 1                            | GC; QL (270 per 30 days)           |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                  | 2                            | GC; QL (2160 per 30 days)          |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin)   | 2                            | GC; QL (180 per 30 days)           |

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|--|------------------------------|------------------------------------|
| <i>gabapentin oral tablet 800 mg</i> (Neurontin)   | 2                            | GC; QL (120 per 30 days)           |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)   | 2                            | GC; QL (200 per 5 days)            |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)  | 2                            | GC; QL (1200 per 30 days)          |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)   | 2                            | GC; QL (60 per 30 days)            |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)   | 1                            | GC                                 |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))            | 4                            |                                    |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 4                            |                                    |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))         | 4                            |                                    |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)        | 4                            |                                    |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)  | 2                            | GC                                 |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)                             | 2                            | GC                                 |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)   | 2                            | GC                                 |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)  | 2                            | GC                                 |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)   | 2                            | GC                                 |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)                                     | 2                            | GC                                 |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG  | 4                            | QL (10 per 30 days)                |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)   | 2                            | GC                                 |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | 4                            | QL (10 per 30 days)                |

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|--|------------------------------|------------------------------------|
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                          | 2                            | GC                                 |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                              | 2                            | GC                                 |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 2                            | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2                            | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)                                      | 2                            | GC                                 |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                 | 2                            | GC                                 |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                         | 2                            | GC                                 |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                          | 2                            | GC                                 |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>  | 2                            | GC                                 |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>   | 2                            | GC                                 |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)              | 2                            | GC; QL (90 per 30 days)            |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)   | 2                            | GC; QL (60 per 30 days)            |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)  | 2                            | GC; QL (900 per 30 days)           |
| <i>primidone oral tablet 125 mg</i>  | 4                            |                                    |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)  | 2                            | GC                                 |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)  | 5                            | NDS                                |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)  | 2                            | GC                                 |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)  | 5                            | NDS                                |
| SEZABY INTRAVENOUS RECON SOLN 100 MG   | 5                            | PA BvD; NDS                        |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG  | 4                            | ST; QL (60 per 30 days)            |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG  | 4                            | ST; QL (120 per 30 days)           |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)                         | 1                            | GC                                 |

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| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|---|------------------------------|--------------------------------------|
| SYMPAZAN ORAL FILM 10 MG,<br>20 MG  | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| SYMPAZAN ORAL FILM 5 MG   | 4                            | PA NSO; QL (60 per 30<br>days)       |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2<br/>mg, 4 mg</i>   | 2                            | GC                                   |
| <i>topiramate oral capsule, sprinkle 15 (Topamax)<br/>mg, 25 mg</i>   | 2                            | GC                                   |
| <i>topiramate oral tablet 100 mg, 200 (Topamax)<br/>mg, 25 mg, 50 mg</i>  | 1                            | GC                                   |
| <i>valproate sodium intravenous<br/>solution 500 mg/5 ml (100 mg/ml)</i>  | 2                            | GC                                   |
| <i>valproic acid (as sodium salt) oral<br/>solution 250 mg/5 ml</i>   | 2                            | GC                                   |
| <i>valproic acid oral capsule 250 mg</i>  | 2                            | GC                                   |
| VALTOCO NASAL SPRAY, NON-<br>AEROSOL 10 MG/SPRAY (0.1<br>ML), 15 MG/2 SPRAY (7.5/0.1ML<br>X 2), 5 MG/SPRAY (0.1 ML) | 4                            |                                      |
| VALTOCO NASAL SPRAY, NON-<br>AEROSOL 20 MG/2 SPRAY<br>(10MG/0.1ML X2)   | 5                            | NDS                                  |
| <i>vigabatrin oral powder in packet 500 (Vigadrone)<br/>mg</i>  | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>vigabatrin oral tablet 500 mg (Vigadrone)</i>  | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>vigadrone oral powder in packet 500 (vigabatrin)<br/>mg</i>  | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>vigadrone oral tablet 500 mg (vigabatrin)</i>  | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>vigpoder oral powder in packet 500 (vigabatrin)<br/>mg</i>   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| XCOPRI MAINTENANCE PACK<br>ORAL TABLET 250MG/DAY(150<br>MG X1-100MG X1), 350 MG/DAY<br>(200 MG X1-150MG X1)         | 4                            | ST; QL (56 per 28 days)              |
| XCOPRI ORAL TABLET 100 MG,<br>25 MG, 50 MG  | 4                            | ST; QL (30 per 30 days)              |
| XCOPRI ORAL TABLET 150 MG,<br>200 MG  | 4                            | ST; QL (60 per 30 days)              |

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|--|------------------------------|------------------------------------|
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4                            | ST                                 |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML   | 4                            |                                    |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)  | 2                            | GC                                 |
| <i>zonisamide oral capsule 50 mg</i>   | 2                            | GC                                 |
| ZTALMY ORAL SUSPENSION 50 MG/ML  | 5                            | PA NSO; NDS; QL (1080 per 30 days) |
| <b>Antidepresivos</b>  |                              |                                    |
| <b>Antidepresivos</b>  |                              |                                    |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>  | 1                            | GC                                 |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>  | 2                            | GC                                 |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg</i>   | 4                            |                                    |
| <i>amoxapine oral tablet 50 mg</i>   | 2                            | GC                                 |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG  | 5                            | ST; NDS                            |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | 2                            | GC                                 |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)                                   | 2                            | GC                                 |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)                          | 2                            | GC                                 |
| <i>citalopram oral solution 10 mg/5 ml</i>   | 2                            | GC; QL (600 per 30 days)           |
| <i>citalopram oral tablet 10 mg</i> (Celexa)   | 1                            | GC; QL (120 per 30 days)           |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)  | 1                            | GC; QL (30 per 30 days)            |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)   | 4                            |                                    |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)  | 4                            |                                    |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>  | 4                            |                                    |

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|---|------------------------------|------------------------------------|
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2                            | GC; QL (30 per 30 days)            |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                            | 2                            | GC                                 |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 1                            | GC                                 |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG                          | 4                            | ST; QL (60 per 30 days)            |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG  | 4                            | ST; QL (30 per 30 days)            |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)             | 2                            | GC; QL (60 per 30 days)            |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                                      | 4                            | QL (30 per 30 days)                |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                               | 5                            | ST; NDS; QL (30 per 30 days)       |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>   | 4                            |                                    |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                              | 1                            | GC                                 |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                                | 4                            | ST                                 |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                          | 4                            | ST; QL (30 per 30 days)            |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                       | 1                            | GC                                 |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>  | 2                            | GC                                 |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                              | 4                            |                                    |
| MARPLAN ORAL TABLET 10 MG   | 4                            |                                    |

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|---|------------------------------|------------------------------------|
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                       | 2                            | GC                                 |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>  | 2                            | GC                                 |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)         | 2                            | GC                                 |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                         | 2                            | GC                                 |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                      | 1                            | GC                                 |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 4                            |                                    |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | 4                            | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                            | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 4                            |                                    |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>   | 2                            | GC                                 |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)  | 2                            | GC                                 |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 4                            |                                    |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)  | 2                            | GC                                 |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                 | 1                            | GC                                 |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG   | 4                            | PA NSO                             |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                      | 5                            | PA NSO; NDS                        |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)  | 4                            |                                    |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                  | 1                            | GC                                 |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                       | 4                            |                                    |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | 3                            | QL (30 per 30 days)                |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>                      | 4                            | QL (60 per 30 days)                |

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|---|-----------------------|----------------------------------|
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)                | 1                     | GC; QL (30 per 30 days)          |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)        | 2                     | GC; QL (90 per 30 days)          |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | 2                     | GC                               |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>              | 4                     | QL (30 per 30 days)              |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i>                                | 4                     | QL (90 per 30 days)              |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                               | 2                     | GC; QL (30 per 30 days)          |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG  | 5                     | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG   | 5                     | PA NSO; NDS; QL (14 per 14 days) |
| <b>Antifúngicos</b>   |                       |                                  |
| <b>Antifúngicos</b>   |                       |                                  |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML  | 4                     | PA BvD                           |
| <i>amphotericin b injection recon soln 50 mg</i>  | 2                     | PA BvD; GC                       |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5                     | PA BvD; NDS                      |
| <i>casposfungin intravenous recon soln 50 mg</i> (Cancidas)                               | 2                     | GC                               |
| <i>casposfungin intravenous recon soln 70 mg</i> (Cancidas)                               | 5                     | NDS                              |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)   | 2                     | GC; QL (180 per 30 days)         |
| <i>ciclopirox topical gel 0.77 %</i>  | 4                     | QL (300 per 30 days)             |
| <i>ciclopirox topical shampoo 1 %</i>   | 4                     |                                  |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)   | 2                     | GC; QL (19.8 per 30 days)        |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))                         | 4                     | QL (180 per 30 days)             |
| <i>clotrimazole mucous membrane troche 10 mg</i>  | 2                     | GC                               |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))                         | 2                     | GC                               |

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|---|------------------------------|------------------------------------|
| <i>clotrimazole topical solution 1 %</i>  | 2                            | GC                                 |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>  | 2                            | GC; QL (90 per 30 days)            |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>   | 4                            | QL (90 per 30 days)                |
| <i>econazole topical cream 1 %</i>  | 4                            | QL (170 per 30 days)               |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2                            | GC                                 |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>  | 2                            | GC                                 |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)                             | 2                            | GC                                 |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)  | 2                            | GC                                 |
| <i>fluconazole oral tablet 150 mg, 50 mg</i>  | 2                            | GC                                 |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)  | 5                            | NDS                                |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>   | 2                            | GC                                 |
| <i>griseofulvin microsize oral tablet 500 mg</i>  | 4                            |                                    |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>   | 4                            |                                    |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)  | 2                            | GC                                 |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox)   | 5                            | PA; NDS                            |
| <i>ketoconazole oral tablet 200 mg</i>  | 2                            | GC                                 |
| <i>ketoconazole topical cream 2 %</i>   | 2                            | GC; QL (180 per 30 days)           |
| <i>ketoconazole topical foam 2 %</i> (Extina)   | 4                            | ST; QL (100 per 30 days)           |
| <i>ketoconazole topical shampoo 2 %</i>   | 2                            | GC; QL (360 per 30 days)           |
| <i>miconazole-3 vaginal suppository 200 mg</i>  | 2                            | GC                                 |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)  | 5                            | NDS                                |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG  | 5                            | PA; NDS                            |

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|---|------------------------------|------------------------------------|
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)                             | 2                            | GC; QL (60 per 30 days)            |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                       | 2                            | GC; QL (900 per 30 days)           |
| <i>nystatin oral tablet 500,000 unit</i>  | 2                            | GC                                 |
| <i>nystatin topical cream 100,000 unit/gram</i>                                       | 2                            | GC; QL (60 per 30 days)            |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                    | 2                            | GC; QL (60 per 30 days)            |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)                             | 2                            | GC; QL (60 per 30 days)            |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                      | 2                            | GC                                 |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                | 2                            | GC                                 |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin)                             | 2                            | GC; QL (60 per 30 days)            |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil)                     | 5                            | NDS                                |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)                  | 5                            | PA; NDS                            |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)             | 5                            | PA; NDS                            |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                            | GC                                 |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)                          | 5                            | PA BvD; NDS                        |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5                            | PA; NDS                            |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)                                 | 4                            |                                    |
| <b>Antihistamínicos</b>   |                              |                                    |
| <b>Antihistamínicos</b>   |                              |                                    |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                    | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>carbinoxamine maleate oral tablet 4 mg</i>   | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>clemastine oral tablet 2.68 mg</i>   | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |

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|--|------------------------------|------------------------------------|
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                           | 2                            | PA-HRM; GC; AGE<br>(Max 64 Years)  |
| <i>cyproheptadine oral tablet 4 mg</i>                               | 2                            | PA-HRM; GC; AGE<br>(Max 64 Years)  |
| <i>diphenhydramine hcl injection<br/>solution 50 mg/ml</i>           | 2                            | GC                                 |
| <i>diphenhydramine hcl injection<br/>syringe 50 mg/ml</i>            | 1                            | GC                                 |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)         | 2                            | PA-HRM; GC; AGE<br>(Max 64 Years)  |
| <i>hydroxyzine hcl intramuscular<br/>solution 25 mg/ml, 50 mg/ml</i> | 2                            | GC                                 |
| <i>hydroxyzine hcl oral solution 10<br/>mg/5 ml</i>                  | 2                            | GC                                 |
| <i>hydroxyzine hcl oral tablet 10 mg, 25<br/>mg, 50 mg</i>           | 1                            | GC                                 |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)              | 4                            |                                    |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)         | 1                            | GC                                 |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                          | 2                            | PA-HRM; GC; AGE<br>(Max 64 Years)  |
| <b>Antimicrobianos</b>   |                              |                                    |
| <b>Antimicrobianos</b>   |                              |                                    |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                             | 2                            | GC                                 |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                         | 2                            | GC                                 |
| <i>isoniazid oral solution 50 mg/5 ml</i>                            | 4                            |                                    |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                          | 1                            | GC                                 |
| PRETOMANID ORAL TABLET 200 MG  | 4                            | QL (30 per 30 days)                |
| PRIFTIN ORAL TABLET 150 MG   | 4                            |                                    |
| <i>pyrazinamide oral tablet 500 mg</i>                               | 2                            | GC                                 |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin)                     | 4                            |                                    |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin)              | 4                            |                                    |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                          | 2                            | GC                                 |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                    | 5                            | PA; NDS                            |

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|--|-----------------------|----------------------------|
| TRECTOR ORAL TABLET 250 MG   | 4                     |                            |
| <b>Antivirales (Sistémico)</b>   |                       |                            |
| <b>Antirretrovirales</b>   |                       |                            |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)  | 2                     | GC                         |
| <i>abacavir oral tablet 300 mg</i>   | 2                     | GC                         |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>  | 2                     | GC                         |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)             | 5                     | NDS; QL (24 per 365 days)  |
| APTIVUS ORAL CAPSULE 250 MG  | 5                     | NDS                        |
| <i>atazanavir oral capsule 150 mg</i>  | 2                     | GC                         |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)  | 2                     | GC                         |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG  | 5                     | NDS; QL (30 per 30 days)   |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 5                     | NDS                        |
| <i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>                 | 5                     | NDS; QL (24 per 365 days)  |
| <i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)      | 5                     | NDS; QL (24 per 365 days)  |
| CIMDUO ORAL TABLET 300-300 MG  | 5                     | NDS                        |
| COMPLERA ORAL TABLET 200-25-300 MG   | 5                     | NDS                        |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)   | 5                     | NDS                        |
| DELSTRIGO ORAL TABLET 100-300-300 MG   | 5                     | NDS                        |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG   | 5                     | NDS                        |

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|---|------------------------------|------------------------------------|
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>                       | 2                            | GC                                 |
| DOVATO ORAL TABLET 50-300 MG  | 5                            | NDS                                |
| EDURANT ORAL TABLET 25 MG   | 5                            | NDS                                |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>   | 2                            | GC                                 |
| <i>efavirenz oral tablet 600 mg</i>   | 2                            | GC                                 |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)                  | 5                            | NDS                                |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)                 | 5                            | NDS                                |
| <i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)                    | 5                            | NDS                                |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)  | 2                            | GC                                 |
| <i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 5                            | NDS                                |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i> (Truvada)                         | 2                            | GC                                 |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | 4                            |                                    |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)   | 4                            |                                    |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)                                    | 5                            | NDS                                |
| EVOTAZ ORAL TABLET 300-150 MG   | 5                            | NDS                                |
| <i>fosamprenavir oral tablet 700 mg</i>   | 5                            | NDS                                |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG  | 5                            | NDS                                |
| GENVOYA ORAL TABLET 150-150-200-10 MG   | 5                            | NDS                                |
| INTELENCE ORAL TABLET 25 MG   | 4                            |                                    |
| INVIRASE ORAL TABLET 500 MG   | 5                            | NDS                                |
| ISENTRESS HD ORAL TABLET 600 MG   | 5                            | NDS                                |
| ISENTRESS ORAL POWDER IN PACKET 100 MG  | 5                            | NDS                                |

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|--|------------------------------|------------------------------------|
| ISENTRESS ORAL TABLET 400 MG                                       | 5                            | NDS                                |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                              | 5                            | NDS                                |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                               | 4                            |                                    |
| JULUCA ORAL TABLET 50-25 MG  | 5                            | NDS                                |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                  | 2                            | GC                                 |
| <i>lamivudine oral tablet 100 mg</i>                               | 2                            | GC                                 |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)              | 2                            | GC                                 |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                | 2                            | GC                                 |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                    | 4                            |                                    |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2                            | GC; QL (480 per 30 days)           |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)         | 2                            | GC; QL (300 per 30 days)           |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)         | 2                            | GC; QL (120 per 30 days)           |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)            | 5                            | NDS                                |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                       | 4                            |                                    |
| <i>nevirapine oral tablet 200 mg</i>                               | 2                            | GC                                 |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>        | 4                            |                                    |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>        | 2                            | GC                                 |
| NORVIR ORAL POWDER IN PACKET 100 MG                                | 4                            |                                    |
| NORVIR ORAL SOLUTION 80 MG/ML                                      | 4                            |                                    |
| ODEFSEY ORAL TABLET 200-25-25 MG                                   | 5                            | NDS                                |
| PIFELTRO ORAL TABLET 100 MG  | 5                            | NDS                                |

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|--|------------------------------|------------------------------------|
| PREZCOBIX ORAL TABLET 800-150 MG-MG  | 5                            | NDS                                |
| PREZISTA ORAL SUSPENSION 100 MG/ML   | 5                            | NDS                                |
| PREZISTA ORAL TABLET 150 MG, 75 MG   | 5                            | NDS                                |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML   | 4                            |                                    |
| REYATAZ ORAL POWDER IN PACKET 50 MG  | 5                            | NDS                                |
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 5                            | NDS                                |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)   | 2                            | GC                                 |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG  | 5                            | NDS                                |
| SELZENTRY ORAL SOLUTION 20 MG/ML   | 5                            | NDS                                |
| SELZENTRY ORAL TABLET 25 MG  | 3                            |                                    |
| SELZENTRY ORAL TABLET 75 MG  | 5                            | NDS                                |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>   | 2                            | GC                                 |
| STRIBILD ORAL TABLET 150-150-200-300 MG  | 5                            | NDS                                |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)  | 5                            | NDS                                |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML   | 5                            | PA BvD; NDS                        |
| SYM TUZA ORAL TABLET 800-150-200-10 MG   | 5                            | NDS                                |
| TEMIXYS ORAL TABLET 300-300 MG   | 5                            | NDS                                |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)   | 2                            | GC                                 |
| TIVICAY ORAL TABLET 10 MG  | 4                            |                                    |
| TIVICAY ORAL TABLET 25 MG, 50 MG   | 5                            | NDS                                |

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|--|-----------------------|------------------------------|
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG               | 5                     | NDS                          |
| TRIUMEQ ORAL TABLET 600-50-300 MG                        | 5                     | NDS; QL (30 per 30 days)     |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG         | 5                     | NDS                          |
| TRIZIVIR ORAL TABLET 300-150-300 MG                      | 5                     | NDS                          |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5                     | NDS                          |
| VEMLIDY ORAL TABLET 25 MG                                | 5                     | ST; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                      | 5                     | NDS                          |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)              | 5                     | NDS                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                | 5                     | NDS                          |
| VOCABRIA ORAL TABLET 30 MG                               | 4                     |                              |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)         | 2                     | GC                           |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)         | 2                     | GC                           |
| <i>zidovudine oral tablet 300 mg</i>                     | 2                     | GC                           |
| <b>Antivirales Hcv</b>                                   |                       |                              |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG               | 5                     | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                 | 5                     | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG                            | 5                     | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG  | 5                     | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG              | 5                     | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                 | 5                     | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG                            | 5                     | PA; NDS; QL (28 per 28 days) |

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|---|-----------------------|-------------------------------|
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)                   | 5                     | PA; NDS; QL (28 per 28 days)  |
| MAVYRET ORAL TABLET 100-40 MG   | 5                     | PA; NDS; QL (84 per 28 days)  |
| VOSEVI ORAL TABLET 400-100-100 MG                                       | 5                     | PA; NDS; QL (28 per 28 days)  |
| <b>Antivirales, Varios</b>  |                       |                               |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                 | 4                     | PA                            |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)               | 4                     | PA BvD                        |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                         | 2                     | GC; QL (84 per 180 days)      |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu)                         | 2                     | GC; QL (48 per 180 days)      |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                         | 2                     | GC; QL (42 per 180 days)      |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2                     | GC; QL (540 per 180 days)     |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG  | 3                     | \$0 copay; QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML                              | 5                     | PA; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML                              | 5                     | PA; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | 5                     | PA; NDS; QL (28 per 28 days)  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | 4                     | QL (60 per 180 days)          |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | 2                     | GC                            |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML                  | 5                     | PA; NDS                       |
| XOFLUZA ORAL TABLET 20 MG, 40 MG  | 4                     | QL (4 per 180 days)           |
| XOFLUZA ORAL TABLET 80 MG   | 4                     | QL (2 per 180 days)           |
| <b>Interferones</b>   |                       |                               |

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|--|------------------------------|------------------------------------|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                               | 5                            | PA; NDS                            |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                            | 5                            | PA; NDS                            |
| <b>Nucleósidos Y Nucleótidos</b>                                       |                              |                                    |
| <i>acyclovir oral capsule 200 mg</i>                                   | 2                            | GC                                 |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                 | 4                            |                                    |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                            | 2                            | GC                                 |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>        | 2                            | PA BvD; GC                         |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                  | 2                            | PA BvD; GC                         |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)                            | 2                            | GC                                 |
| <i>cidofovir intravenous solution 75 mg/ml</i>                         | 5                            | NDS                                |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)                  | 2                            | GC                                 |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                  | 2                            | GC                                 |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i>                | 5                            | PA BvD; NDS                        |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i>                | 5                            | PA BvD; NDS                        |
| <i>lagevrio (eua) oral capsule 200 mg</i>                              | 4                            | QL (40 per 5 days)                 |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)               | 5                            | PA BvD; NDS                        |
| <i>ribavirin oral capsule 200 mg</i>                                   | 2                            | GC                                 |
| <i>ribavirin oral tablet 200 mg</i>                                    | 2                            | GC                                 |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)               | 2                            | GC                                 |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)               | 5                            | NDS                                |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)                     | 2                            | GC                                 |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)                     | 5                            | PA BvD; NDS                        |
| <b>Dispositivos</b>  |                              |                                    |
| <b>Dispositivos</b>  |                              |                                    |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| 1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                         | 2                            | GC                                 |
| 1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                          | 2                            | GC                                 |
| 1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic)<br>31G STRL,SINGLE-USE,SHRT 31<br>GAUGE X 5/16" | 2                            | GC                                 |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                         | 2                            | GC                                 |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>31GX3/16 31 GAUGE X 3/16"                        | 2                            | GC                                 |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>32GX5/32 32 GAUGE X 5/32"                        | 2                            | GC                                 |
| ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic)<br>8MM 30 GAUGE X 5/16"                         | 2                            | GC                                 |
| ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                         | 2                            | GC                                 |
| ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                         | 2                            | GC                                 |
| ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                         | 2                            | GC                                 |
| ADVOCATE INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16"        | 2                            | GC                                 |
| ADVOCATE INS 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16"        | 2                            | GC                                 |
| ADVOCATE INS 0.5 ML (insulin syringe-needle<br>30GX5/16" 0.5 ML 30 GAUGE X u-100)<br>5/16"        | 2                            | GC                                 |
| ADVOCATE INS 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"        | 2                            | GC                                 |
| ADVOCATE INS 1 ML 31GX5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)                | 2                            | GC                                 |
| ADVOCATE INS SYR 0.3 ML (insulin syringe-needle<br>29GX1/2 0.3 ML 29 GAUGE X 1/2" u-100)          | 2                            | GC                                 |
| ADVOCATE INS SYR 0.5 ML (insulin syringe-needle<br>29GX1/2 0.5 ML 29 GAUGE X 1/2" u-100)          | 2                            | GC                                 |
| ADVOCATE INS SYR 1 ML (insulin syringe-needle<br>29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)             | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| ADVOCATE INS SYR 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16<br>(insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| ADVOCATE PEN NDL 12.7MM<br>29G 29 GAUGE X 1/2"<br>(pen needle, diabetic)                    | 2                            | GC                                 |
| ADVOCATE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"<br>(pen needle, diabetic)                   | 2                            | GC                                 |
| ADVOCATE PEN NEEDLE 4MM<br>33G 33 GAUGE X 5/32"<br>(pen needle, diabetic)                   | 2                            | GC                                 |
| ADVOCATE PEN NEEDLES 5MM<br>31G 31 GAUGE X 3/16"<br>(pen needle, diabetic)                  | 2                            | GC                                 |
| ADVOCATE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16"<br>(pen needle, diabetic)                  | 2                            | GC                                 |
| AQINJECT PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"<br>(pen needle, diabetic)                   | 2                            | GC                                 |
| AQINJECT PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"<br>(pen needle, diabetic)                   | 2                            | GC                                 |
| ASSURE ID DUO PRO NDL 31G<br>5MM 31 GAUGE X 3/16"<br>(pen needle, diabetic,<br>safety)      | 2                            | GC                                 |
| ASSURE ID DUO-SHIELD<br>30GX3/16" 30 GAUGE X 3/16"  | 2                            | GC                                 |
| ASSURE ID DUO-SHIELD<br>30GX5/16" 30 GAUGE X 5/16"  | 2                            | GC                                 |
| ASSURE ID INSULIN SAFETY<br>SYRINGE 1 ML 29 GAUGE X 1/2"                                    | 2                            | GC                                 |
| ASSURE ID PEN NEEDLE<br>30GX3/16" 30 GAUGE X 3/16"  | 2                            | GC                                 |
| ASSURE ID PEN NEEDLE<br>30GX5/16" 30 GAUGE X 5/16"  | 2                            | GC                                 |
| ASSURE ID PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"<br>(pen needle, diabetic,<br>safety)     | 2                            | GC                                 |
| ASSURE ID PRO PEN NDL 30G<br>5MM 30 GAUGE X 3/16"   | 2                            | GC                                 |
| ASSURE ID SYR 0.5 ML 29GX1/2"<br>(RX) 0.5 ML 29 GAUGE X 1/2"                                | 2                            | GC                                 |
| ASSURE ID SYR 0.5 ML<br>31GX15/64" 0.5 ML 31 GAUGE X<br>15/64"                              | 2                            | GC                                 |
| ASSURE ID SYR 1 ML<br>31GX15/64" 1 ML 31 GAUGE X<br>15/64"                                  | 2                            | GC                                 |

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|--|-----------------------------------|------------------------------------|----|
| BD AUTOSHIELD DUO NDL<br>5MMX30G 30 GAUGE X 3/16"  | 2                                 | GC                                 |    |
| BD ECLIPSE 30GX1/2" SYRINGE<br>1 ML 30 GAUGE X 1/2"  | (insulin syringe-needle<br>u-100) | 2                                  | GC |
| BD ECLIPSE NEEDLE 30GX1/2"<br>(OTC) 30 X 1/2 "   | 2                                 | GC                                 |    |
| BD INS SYR 0.3 ML<br>8MMX31G(1/2) 0.3 ML 31 GAUGE<br>X 5/16"                                   | 2                                 | GC                                 |    |
| BD INS SYRINGE 1/2 ML<br>6MMX31G (ONLY FOR 500<br>UNIT/ML INSULIN) 1/2 ML 31<br>GAUGE X 15/64" | 2                                 | GC                                 |    |
| BD INS SYRN UF 1 ML<br>12.7MMX30G NOT FOR RETAIL<br>SALE 1 ML 30 GAUGE X 1/2"                  | (insulin syringe-needle<br>u-100) | 2                                  | GC |
| BD INSULIN SYR 1 ML 25GX1" 1<br>ML 25 X 1"   | 2                                 | GC                                 |    |
| BD INSULIN SYR 1 ML 25GX5/8"<br>1 ML 25 GAUGE X 5/8"   | (insulin syringe-needle<br>u-100) | 2                                  | GC |
| BD INSULIN SYR 1 ML 26GX1/2"<br>1 ML 26 X 1/2"   | 2                                 | GC                                 |    |
| BD INSULIN SYR 1 ML 27GX5/8"<br>MICRO-FINE 1 ML 27 GAUGE X<br>5/8"                             | 2                                 | GC                                 |    |
| BD INSULIN SYR 1 ML 28GX1/2"<br>(OTC) 1 ML 28 GAUGE X 1/2"                                     | (Comfort EZ Insulin<br>Syringe)   | 2                                  | GC |
| BD INSULIN SYRINGE 1 ML W/O<br>NEEDLE  | (insulin syringe<br>needleless)   | 2                                  | GC |
| BD LUER-LOK SYRINGE 1 ML   | (Easy Touch Luer Lock<br>Insulin) | 2                                  | GC |
| BD NANO 2 GEN PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  | (pen needle, diabetic)            | 2                                  | GC |
| BD SAFETGLD INS 0.3 ML 29G<br>13MM 0.3 ML 29 GAUGE X 1/2"                                      | 2                                 | GC                                 |    |
| BD SAFETGLD INS 0.5 ML<br>13MMX29G 0.5 ML 29 GAUGE X<br>1/2"                                   | (insulin syringe-needle<br>u-100) | 2                                  | GC |
| BD SAFETYGLD INS 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"                                     | 2                                 | GC                                 |    |

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|--|------------------------------|------------------------------------|
| BD SAFETYGLD INS 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16"                                   | 2                            | GC                                 |
| BD SAFETYGLD INS 1 ML 29G<br>13MM 1 ML 29 GAUGE X 1/2"                                       | 2                            | GC                                 |
| BD SAFETYGLID INS 1 ML<br>6MMX31G 1 ML 31 GAUGE X<br>15/64"                                  | 2                            | GC                                 |
| BD SAFETYGLIDE SYRINGE<br>27GX5/8 1 ML 27 GAUGE X 5/8"                                       | 2                            | GC                                 |
| BD SAFTYGLD INS 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64"                                | 2                            | GC                                 |
| BD SAFTYGLD INS 0.5 ML 29G<br>13MM 0.5 ML 29 GAUGE X 1/2"                                    | 2                            | GC                                 |
| BD SAFTYGLD INS 0.5 ML<br>6MMX31G 0.5 ML 31 GAUGE X<br>15/64"                                | 2                            | GC                                 |
| BD UF MICRO PEN NEEDLE (pen needle, diabetic)<br>6MMX32G 32 GAUGE X 1/4"                     | 2                            | GC                                 |
| BD UF MINI PEN NEEDLE (pen needle, diabetic)<br>5MMX31G 31 GAUGE X 3/16"                     | 2                            | GC                                 |
| BD UF NANO PEN NEEDLE (pen needle, diabetic)<br>4MMX32G 32 GAUGE X 5/32"                     | 2                            | GC                                 |
| BD UF ORIG PEN NDL (pen needle, diabetic)<br>12.7MMX29G 29 GAUGE X 1/2"                      | 2                            | GC                                 |
| BD UF SHORT PEN NEEDLE (pen needle, diabetic)<br>8MMX31G 31 GAUGE X 5/16"                    | 2                            | GC                                 |
| BD VEO INS 0.3 ML 6MMX31G<br>(1/2) 0.3 ML 31 GAUGE X 15/64"                                  | 2                            | GC                                 |
| BD VEO INS SYRING 1 ML (insulin syringe-needle<br>6MMX31G 1 ML 31 GAUGE X u-100)<br>15/64"   | 2                            | GC                                 |
| BD VEO INS SYRN 0.3 ML (insulin syringe-needle<br>6MMX31G 0.3 ML 31 GAUGE X u-100)<br>15/64" | 2                            | GC                                 |
| BD VEO INS SYRN 0.5 ML (insulin syringe-needle<br>6MMX31G 1/2 ML 31 GAUGE X u-100)<br>15/64" | 2                            | GC                                 |
| BORDERED GAUZE 2"X2" 2 X 2 " (gauze bandage)   | 1                            | GC                                 |
| CAREFINE PEN NEEDLE 12.7MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                     | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| CAREFINE PEN NEEDLE 4MM<br>32G 32 GAUGE X 5/32" (pen needle, diabetic)                         | 2                            | GC                                 |
| CAREFINE PEN NEEDLE 5MM<br>32G 32 GAUGE X 3/16" (pen needle, diabetic)                         | 2                            | GC                                 |
| CAREFINE PEN NEEDLE 6MM<br>31G 31 GAUGE X 1/4" (pen needle, diabetic)                          | 2                            | GC                                 |
| CAREFINE PEN NEEDLE 8MM<br>30G 30 GAUGE X 5/16" (pen needle, diabetic)                         | 2                            | GC                                 |
| CAREFINE PEN NEEDLES 6MM<br>32G 32 GAUGE X 1/4" (pen needle, diabetic)                         | 2                            | GC                                 |
| CAREFINE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16" (pen needle, diabetic)                        | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE 29G<br>12MM 29 GAUGE X 1/2" (pen needle, diabetic)                        | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)                        | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)                      | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)                      | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic)                      | 2                            | GC                                 |
| CARETOUCH PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)                      | 2                            | GC                                 |
| CARETOUCH SYR 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| CARETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| CARETOUCH SYR 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| CARETOUCH SYR 1 ML<br>28GX5/16" 1 ML 28 X 5/16"  | 2                            | GC                                 |
| CARETOUCH SYR 1 ML<br>29GX5/16" 1 ML 29 GAUGE X 5/16"  | 2                            | GC                                 |
| CARETOUCH SYR 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle<br>u-100)        | 2                            | GC                                 |
| CARETOUCH SYR 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle<br>u-100)        | 2                            | GC                                 |

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|--|-----------------------------------|------------------------------|------------------------------------|
| CLICKFINE 31G X 5/16"<br>NEEDLES 8MM, UNIVERSAL 31<br>GAUGE X 5/16"                  | (pen needle, diabetic)            | 2                            | GC                                 |
| CLICKFINE PEN NEEDLE<br>32GX5/32" 32GX4MM, STERILE<br>32 GAUGE X 5/32"               | (pen needle, diabetic)            | 2                            | GC                                 |
| CLICKFINE UNIVERSAL 31G X<br>1/4" 6MM, STORE BRAND 31<br>GAUGE X 1/4"                | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ INS 0.3 ML<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2"                          | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| COMFORT EZ INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16"                        | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| COMFORT EZ INS 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16                                | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| COMFORT EZ INSULIN SYR 0.3<br>ML 0.3 ML 31 GAUGE X 5/16"                             | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| COMFORT EZ INSULIN SYR 0.5<br>ML 0.5 ML 30 GAUGE X 5/16", 0.5<br>ML 31 GAUGE X 5/16" | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLE<br>12MM 29G 29 GAUGE X 1/2"                                    | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>4MM 32G SINGLE USE, MICRO<br>32 GAUGE X 5/32"              | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>4MM 33G 33 GAUGE X 5/32"                                   | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>5MM 31G MINI 31 GAUGE X<br>3/16"                           | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>5MM 32G SINGLE USE,MINI,HRI<br>32 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>5MM 33G 33 GAUGE X 3/16"                                   | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>6MM 31G 31 GAUGE X 1/4"                                    | (pen needle, diabetic)            | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>6MM 32G 32 GAUGE X 1/4"                                    | (pen needle, diabetic)            | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| COMFORT EZ PEN NEEDLES (pen needle, diabetic)<br>6MM 33G 33 GAUGE X 1/4"                   | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic)<br>8MM 31G SHORT 31 GAUGE X<br>5/16"         | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic)<br>8MM 32G 32 GAUGE X 5/16"                  | 2                            | GC                                 |
| COMFORT EZ PEN NEEDLES<br>8MM 33G 33 GAUGE X 5/16"   | 2                            | GC                                 |
| COMFORT EZ PRO PEN NDL 30G<br>8MM 30 GAUGE X 5/16"   | 2                            | GC                                 |
| COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic,<br>4MM 31 GAUGE X 5/32" safety)          | 2                            | GC                                 |
| COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic,<br>5MM 31 GAUGE X 3/16" safety)          | 2                            | GC                                 |
| COMFORT EZ SYR 0.3 ML (insulin syringe-needle<br>29GX1/2" 0.3 ML 29 GAUGE X u-100)<br>1/2" | 2                            | GC                                 |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle<br>28GX1/2" 1/2 ML 28 GAUGE X u-100)<br>1/2" | 2                            | GC                                 |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle<br>29GX1/2" 0.5 ML 29 GAUGE X u-100)<br>1/2" | 2                            | GC                                 |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle<br>30GX1/2" 0.5 ML 30 GAUGE X u-100)<br>1/2" | 2                            | GC                                 |
| COMFORT EZ SYR 1 ML (insulin syringe-needle<br>28GX1/2" 1 ML 28 GAUGE X u-100)<br>1/2"     | 2                            | GC                                 |
| COMFORT EZ SYR 1 ML (insulin syringe-needle<br>29GX1/2" 1 ML 29 GAUGE X u-100)<br>1/2"     | 2                            | GC                                 |
| COMFORT EZ SYR 1 ML (insulin syringe-needle<br>30GX1/2" 1 ML 30 GAUGE X u-100)<br>1/2"     | 2                            | GC                                 |
| COMFORT EZ SYR 1 ML (insulin syringe-needle<br>30GX5/16" 1 ML 30 GAUGE X u-100)<br>5/16"   | 2                            | GC                                 |
| COMFORT POINT PEN NDL<br>31GX1/3" 31 GAUGE X 1/3"  | 2                            | GC                                 |
| COMFORT POINT PEN NDL<br>31GX1/6" 31 GAUGE X 1/6"  | 2                            | GC                                 |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>4MM 31 GAUGE X 5/32"                   | 2                            | GC                                 |

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|--|-----------------------|----------------------------|
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"                | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>8MM 32 GAUGE X 5/16"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic)<br>4MM 33 GAUGE X 5/32"               | 2                     | GC                         |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic)<br>6MM 33 GAUGE X 1/4"                | 2                     | GC                         |
| COMFORT TOUCH PEN NDL (pen needle, diabetic)<br>33GX5MM 33 GAUGE X 3/16"               | 2                     | GC                         |
| CURAD GAUZE PADS 2" X 2" 2 X 2" (gauze bandage)  | 1                     | GC                         |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "  | 1                     | GC                         |
| CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)                                  | 1                     | GC                         |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "                                      | 1                     | GC                         |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "  | 1                     | GC                         |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "   | 1                     | GC                         |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"                                  | 2                     | GC                         |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"                                  | 2                     | GC                         |
| DROPLET INS 0.3 ML (insulin syringe-needle u-100)<br>29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | 2                     | GC                         |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| DROPLET INS 0.3 ML<br>30GX12.5MM 0.3 ML 30 GAUGE<br>X 1/2" (insulin syringe-needle<br>u-100)    | 2                     | GC                         |
| DROPLET INS 0.5 ML<br>30GX6MM(1/2) 0.5ML 30 GAUGE<br>X 15/64"                                   | 2                     | GC                         |
| DROPLET INS 0.5 ML<br>30GX8MM(1/2) 0.5 ML 30 GAUGE<br>X 5/16"                                   | 2                     | GC                         |
| DROPLET INS 0.5 ML<br>31GX6MM(1/2) 0.5 ML 31 GAUGE<br>X 15/64"                                  | 2                     | GC                         |
| DROPLET INS 0.5 ML<br>31GX8MM(1/2) 0.5 ML 31 GAUGE<br>X 5/16"                                   | 2                     | GC                         |
| DROPLET INS SYR 0.3 ML<br>30GX6MM 0.3 ML 30 GAUGE X<br>15/64"                                   | 2                     | GC                         |
| DROPLET INS SYR 0.3 ML<br>30GX8MM 0.3 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)  | 2                     | GC                         |
| DROPLET INS SYR 0.3 ML<br>31GX6MM 0.3 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100) | 2                     | GC                         |
| DROPLET INS SYR 0.3 ML<br>31GX8MM 0.3 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)  | 2                     | GC                         |
| DROPLET INS SYR 1 ML<br>29GX12.5MM 1 ML 29 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)    | 2                     | GC                         |
| DROPLET INS SYR 1 ML<br>30GX12.5MM 1 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)    | 2                     | GC                         |
| DROPLET INS SYR 1 ML<br>30GX6MM 1 ML 30 GAUGE X<br>15/64"                                       | 2                     | GC                         |
| DROPLET INS SYR 1 ML<br>30GX8MM 1 ML 30 GAUGE X<br>5/16 (insulin syringe-needle<br>u-100)       | 2                     | GC                         |
| DROPLET INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100)     | 2                     | GC                         |

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|--|-----------------------|----------------------------|
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                     | GC                         |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"                                      | 2                     | GC                         |
| DROPLET PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"               | 2                     | GC                         |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"                                      | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16"             | 2                     | GC                         |
| DROPLET PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"               | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"             | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"             | 2                     | GC                         |
| DROPLET PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"               | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"             | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"             | 2                     | GC                         |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"             | 2                     | GC                         |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"                         | 2                     | GC                         |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"                          | 2                     | GC                         |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"                         | 2                     | GC                         |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"                          | 2                     | GC                         |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"                           | 2                     | GC                         |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"                            | 2                     | GC                         |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"                             | 2                     | GC                         |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"                                     | 2                     | GC                         |

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|--|-----------------------|----------------------------|
| DROPSAFE PEN NEEDLE (pen needle, diabetic, safety)<br>31GX3/16" 31 GAUGE X 3/16"   | 2                     | GC                         |
| DROPSAFE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"  | 2                     | GC                         |
| DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                     | GC                         |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)   | 2                     | GC                         |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"   | 2                     | GC                         |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"  | 2                     | GC                         |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"  | 2                     | GC                         |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | GC                         |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | GC                         |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)   | 2                     | GC                         |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | GC                         |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"  | 2                     | GC                         |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | GC                         |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)  | 2                     | GC                         |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"  | 2                     | GC                         |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)  | 2                     | GC                         |

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|---|------------------------------|------------------------------------|
| EASY COMFORT PEN NDL<br>31GX1/4" 31 GAUGE X 1/4"<br>(pen needle, diabetic)                        | 2                            | GC                                 |
| EASY COMFORT PEN NDL<br>31GX3/16" 31 GAUGE X 3/16"<br>(pen needle, diabetic)                      | 2                            | GC                                 |
| EASY COMFORT PEN NDL<br>31GX5/16" 31 GAUGE X 5/16"<br>(pen needle, diabetic)                      | 2                            | GC                                 |
| EASY COMFORT PEN NDL<br>32GX5/32" 32 GAUGE X 5/32"<br>(pen needle, diabetic)                      | 2                            | GC                                 |
| EASY COMFORT PEN NDL 33G<br>4MM 33 GAUGE X 5/32"<br>(pen needle, diabetic)                        | 2                            | GC                                 |
| EASY COMFORT PEN NDL 33G<br>5MM 33 GAUGE X 3/16"<br>(pen needle, diabetic)                        | 2                            | GC                                 |
| EASY COMFORT PEN NDL 33G<br>6MM 33 GAUGE X 1/4"<br>(pen needle, diabetic)                         | 2                            | GC                                 |
| EASY COMFORT SYR 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"<br>(insulin syringe-needle<br>u-100)       | 2                            | GC                                 |
| EASY GLIDE INS 0.3 ML<br>31GX6MM 0.3 ML 31 GAUGE X<br>15/64"<br>(insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| EASY GLIDE INS 0.5 ML<br>31GX6MM 1/2 ML 31 GAUGE X<br>15/64"<br>(insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| EASY GLIDE INS 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64"<br>(insulin syringe-needle<br>u-100)     | 2                            | GC                                 |
| EASY GLIDE PEN NEEDLE 4MM<br>33G 33 GAUGE X 5/32"<br>(pen needle, diabetic)                       | 2                            | GC                                 |
| EASY TOUCH 0.3 ML SYR<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2"<br>(insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| EASY TOUCH 0.5 ML SYR<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2"<br>(insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| EASY TOUCH 0.5 ML SYR<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"                                       | 2                            | GC                                 |
| EASY TOUCH 0.5 ML SYR<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2"<br>(insulin syringe-needle<br>u-100)  | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| EASY TOUCH 0.5 ML SYR<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"  | 2                            | GC                                 |
| EASY TOUCH 1 ML SYR (insulin syringe-needle<br>27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)                                 | 2                            | GC                                 |
| EASY TOUCH 1 ML SYR<br>29GX1/2" 1 ML 29 GAUGE X 1/2"  | 2                            | GC                                 |
| EASY TOUCH 1 ML SYR<br>30GX1/2" 1 ML 30 GAUGE X 1/2"  | 2                            | GC                                 |
| EASY TOUCH FLIPLOK 1 ML<br>27GX0.5 1 ML 27 GAUGE X 1/2"   | 2                            | GC                                 |
| EASY TOUCH INSULIN 1 ML<br>29GX1/2 1 ML 29 GAUGE X 1/2"   | 2                            | GC                                 |
| EASY TOUCH INSULIN 1 ML<br>30GX1/2 1 ML 30 GAUGE X 1/2"   | 2                            | GC                                 |
| EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle<br>ML 0.3 ML 30 GAUGE X 5/16", 0.3 u-100)<br>ML 31 GAUGE X 5/16" | 2                            | GC                                 |
| EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle<br>ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100)<br>ML 31 GAUGE X 5/16" | 2                            | GC                                 |
| EASY TOUCH INSULIN SYR 1 (insulin syringe-needle<br>ML 1 ML 30 GAUGE X 5/16, 1 ML u-100)<br>31 GAUGE X 5/16         | 2                            | GC                                 |
| EASY TOUCH INSULIN SYR 1 (insulin syringe-needle<br>ML RETRACTABLE 1 ML 30 u-100)<br>GAUGE X 1/2"                   | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2"   | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"   | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH LUER LOK INSUL (insulin syringe<br>1 ML needleless)  | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                  | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>30GX5/16 30 GAUGE X 5/16"                 | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX1/4" 31 GAUGE X 1/4"                  | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX3/16 31 GAUGE X 3/16"                 | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX5/16 31 GAUGE X 5/16"                 | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX1/4" 32 GAUGE X 1/4"                  | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX3/16 32 GAUGE X 3/16"                 | 2                            | GC                                 |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX5/32 32 GAUGE X 5/32"                 | 2                            | GC                                 |
| EASY TOUCH SAF PEN NDL 29G<br>5MM 29 GAUGE X 3/16"  | 2                            | GC                                 |
| EASY TOUCH SAF PEN NDL 29G<br>8MM 29 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH SAF PEN NDL 30G<br>5MM 30 GAUGE X 3/16"  | 2                            | GC                                 |
| EASY TOUCH SAF PEN NDL 30G<br>8MM 30 GAUGE X 5/16"  | 2                            | GC                                 |
| EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle<br>12.7MM 1/2 ML 28 GAUGE X 1/2" u-100) | 2                            | GC                                 |
| EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle<br>12.7MM 0.5 ML 29 GAUGE X 1/2" u-100) | 2                            | GC                                 |
| EASY TOUCH SYR 1 ML 27G<br>16MM 1 ML 27 GAUGE X 5/8"                                      | 2                            | GC                                 |
| EASY TOUCH SYR 1 ML 28G (insulin syringe-needle<br>12.7MM 1 ML 28 GAUGE X 1/2" u-100)     | 2                            | GC                                 |
| EASY TOUCH SYR 1 ML 29G (insulin syringe-needle<br>12.7MM 1 ML 29 GAUGE X 1/2" u-100)     | 2                            | GC                                 |
| EASY TOUCH UNI-SLIP SYR 1<br>ML (insulin syringe<br>needleless)                           | 2                            | GC                                 |
| EASYTOUCH SAF PEN NDL 30G<br>6MM 30 GAUGE X 1/4"  | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                     | 2                            | GC                                 |

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|--|------------------------------------|------------------------------|------------------------------------|
| EMBRACE PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"                               | (pen needle, diabetic)             | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"                               | (pen needle, diabetic)             | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"                               | (pen needle, diabetic)             | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 31G<br>6MM 31 GAUGE X 1/4"                                | (pen needle, diabetic)             | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"                               | (pen needle, diabetic)             | 2                            | GC                                 |
| EMBRACE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"                               | (pen needle, diabetic)             | 2                            | GC                                 |
| EQL INSULIN 0.3 ML SYRINGE<br>SHORT NEEDLE 0.3 ML 30<br>GAUGE                | (Ultra Comfort Insulin<br>Syringe) | 2                            | GC                                 |
| EQL INSULIN 0.5 ML SYRINGE<br>SHORT NEEDLE 1/2 ML 30<br>GAUGE                | (Ultra Comfort Insulin<br>Syringe) | 2                            | GC                                 |
| EQL INSULIN 1 ML SYRINGE<br>SHORT NEEDLE 1 ML 30 GAUGE<br>X 7/16"            | (Ultra Comfort Insulin<br>Syringe) | 2                            | GC                                 |
| EXEL INSULIN SYRINGE 27G-1<br>ML 1 ML 27 GAUGE X 1/2"                        | (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| FIFTY50 INS 0.5 ML 31GX5/16"<br>SHORT NEEDLE 0.5 ML 31<br>GAUGE X 5/16"      | (Advocate Syringes)                | 2                            | GC                                 |
| FIFTY50 INS SYR 1 ML<br>31GX5/16" SHORT NEEDLE<br>(OTC) 1 ML 31 GAUGE X 5/16 | (Advocate Syringes)                | 2                            | GC                                 |
| FIFTY50 PEN 31G X 3/16"<br>NEEDLE (OTC) 31 GAUGE X<br>3/16"                  | (pen needle, diabetic)             | 2                            | GC                                 |
| FP INSULIN 1 ML SYRINGE 1 ML<br>28 GAUGE                                     | (Ultra Comfort Insulin<br>Syringe) | 2                            | GC                                 |
| FREESTYLE PREC 0.5 ML<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"                 | (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| FREESTYLE PREC 0.5 ML<br>31GX5/16 0.5 ML 31 GAUGE X<br>5/16"                 | (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| FREESTYLE PREC 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16                        | (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| FREESTYLE PREC 1 ML (insulin syringe-needle<br>31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)                     | 2                            | GC                                 |
| GAUZE PAD TOPICAL (gauze bandage)<br>BANDAGE 2 X 2 "   | 1                            | GC                                 |
| GNP ULT C 0.3 ML 29GX1/2" (1/2)<br>1/2 UNIT 0.3 ML 29 GAUGE X 1/2"                                       | 2                            | GC                                 |
| GNP ULTRA COMFORT 0.5 ML (insulin syringe-needle<br>SYR 1/2 ML 29 , 1/2 ML 30 u-100)<br>GAUGE            | 2                            | GC                                 |
| GNP ULTRA COMFORT 1 ML (insulin syringe-needle<br>SYRINGE 1 ML 28 GAUGE, 1 ML u-100)<br>30 GAUGE X 7/16" | 2                            | GC                                 |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 29 GAUGE  | 2                            | GC                                 |
| GNP ULTRA COMFORT 3/10 ML (insulin syringe-needle<br>SYR 0.3 ML 30 u-100)                                | 2                            | GC                                 |
| HEALTHWISE INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16"             | 2                            | GC                                 |
| HEALTHWISE INS 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16"             | 2                            | GC                                 |
| HEALTHWISE INS 0.5 ML (insulin syringe-needle<br>30GX5/16" 0.5 ML 30 GAUGE X u-100)<br>5/16"             | 2                            | GC                                 |
| HEALTHWISE INS 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"             | 2                            | GC                                 |
| HEALTHWISE INS 1 ML (insulin syringe-needle<br>30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)                     | 2                            | GC                                 |
| HEALTHWISE INS 1 ML (insulin syringe-needle<br>31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)                     | 2                            | GC                                 |
| HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                                 | 2                            | GC                                 |
| HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                                 | 2                            | GC                                 |
| HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                                 | 2                            | GC                                 |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>4MM 32G 32 GAUGE X 5/32"                                | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)                               | 2                            | GC                                 |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)                                | 2                            | GC                                 |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)                               | 2                            | GC                                 |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"  | 2                            | GC                                 |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)                                 | 2                            | GC                                 |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)                                 | 2                            | GC                                 |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)                                 | 2                            | GC                                 |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)                                  | 2                            | GC                                 |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)                                 | 2                            | GC                                 |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN  | 3                            |                                    |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN   | 3                            |                                    |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insulin Syr(half unit))             | 2                            | GC                                 |
| INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)       | 2                            | GC                                 |
| INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)                    | 2                            | GC                                 |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)              | 2                            | GC                                 |
| INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 2                            | GC                                 |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)        | 2                            | GC                                 |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)             | 2                            | GC                                 |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)                      | 2                            | GC                                 |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)       | 2                            | GC                                 |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)                            | 2                            | GC                                 |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)       | 2                            | GC                                 |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE   | 2                            | GC                                 |
| INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)              | 2                            | GC                                 |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes) | 2                            | GC                                 |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)          | 2                            | GC                                 |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)             | 2                            | GC                                 |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)     | 2                            | GC                                 |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)                    | 2                            | GC                                 |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)                        | 2                            | GC                                 |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)       | 2                            | GC                                 |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)                          | 2                            | GC                                 |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)                         | 2                            | GC                                 |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" (pen needle, diabetic)                         | 2                            | GC                                 |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)                       | 2                            | GC                                 |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                         | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>33GX4MM 33 GAUGE X 5/32"   | 2                            | GC                                 |
| LISCO SPONGES 100/BAG 2 X 2 "   | 1                            | GC                                 |
| LITE TOUCH 31GX1/4" PEN (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4"  | 2                            | GC                                 |
| LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle<br>SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100)<br>, 1/2 ML 30 GAUGE | 2                            | GC                                 |
| LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle<br>1 ML 28 GAUGE, 1 ML 30 GAUGE u-100)<br>X 7/16"           | 2                            | GC                                 |
| LITE TOUCH INSULIN 1 ML SYR<br>1 ML 29 GAUGE  | 2                            | GC                                 |
| LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)                              | 2                            | GC                                 |
| LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic)<br>29 GAUGE X 1/2"   | 2                            | GC                                 |
| LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic)<br>31 GAUGE X 3/16", 31 GAUGE X<br>5/16"                       | 2                            | GC                                 |
| LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2" u-100)                          | 2                            | GC                                 |
| LITETOUCH INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16"                     | 2                            | GC                                 |
| LITETOUCH INS 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16"                     | 2                            | GC                                 |
| LITETOUCH INS 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"                     | 2                            | GC                                 |
| LITETOUCH SYR 0.5 ML (insulin syringe-needle<br>28GX1/2" 1/2 ML 28 GAUGE X u-100)<br>1/2"                       | 2                            | GC                                 |
| LITETOUCH SYR 0.5 ML (insulin syringe-needle<br>29GX1/2" 0.5 ML 29 GAUGE X u-100)<br>1/2"                       | 2                            | GC                                 |
| LITETOUCH SYR 0.5 ML (insulin syringe-needle<br>30GX5/16" 0.5 ML 30 GAUGE X u-100)<br>5/16"                     | 2                            | GC                                 |

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|---|-----------------------|----------------------------|
| LITETOUCH SYRIN 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)        | 2                     | GC                         |
| LITETOUCH SYRIN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)        | 2                     | GC                         |
| LITETOUCH SYRIN 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)      | 2                     | GC                         |
| MAGELLAN INSUL SYRINGE 0.3<br>ML 0.3 ML 30 X 5/16"  | 2                     | GC                         |
| MAGELLAN INSUL SYRINGE 0.5<br>ML 0.5 ML 30 GAUGE X 5/16"                                    | 2                     | GC                         |
| MAGELLAN INSULIN SYR 0.3<br>ML 0.3 ML 29 GAUGE X 1/2"                                       | 2                     | GC                         |
| MAGELLAN INSULIN SYR 0.5<br>ML 0.5 ML 29 GAUGE X 1/2"                                       | 2                     | GC                         |
| MAGELLAN INSULIN SYRINGE<br>1 ML 1 ML 29 GAUGE X 1/2", 1<br>ML 30 GAUGE X 5/16"             | 2                     | GC                         |
| MAXICOMFORT II PEN NDL<br>31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                    | 2                     | GC                         |
| MAXICOMFORT INS 0.5 ML<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2" (insulin syringe-needle u-100) | 2                     | GC                         |
| MAXI-COMFORT INS 0.5 ML 28G<br>1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)        | 2                     | GC                         |
| MAXICOMFORT INS 1 ML<br>27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)        | 2                     | GC                         |
| MAXI-COMFORT INS 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)       | 2                     | GC                         |
| MAXICOMFORT PEN NDL 29G X<br>5MM 29 GAUGE X 3/16"   | 2                     | GC                         |
| MAXICOMFORT PEN NDL 29G X<br>8MM 29 GAUGE X 5/16"   | 2                     | GC                         |
| MICRODOT PEN NEEDLE<br>31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                       | 2                     | GC                         |
| MICRODOT PEN NEEDLE<br>32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                      | 2                     | GC                         |
| MICRODOT PEN NEEDLE<br>33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)                      | 2                     | GC                         |
| MICRODOT READYGARD NDL<br>31G 5MM OUTER 31 GAUGE X<br>3/16"                                 | 2                     | GC                         |

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|--|-----------------------|----------------------------|
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)  | 2                     | GC                         |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)   | 2                     | GC                         |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (BD Ultra-Fine Micro Pen Needle)                                   | 2                     | GC                         |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)  | 2                     | GC                         |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)   | 2                     | GC                         |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)  | 2                     | GC                         |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" (Comfort EZ Pen Needles)   | 2                     | GC                         |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" (pen needle, diabetic)                             | 2                     | GC                         |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE (insulin syringe-needle u-100)                               | 2                     | GC                         |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)                             | 2                     | GC                         |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)                      | 2                     | GC                         |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                        | 2                     | GC                         |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)          | 2                     | GC                         |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                     | GC                         |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)                           | 2                     | GC                         |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)       | 2                     | GC                         |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))                              | 2                     | GC                         |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                   | 2                     | GC                         |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                         | 2                     | GC                         |

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| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                            | GC                                 |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)       | 2                            | GC                                 |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)  | 2                            | GC                                 |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)         | 2                            | GC                                 |
| MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"   | 2                            | GC                                 |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)           | 2                            | GC                                 |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)           | 2                            | GC                                 |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                | 2                            | GC                                 |
| NOVOFINE 30 NEEDLE   | 2                            | GC                                 |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)                              | 2                            | GC                                 |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"   | 2                            | GC                                 |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"   | 2                            | GC                                 |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE                                    | 3                            | QL (1 per 365 days)                |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE   | 3                            | QL (10 per 30 days)                |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE                                    | 3                            | QL (1 per 365 days)                |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE                                      | 3                            | QL (10 per 30 days)                |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE                                      | 3                            | QL (10 per 30 days)                |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE                                    | 3                            | QL (1 per 365 days)                |
| OMNIPOD DASH PDM KIT (GEN 4)   | 3                            | QL (1 per 365 days)                |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE   | 3                            | QL (10 per 30 days)                |

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|--|------------------------------|------------------------------------|
| OMNIPOD GO PODS 10<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS 15<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS 20<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS 25<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS 30<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS 40<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                                  | 3                            | QL (10 per 30 days)                |
| OMNIPOD GO PODS<br>SUBCUTANEOUS CARTRIDGE  | 3                            | QL (10 per 30 days)                |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic)<br>NEEDLE SHORT 31 GAUGE X<br>5/16"          | 2                            | GC                                 |
| PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle)<br>30 GAUGE X 3/16"                          | 2                            | GC                                 |
| PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle)<br>GAUGE X 5/16"                         | 2                            | GC                                 |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic)<br>GAUGE X 5/16"                          | 2                            | GC                                 |
| PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips<br>NEEDLE 29 GAUGE X 1/2" Plus)             | 2                            | GC                                 |
| PEN NEEDLES 12MM 29G (pen needle, diabetic)<br>29GX12MM,STRL 29 GAUGE X<br>1/2"            | 2                            | GC                                 |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic)<br>GAUGE X 5/32"                             | 2                            | GC                                 |
| PEN NEEDLES 6MM 31G (1st Tier Unifine<br>31GX6MM, STRL 31 GAUGE X Pentips)<br>1/4"         | 2                            | GC                                 |
| PEN NEEDLES 8MM 31G (pen needle, diabetic)<br>31GX8MM,STRL,SHORT (OTC) 31<br>GAUGE X 5/16" | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| PENTIPS PEN NEEDLE 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"                  | 2                            | GC                                 |
| PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic)<br>MINI, 5MM 31 GAUGE X 3/16"      | 2                            | GC                                 |
| PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic)<br>SHORT, 8MM 31 GAUGE X 5/16"     | 2                            | GC                                 |
| PENTIPS PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                   | 2                            | GC                                 |
| PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"            | 2                            | GC                                 |
| PENTIPS PEN NEEDLE 6MM 31G (pen needle, diabetic)<br>31 GAUGE X 1/4"                   | 2                            | GC                                 |
| PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic)<br>GAUGE X 3/16"                    | 2                            | GC                                 |
| PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic)<br>GAUGE X 5/32"                    | 2                            | GC                                 |
| PREVENT PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"   | 2                            | GC                                 |
| PREVENT PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                                       | 2                            | GC                                 |
| PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)   | 2                            | GC                                 |
| PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100) | 2                            | GC                                 |
| PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100) | 2                            | GC                                 |
| PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle<br>ML 30 GAUGE X 1/2" u-100)       | 2                            | GC                                 |
| PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle<br>ML 30 GAUGE X 5/16 u-100)      | 2                            | GC                                 |
| PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)      | 2                            | GC                                 |
| PRO COMFORT PEN NDL (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"               | 2                            | GC                                 |
| PRO COMFORT PEN NDL 32G X (pen needle, diabetic)<br>1/4" 32 GAUGE X 1/4"               | 2                            | GC                                 |
| PRO COMFORT PEN NDL 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                 | 2                            | GC                                 |
| PRO COMFORT PEN NDL 5MM (pen needle, diabetic)<br>32G 32 GAUGE X 3/16"                 | 2                            | GC                                 |

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|--|-----------------------|----------------------------|
| PRODIGY INS SYR 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2"<br>(insulin syringe-needle u-100)      | 2                     | GC                         |
| PRODIGY SYRNG 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X 5/16"<br>(insulin syringe-needle u-100)  | 2                     | GC                         |
| PRODIGY SYRNGE 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X 5/16"<br>(insulin syringe-needle u-100) | 2                     | GC                         |
| PURE CMFT SFTY PEN NDL 31G<br>5MM 31 GAUGE X 3/16"<br>(pen needle, diabetic, safety)         | 2                     | GC                         |
| PURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"  | 2                     | GC                         |
| PURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"   | 2                     | GC                         |
| PURE COMFORT PEN NDL 32G<br>4MM 32 GAUGE X 5/32"<br>(pen needle, diabetic)                   | 2                     | GC                         |
| PURE COMFORT PEN NDL 32G<br>5MM 32 GAUGE X 3/16"<br>(pen needle, diabetic)                   | 2                     | GC                         |
| PURE COMFORT PEN NDL 32G<br>6MM 32 GAUGE X 1/4"<br>(pen needle, diabetic)                    | 2                     | GC                         |
| PURE COMFORT PEN NDL 32G<br>8MM 32 GAUGE X 5/16"<br>(pen needle, diabetic)                   | 2                     | GC                         |
| RAYA SURE PEN NEEDLE 29G<br>12MM 29 GAUGE X 15/32"   | 2                     | GC                         |
| RAYA SURE PEN NEEDLE 31G<br>4MM 31 GAUGE X 5/32"<br>(Comfort Touch Pen Needle)               | 2                     | GC                         |
| RAYA SURE PEN NEEDLE 31G<br>5MM 31 GAUGE X 13/64"  | 2                     | GC                         |
| RAYA SURE PEN NEEDLE 31G<br>6MM 31 GAUGE X 15/64"  | 2                     | GC                         |
| RELION INS SYR 0.3 ML<br>31GX6MM 0.3 ML 31 GAUGE X 15/64"<br>(BD Veo Insulin Syringe UF)     | 2                     | GC                         |
| RELION INS SYR 0.5 ML<br>31GX6MM 1/2 ML 31 GAUGE X 15/64"<br>(BD Veo Insulin Syringe UF)     | 2                     | GC                         |
| RELION INS SYR 1 ML<br>31GX15/64" 1 ML 31 GAUGE X 15/64"<br>(BD Veo Insulin Syringe UF)      | 2                     | GC                         |
| RELI-ON INSULIN 0.5 ML SYR<br>1/2 ML 29<br>(Ultilet Insulin Syringe)                         | 2                     | GC                         |

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|---|------------------------------|------------------------------------|
| RELI-ON INSULIN 1 ML SYR 1<br>ML 29 GAUGE X 7/16"                               | 2                            | GC                                 |
| RELION MINI PEN 31G X 1/4" (pen needle, diabetic)<br>NDL 31 GAUGE X 1/4"        | 2                            | GC                                 |
| RELION NEEDLES NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 1/4"                 | 2                            | GC                                 |
| RELION PEN NEEDLES NEEDLE (pen needle, diabetic)<br>32 GAUGE X 5/32"            | 2                            | GC                                 |
| SAFESNAP INS SYR UNITS-100<br>0.3 ML 30GX5/16",10X10 0.3 ML<br>30 GAUGE X 5/16" | 2                            | GC                                 |
| SAFESNAP INS SYR UNITS-100<br>0.5 ML 29GX1/2",10X10 0.5 ML 29<br>GAUGE X 1/2"   | 2                            | GC                                 |
| SAFESNAP INS SYR UNITS-100<br>0.5 ML 30GX5/16",10X10 0.5 ML<br>30 GAUGE X 5/16" | 2                            | GC                                 |
| SAFESNAP INS SYR UNITS-100 1<br>ML 28GX1/2",10X10 1 ML 28<br>GAUGE X 1/2"       | 2                            | GC                                 |
| SAFESNAP INS SYR UNITS-100 1<br>ML 29GX1/2",10X10 1 ML 29<br>GAUGE X 1/2"       | 2                            | GC                                 |
| SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO<br>31 GAUGE X 5/32" Safety Pen Ndl)   | 2                            | GC                                 |
| SAFETY PEN NEEDLE 5MM X (pen needle, diabetic,<br>31G 31 GAUGE X 3/16" safety)  | 2                            | GC                                 |
| SAFETY SYRINGE 0.5 ML 30G<br>1/2" 0.5 ML 30 GAUGE X 1/2"                        | 2                            | GC                                 |
| SECURES SAFE PEN NDL<br>30GX5/16" OUTER 30 GAUGE X<br>5/16"                     | 2                            | GC                                 |
| SECURES SAFE SYR 0.5 ML 29G<br>1/2" OUTER 0.5 ML 29 GAUGE X<br>1/2"             | 2                            | GC                                 |
| SECURES SAFE SYRNG 1 ML 29G<br>1/2" OUTER 1 ML 29 GAUGE X<br>1/2"               | 2                            | GC                                 |
| SKY SAFETY PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"                               | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| SKY SAFETY PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"   | 2                            | GC                                 |
| SM ULT CFT 0.3 ML<br>31GX5/16(1/2) 0.3 ML 31 GAUGE<br>X 5/16"   | 2                            | GC                                 |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)  | 1                            | GC                                 |
| SURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"   | 2                            | GC                                 |
| SURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  | 2                            | GC                                 |
| NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)   | 2                            | GC                                 |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"  | 2                            | GC                                 |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                            | GC                                 |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                                   | 2                            | GC                                 |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                            | GC                                 |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)   | 2                            | GC                                 |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)   | 2                            | GC                                 |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)   | 2                            | GC                                 |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)  | 2                            | GC                                 |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)   | 2                            | GC                                 |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)  | 2                            | GC                                 |

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|---|-----------------------------------|------------------------------|------------------------------------|
| SURE COMFORT PEN NDL 31G<br>8MM 31 GAUGE X 5/16"  | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE COMFORT PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE COMFORT PEN NDL 32G<br>6MM 32 GAUGE X 1/4"   | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE-FINE PEN NEEDLES<br>12.7MM 29 GAUGE X 1/2"   | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE-FINE PEN NEEDLES 5MM<br>31 GAUGE X 3/16"   | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE-FINE PEN NEEDLES 8MM<br>31 GAUGE X 5/16"   | (pen needle, diabetic)            | 2                            | GC                                 |
| SURE-JECT INSU SYR U100 0.3<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 30 GAUGE X 5/16"                            | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| SURE-JECT INSU SYR U100 0.5<br>ML 0.5 ML 29 GAUGE X 1/2", 0.5<br>ML 30 GAUGE X 5/16", 1/2 ML 28<br>GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| SURE-JECT INSU SYR U100 1 ML<br>1 ML 28 GAUGE X 1/2"  | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| SURE-JECT INSUL SYR U100 1<br>ML 1 ML 29 GAUGE X 1/2", 1 ML<br>30 GAUGE X 5/16                                  | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| SURE-JECT INSULIN SYRINGE 1<br>ML 1 ML 31 GAUGE X 5/16  | (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| TECHLITE 0.3 ML 29GX12MM<br>(1/2) 0.3 ML 29 GAUGE X 1/2"  |                                   | 2                            | GC                                 |
| TECHLITE 0.3 ML 30GX12MM<br>(1/2) 0.3 ML 30 GAUGE X 1/2"  |                                   | 2                            | GC                                 |
| TECHLITE 0.3 ML 30GX8MM<br>(1/2) 0.3 ML 30 GAUGE X 5/16"  |                                   | 2                            | GC                                 |
| TECHLITE 0.3 ML 31GX6MM<br>(1/2) 0.3 ML 31 GAUGE X 15/64"   |                                   | 2                            | GC                                 |
| TECHLITE 0.3 ML 31GX8MM<br>(1/2) 0.3 ML 31 GAUGE X 5/16"  |                                   | 2                            | GC                                 |
| TECHLITE 0.5 ML 29GX12MM<br>(1/2) 0.5 ML 29 GAUGE X 1/2"  |                                   | 2                            | GC                                 |
| TECHLITE 0.5 ML 30GX12MM<br>(1/2) 0.5 ML 30 GAUGE X 1/2"  |                                   | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| TECHLITE 0.5 ML 30GX8MM<br>(1/2) 0.5 ML 30 GAUGE X 5/16"                                     | 2                            | GC                                 |
| TECHLITE 0.5 ML 31GX6MM<br>(1/2) 0.5 ML 31 GAUGE X 15/64"                                    | 2                            | GC                                 |
| TECHLITE 0.5 ML 31GX8MM<br>(1/2) 0.5 ML 31 GAUGE X 5/16"                                     | 2                            | GC                                 |
| TECHLITE INS SYR 1 ML<br>29GX12MM 1 ML 29 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| TECHLITE INS SYR 1 ML<br>30GX12MM 1 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)  | 2                            | GC                                 |
| TECHLITE INS SYR 1 ML<br>30GX8MM 1 ML 30 GAUGE X<br>5/16 (insulin syringe-needle<br>u-100)   | 2                            | GC                                 |
| TECHLITE INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100) | 2                            | GC                                 |
| TECHLITE INS SYR 1 ML<br>31GX8MM 1 ML 31 GAUGE X<br>5/16 (insulin syringe-needle<br>u-100)   | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)                       | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>29GX3/8" 29 GAUGE X 3/8"  | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)                       | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)                     | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)                     | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)                       | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)                     | 2                            | GC                                 |
| TECHLITE PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)                     | 2                            | GC                                 |
| TECHLITE PLUS PEN NDL 32G<br>4MM 32 GAUGE X 5/32" (pen needle, diabetic)                     | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| TERUMO INS SYRINGE U100-1 (insulin syringe-needle u-100)<br>ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"       | 2                            | GC                                 |
| TERUMO INS SYRINGE U100-1 (Thinpro Insulin Syringe)<br>ML 1 ML 30 GAUGE X 3/8"  | 2                            | GC                                 |
| TERUMO INS SYRINGE U100-1/2 (insulin syringe-needle u-100)<br>ML 1/2 ML 30 X 3/8"   | 2                            | GC                                 |
| TERUMO INS SYRINGE U100-1/3 (insulin syringe-needle u-100)<br>ML 0.3 ML 30 X 3/8"   | 2                            | GC                                 |
| TERUMO INS SYRNG U100-1/2 (insulin syringe-needle u-100)<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 2                            | GC                                 |
| THINPRO INS SYRIN U100-0.3 (insulin syringe-needle u-100)<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"                              | 2                            | GC                                 |
| THINPRO INS SYRIN U100-0.3<br>ML 0.3 ML 31 X 3/8"   | 2                            | GC                                 |
| THINPRO INS SYRIN U100-0.5 (insulin syringe-needle u-100)<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"      | 2                            | GC                                 |
| THINPRO INS SYRIN U100-0.5<br>ML 0.5 ML 31 X 3/8"   | 2                            | GC                                 |
| THINPRO INS SYRIN U100-1 ML (insulin syringe-needle u-100)<br>1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"        | 2                            | GC                                 |
| THINPRO INS SYRIN U100-1 ML<br>1 ML 31 X 3/8"   | 2                            | GC                                 |
| TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic)<br>31 GAUGE X 1/4"  | 2                            | GC                                 |
| TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic)<br>31 GAUGE X 5/16"  | 2                            | GC                                 |

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|--|-------------------------------------|----------------------------|
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100)<br>2 | GC                         |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | GC                         |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | GC                         |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"  | 2                                   | GC                         |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"  | (pen needle, diabetic, safety)<br>2 | GC                         |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"   | 2                                   | GC                         |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"  | 2                                   | GC                         |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"  | 2                                   | GC                         |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"  | 2                                   | GC                         |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | GC                         |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | GC                         |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"  | (pen needle, diabetic)<br>2         | GC                         |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"  | (pen needle, diabetic)<br>2         | GC                         |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"   | (pen needle, diabetic)<br>2         | GC                         |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"  | (pen needle, diabetic)<br>2         | GC                         |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"   | (pen needle, diabetic)<br>2         | GC                         |

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|---|------------------------------|------------------------------------|
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                  | 2                            | GC                                 |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)                  | 2                            | GC                                 |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)                  | 2                            | GC                                 |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)                   | 2                            | GC                                 |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                            | GC                                 |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)   | 2                            | GC                                 |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)   | 2                            | GC                                 |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"                                 | 2                            | GC                                 |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"                                  | 2                            | GC                                 |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                            | GC                                 |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"                                 | 2                            | GC                                 |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"                                 | 2                            | GC                                 |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)                   | 2                            | GC                                 |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                   | 2                            | GC                                 |
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                   | 2                            | GC                                 |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)                 | 2                            | GC                                 |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)                 | 2                            | GC                                 |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                            | GC                                 |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)  | 2                            | GC                                 |

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|--|-------------------------------------|----------------------------|
| TRUEPLUS SYR 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"  | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 0.5 ML 28GX1/2"<br>1/2 ML 28 GAUGE X 1/2"       | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 0.5 ML 29GX1/2"<br>0.5 ML 29 GAUGE X 1/2"       | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"  | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"  | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 1 ML 28GX1/2" 1<br>ML 28 GAUGE X 1/2"           | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 1 ML 29GX1/2" 1<br>ML 29 GAUGE X 1/2"           | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 1 ML 30GX5/16"<br>1 ML 30 GAUGE X 5/16          | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| TRUEPLUS SYR 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16          | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| ULTICAR INS 0.3 ML<br>31GX1/4(1/2) 0.3 ML 31 GAUGE X<br>1/4" | (insulin syr/ndl u100<br>half mark) | 2<br>GC                    |
| ULTICARE INS 1 ML 31GX1/4" 1<br>ML 31 GAUGE X 1/4"           | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| ULTICARE INS SYR 0.3 ML 30G<br>8MM 0.3 ML 30 GAUGE X 5/16"   | (Advocate Syringes)                 | 2<br>GC                    |
| ULTICARE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X 1/4"    | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| ULTICARE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"   | (Advocate Syringes)                 | 2<br>GC                    |
| ULTICARE INS SYR 0.5 ML 31G<br>6MM 1/2 ML 31 GAUGE X 1/4"    | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| ULTICARE INS SYR 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"       | (insulin syringe-needle<br>u-100)   | 2<br>GC                    |
| ULTICARE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"            | (pen needle, diabetic)              | 2<br>GC                    |
| ULTICARE PEN NEEDLE 6MM<br>31G 31 GAUGE X 1/4"               | (pen needle, diabetic)              | 2<br>GC                    |

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|--|------------------------------|------------------------------------|
| ULTICARE PEN NEEDLE 8MM (pen needle, diabetic)<br>31G 31 GAUGE X 5/16"                               | 2                            | GC                                 |
| ULTICARE PEN NEEDLES 12MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                              | 2                            | GC                                 |
| ULTICARE PEN NEEDLES 4MM (pen needle, diabetic)<br>32G MICRO, 32GX4MM 32<br>GAUGE X 5/32"            | 2                            | GC                                 |
| ULTICARE PEN NEEDLES 6MM (pen needle, diabetic)<br>32G 32 GAUGE X 1/4"                               | 2                            | GC                                 |
| ULTICARE SAFE PEN NDL 30G<br>8MM 30 GAUGE X 5/16"  | 2                            | GC                                 |
| ULTICARE SAFE PEN NDL 5MM<br>30G 30 GAUGE X 3/16"  | 2                            | GC                                 |
| ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin<br>12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)                | 2                            | GC                                 |
| ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle<br>0.3 ML 30 GAUGE X 1/2" u-100)                | 2                            | GC                                 |
| ULTICARE SYR 0.3 ML (insulin syringe-needle<br>31GX5/16" SHORT NDL 0.3 ML 31 u-100)<br>GAUGE X 5/16" | 2                            | GC                                 |
| ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)                | 2                            | GC                                 |
| ULTICARE SYR 0.5 ML (insulin syringe-needle<br>31GX5/16" SHORT NDL 0.5 ML 31 u-100)<br>GAUGE X 5/16" | 2                            | GC                                 |
| ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)                   | 2                            | GC                                 |
| ULTIGUARD SAFE 1 ML 30G<br>12.7MM 1 ML 30 X 1/2"   | 2                            | GC                                 |
| ULTIGUARD SAFE PACK 32G<br>4MM 32 GAUGE X 5/32"  | 2                            | GC                                 |
| ULTIGUARD SAFE0.3 ML 30G<br>12.7MM 0.3 ML 30 X 1/2"  | 2                            | GC                                 |
| ULTIGUARD SAFE0.5 ML 30G<br>12.7MM 1/2 ML 30 X 1/2"  | 2                            | GC                                 |
| ULTIGUARD SAFEPACK 1 ML<br>31G 8MM 1 ML 31 X 5/16"   | 2                            | GC                                 |
| ULTIGUARD SAFEPACK 29G<br>12.7MM 29 GAUGE X 1/2"   | 2                            | GC                                 |
| ULTIGUARD SAFEPACK 31G<br>5MM 31 GAUGE X 3/16"   | 2                            | GC                                 |

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|---|-------------------------------------|------------------------------------|
| ULTIGUARD SAFEPACK 31G<br>6MM 31 GAUGE X 1/4"   | 2                                   | GC                                 |
| ULTIGUARD SAFEPACK 31G<br>8MM 31 GAUGE X 5/16"  | 2                                   | GC                                 |
| ULTIGUARD SAFEPACK 32G<br>6MM 32 GAUGE X 1/4"   | 2                                   | GC                                 |
| ULTIGUARD SAFEPK 0.3 ML 31G<br>8MM 0.3 ML 31 X 5/16"  | 2                                   | GC                                 |
| ULTIGUARD SAFEPK 0.5 ML 31G<br>8MM 1/2 ML 31 X 5/16"  | 2                                   | GC                                 |
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16           | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTILET PEN NEEDLE 29 GAUGE   | 2                                   | GC                                 |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"   | (pen needle, diabetic)<br>2         | GC                                 |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"                                    | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"  | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE  | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16   | (insulin syringe-needle u-100)<br>2 | GC                                 |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"   | (insulin syringe-needle u-100)<br>2 | GC                                 |

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|---|------------------------------|------------------------------------|
| ULTRA FLO 0.3 ML 30G 1/2" (1/2)<br>0.3 ML 30 GAUGE X 1/2"                                   | 2                            | GC                                 |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2)<br>0.3 ML 30 GAUGE X 5/16"                                  | 2                            | GC                                 |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2)<br>0.3 ML 31 GAUGE X 5/16"                                  | 2                            | GC                                 |
| ULTRA FLO PEN NEEDLE 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                     | 2                            | GC                                 |
| ULTRA FLO PEN NEEDLE 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                     | 2                            | GC                                 |
| ULTRA FLO PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                     | 2                            | GC                                 |
| ULTRA FLO PEN NEEDLE 33G (pen needle, diabetic)<br>4MM 33 GAUGE X 5/32"                     | 2                            | GC                                 |
| ULTRA FLO PEN NEEDLES (pen needle, diabetic)<br>12MM 29G 29 GAUGE X 1/2"                    | 2                            | GC                                 |
| ULTRA FLO SYR 0.3 ML (insulin syringe-needle<br>29GX1/2" 0.3 ML 29 GAUGE X u-100)<br>1/2"   | 2                            | GC                                 |
| ULTRA FLO SYR 0.3 ML 30G (insulin syringe-needle<br>5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16" | 2                            | GC                                 |
| ULTRA FLO SYR 0.3 ML 31G (insulin syringe-needle<br>5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16" | 2                            | GC                                 |
| ULTRA FLO SYR 0.5 ML 29G 1/2" (insulin syringe-needle<br>0.5 ML 29 GAUGE X u-100)<br>1/2"   | 2                            | GC                                 |
| ULTRA THIN PEN NDL 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                     | 2                            | GC                                 |
| ULTRACARE INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16" | 2                            | GC                                 |
| ULTRACARE INS 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16" | 2                            | GC                                 |
| ULTRACARE INS 0.5 ML (insulin syringe-needle<br>30GX1/2" 0.5 ML 30 GAUGE X u-100)<br>1/2"   | 2                            | GC                                 |
| ULTRACARE INS 0.5 ML (insulin syringe-needle<br>30GX5/16" 0.5 ML 30 GAUGE X u-100)<br>5/16" | 2                            | GC                                 |

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|--|----------------------------------|------------------------------------|
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16    | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"       | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16    | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"          | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"        | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"        | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"          | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"        | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"        | (pen needle, diabetic) 2         | GC                                 |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"        | (pen needle, diabetic) 2         | GC                                 |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16      | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"   | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"   | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"    | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"   | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"   | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"    | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16    | (insulin syringe-needle u-100) 2 | GC                                 |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"         | (pen needle, diabetic) 2         | GC                                 |

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|---|------------------------------|------------------------------------|
| ULTRA-THIN II PEN NDL (pen needle, diabetic)<br>31GX5/16 31 GAUGE X 5/16"                   | 2                            | GC                                 |
| UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                       | 2                            | GC                                 |
| UNIFINE PENTIPS 12MM 29G (pen needle, diabetic)<br>29GX12MM, STRL 29 GAUGE X<br>1/2"        | 2                            | GC                                 |
| UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic)<br>31GX5MM,STRL,MINI 31 GAUGE<br>X 3/16"   | 2                            | GC                                 |
| UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic)<br>GAUGE X 1/4"                          | 2                            | GC                                 |
| UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic)<br>32GX4MM, STRL, NANO 32<br>GAUGE X 5/32" | 2                            | GC                                 |
| UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic)<br>GAUGE X 5/32"                        | 2                            | GC                                 |
| UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic)<br>GAUGE X 1/4"                           | 2                            | GC                                 |
| UNIFINE PENTIPS MAX (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                    | 2                            | GC                                 |
| UNIFINE PENTIPS NEEDLES 29G<br>29 GAUGE   | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>29GX1/2" 12MM 29 GAUGE X 1/2"                | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                   | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX1/4" ULTRA SHORT, 6MM<br>31 GAUGE X 1/4" | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX3/16" MINI 31 GAUGE X<br>3/16"           | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX5/16" SHORT 31 GAUGE X<br>5/16"          | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                   | 2                            | GC                                 |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>33GX5/32" 33 GAUGE X 5/32"                   | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"   | 2                            | GC                                 |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"   | 2                            | GC                                 |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"   | 2                            | GC                                 |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"   | 2                            | GC                                 |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"   | 2                            | GC                                 |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                        | 2                            | GC                                 |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)                         | 2                            | GC                                 |
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                        | 2                            | GC                                 |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"   | 2                            | GC                                 |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                      | 2                            | GC                                 |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)                       | 2                            | GC                                 |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                      | 2                            | GC                                 |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                      | 2                            | GC                                 |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                            | GC                                 |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"                                       | 2                            | GC                                 |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)           | 2                            | GC                                 |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)         | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)                        | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                        | 2                            | GC                                 |

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|--|------------------------------|------------------------------------|
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)                   | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)                     | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                  | 2                            | GC                                 |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"                        | 2                            | GC                                 |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                            | GC                                 |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)     | 2                            | GC                                 |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                            | GC                                 |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                            | GC                                 |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "                                | 1                            | GC                                 |
| V-GO 20 DEVICE   | 3                            | QL (30 per 30 days)                |
| V-GO 30 DEVICE   | 3                            | QL (30 per 30 days)                |
| V-GO 40 DEVICE   | 3                            | QL (30 per 30 days)                |
| <b>Preparaciones De Reemplazo</b>  |                              |                                    |
| <b>Preparaciones De Reemplazo</b>  |                              |                                    |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>                           | 2                            | GC                                 |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>                  | 2                            | GC                                 |

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|---|------------------------------|------------------------------------|
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>  | 2                            | GC                                 |
| <i>electrolyte-148 intravenous parenteral solution</i>  | 4                            |                                    |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE  | 4                            |                                    |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION  | 4                            |                                    |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %   | 4                            |                                    |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)                                   | 2                            | GC                                 |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)                                   | 2                            | GC                                 |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)                                   | 2                            | GC                                 |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>   | 2                            | GC                                 |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>      | 2                            | GC                                 |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2                            | GC                                 |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>  | 4                            |                                    |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>   | 2                            | GC                                 |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION  | 4                            |                                    |
| PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION   | 4                            |                                    |
| <i>potassium chloride intravenous solution 2 meq/ml</i>   | 1                            | PA BvD; GC                         |

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|---|------------------------------|------------------------------------|
| <i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>                       | 2                            | PA BvD; GC                         |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                | 2                            | GC                                 |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                      | 4                            |                                    |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)           | 2                            | GC                                 |
| <i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)                 | 2                            | GC                                 |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)             | 2                            | GC                                 |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)    | 2                            | GC                                 |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)    | 2                            | GC                                 |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)    | 2                            | GC                                 |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>        | 2                            | GC                                 |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2                            | GC                                 |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)            | 2                            | GC                                 |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)     | 2                            | GC                                 |
| <i>potassium cl 10 meq/5 ml conc sdv,p/f,outer 2 meq/ml</i>                           | 2                            | PA BvD; GC                         |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>                  | 2                            | GC                                 |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                          | 2                            | GC                                 |
| <i>sodium chloride 0.9% solution mini-bag, single use</i>                             | 2                            | GC                                 |
| <b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b>                       |                              |                                    |
| <b>Agentes Hematológicos, Varios</b>  |                              |                                    |

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|--|------------------------------|------------------------------------|
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML  | 5                            | PA; NDS                            |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                                      | 2                            | GC                                 |
| <i>anagrelide oral capsule 1 mg</i>  | 2                            | GC                                 |
| CABLIVI INJECTION KIT 11 MG  | 5                            | PA; NDS; QL (30 per 30 days)       |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG   | 4                            |                                    |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML   | 5                            | PA; NDS                            |
| <i>protamine intravenous solution 10 mg/ml</i>                                       | 2                            | GC                                 |
| TAVALISSE ORAL TABLET 100 MG, 150 MG   | 5                            | PA; NDS; QL (60 per 30 days)       |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron) | 2                            | GC                                 |
| <i>tranexamic acid oral tablet 650 mg</i>  | 2                            | GC                                 |
| <b>Anticoagulantes</b>   |                              |                                    |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)             | 4                            | QL (60 per 30 days)                |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                 | 3                            |                                    |
| ELIQUIS ORAL TABLET 2.5 MG   | 3                            | QL (60 per 30 days)                |
| ELIQUIS ORAL TABLET 5 MG   | 3                            | QL (74 per 30 days)                |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)                        | 2                            | GC; QL (30 per 30 days)            |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)                | 2                            | GC; QL (60 per 30 days)            |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)         | 2                            | GC; QL (48 per 30 days)            |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)                        | 2                            | GC; QL (18 per 30 days)            |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)                        | 2                            | GC; QL (24 per 30 days)            |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)                        | 2                            | GC; QL (36 per 30 days)            |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)                      | 5                            | NDS; QL (24 per 30 days)           |

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|--|------------------------------|------------------------------------|
| <i>fondaparinux subcutaneous syringe</i> (Arixtra)<br>2.5 mg/0.5 ml  | 2                            | GC; QL (15 per 30 days)            |
| <i>fondaparinux subcutaneous syringe</i> 5 (Arixtra)<br>mg/0.4 ml  | 5                            | NDS; QL (12 per 30 days)           |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra)<br>7.5 mg/0.6 ml  | 5                            | NDS; QL (18 per 30 days)           |
| <i>heparin (porcine) injection cartridge</i><br>5,000 unit/ml (1 ml)   | 2                            | GC                                 |
| <i>heparin (porcine) injection solution</i><br>1,000 unit/ml, 10,000 unit/ml, 20,000<br>unit/ml, 5,000 unit/ml | 2                            | GC                                 |
| <i>heparin, porcine (pf) injection</i><br>solution 1,000 unit/ml   | 2                            | GC                                 |
| <i>heparin, porcine (pf) injection</i><br>syringe 5,000 unit/0.5 ml, 5,000<br>unit/ml                          | 2                            | GC                                 |
| <i>jantoven oral tablet</i> 1 mg, 10 mg, 2 (warfarin)<br>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br>7.5 mg         | 1                            | GC                                 |
| <i>warfarin oral tablet</i> 1 mg, 10 mg, 2 (Jantoven)<br>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br>7.5 mg         | 1                            | GC                                 |
| XARELTO DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE<br>PACK 15 MG (42)- 20 MG (9)                              | 3                            |                                    |
| XARELTO ORAL SUSPENSION<br>FOR RECONSTITUTION 1<br>MG/ML   | 3                            | QL (600 per 30 days)               |
| XARELTO ORAL TABLET 10 MG,<br>20 MG  | 3                            | QL (30 per 30 days)                |
| XARELTO ORAL TABLET 15 MG,<br>2.5 MG   | 3                            | QL (60 per 30 days)                |
| <b>Inhibidores De Agregación De<br/>Plaquetas</b>  |                              |                                    |
| <i>aspirin-dipyridamole oral capsule, er</i><br><i>multiphase</i> 12 hr 25-200 mg                              | 2                            | GC; QL (60 per 30 days)            |
| BRILINTA ORAL TABLET 60 MG,<br>90 MG   | 3                            |                                    |
| <i>cilostazol oral tablet</i> 100 mg, 50 mg  | 2                            | GC                                 |
| <i>clopidogrel oral tablet</i> 75 mg (Plavix)  | 1                            | GC                                 |

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| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                   | 2                            | PA-HRM; GC; AGE (Max 64 Years)     |
| <i>pentoxifylline oral tablet extended release 400 mg</i>             | 2                            | GC                                 |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)                    | 2                            | GC; QL (30 per 30 days)            |
| <b>Modificadores De Formación De Sangre</b>                           |                              |                                    |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                          | 5                            | PA; NDS; QL (60 per 30 days)       |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                        | 5                            | PA; NDS                            |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG                              | 5                            | PA; NDS; QL (60 per 30 days)       |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG                              | 5                            | PA; NDS; QL (60 per 30 days)       |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG                              | 5                            | PA; NDS; QL (60 per 30 days)       |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | 5                            | PA; NDS                            |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | 5                            | PA; NDS                            |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML               | 5                            | PA; NDS                            |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML            | 5                            | PA; NDS                            |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT                           | 5                            | PA; NDS; QL (30 per 30 days)       |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT                           | 5                            | PA; NDS; QL (20 per 30 days)       |
| LEUKINE INJECTION RECON SOLN 250 MCG                                  | 5                            | NDS                                |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)    | 5                            | NDS                                |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5                            | PA; NDS                            |

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|---|------------------------------|------------------------------------|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML  | 5                            | PA; NDS                            |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5                            | PA; NDS                            |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG  | 5                            | PA; NDS                            |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5                            | PA; NDS                            |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil)   | 5                            | NDS                                |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG  | 5                            | PA; NDS; QL (90 per 30 days)       |
| PROMACTA ORAL POWDER IN PACKET 25 MG  | 5                            | PA; NDS; QL (180 per 30 days)      |
| PROMACTA ORAL TABLET 12.5 MG  | 5                            | PA; NDS; QL (90 per 30 days)       |
| PROMACTA ORAL TABLET 25 MG  | 5                            | PA; NDS; QL (30 per 30 days)       |
| PROMACTA ORAL TABLET 50 MG, 75 MG   | 5                            | PA; NDS; QL (60 per 30 days)       |
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML   | 5                            | PA; NDS                            |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML   | 5                            | PA; NDS                            |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3                            | PA; QL (12 per 28 days)            |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | 3                            | PA; QL (4 per 28 days)             |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML  | 5                            | PA; NDS                            |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5                            | PA; NDS                            |

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|--|------------------------------|------------------------------------|
| UDENYCA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 6 MG/0.6 ML   | 5                            | PA; NDS                            |
| UDENYCA ONBODY<br>SUBCUTANEOUS SYRINGE, W/<br>WEARABLE INJECTOR 6 MG/0.6<br>ML   | 5                            | PA; NDS                            |
| UDENYCA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML  | 5                            | PA; NDS                            |
| ZARXIO INJECTION SYRINGE<br>300 MCG/0.5 ML, 480 MCG/0.8 ML   | 5                            | PA; NDS                            |
| ZIEXTENZO SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML  | 5                            | PA; NDS                            |
| <b>Reemplazo/Modificadores De<br/>Enzima</b>   |                              |                                    |
| <b>Reemplazo/Modificadores De<br/>Enzima</b>   |                              |                                    |
| ALDURAZYME INTRAVENOUS<br>SOLUTION 2.9 MG/5 ML   | 5                            | NDS                                |
| CERDELGA ORAL CAPSULE 84<br>MG   | 5                            | PA; NDS                            |
| CEREZYME INTRAVENOUS<br>RECON SOLN 400 UNIT  | 5                            | NDS                                |
| CREON ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000 -<br>60,000 UNIT, 24,000-76,000 -<br>120,000 UNIT, 3,000-9,500- 15,000<br>UNIT, 36,000-114,000- 180,000<br>UNIT, 6,000-19,000 -30,000 UNIT | 3                            |                                    |
| ELAPRASE INTRAVENOUS<br>SOLUTION 6 MG/3 ML   | 5                            | NDS                                |
| ELFABRIO INTRAVENOUS<br>SOLUTION 2 MG/ML   | 5                            | PA; NDS                            |
| ELITEK INTRAVENOUS RECON<br>SOLN 1.5 MG, 7.5 MG  | 5                            | NDS                                |
| FABRAZYME INTRAVENOUS<br>RECON SOLN 35 MG, 5 MG  | 5                            | PA; NDS                            |
| GALAFOLD ORAL CAPSULE 123<br>MG  | 5                            | PA; NDS; QL (14 per 28<br>days)    |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)   | 5                            | PA; NDS                            |

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|--|------------------------------|------------------------------------|
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML  | 5                            | PA; NDS                            |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML   | 5                            | PA BvD; NDS                        |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML  | 5                            | PA; NDS                            |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                                     | 5                            | PA; NDS; QL (90 per 30 days)       |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML   | 5                            | NDS                                |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)                  | 5                            | PA; NDS                            |
| ORFADIN ORAL SUSPENSION 4 MG/ML  | 5                            | PA; NDS                            |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML                | 5                            | PA; NDS                            |
| PULMOZYME INHALATION SOLUTION 1 MG/ML  | 5                            | PA BvD; NDS                        |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | 5                            | PA; NDS                            |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)                          | 5                            | PA; NDS                            |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 5                            | PA; LA; NDS                        |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)                                   | 5                            | PA; NDS                            |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT  | 5                            | NDS                                |
| <i>yargesa oral capsule 100 mg</i> (miglustat)                                     | 5                            | PA; NDS; QL (90 per 30 days)       |

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|---|-----------------------|---|
| ZENPEP ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -<br>42,000 UNIT, 15,000-47,000 -63,000<br>UNIT, 20,000-63,000- 84,000 UNIT,<br>25,000-79,000- 105,000 UNIT,<br>3,000-10,000 -14,000-UNIT, 40,000-<br>126,000- 168,000 UNIT, 5,000-<br>17,000- 24,000 UNIT, 60,000-<br>189,600- 252,600 UNIT | 3                     |   |
| <b>Relajantes Musculares<br/>Esqueléticos</b>   |                       |   |
| <b>Relajantes Musculares Esqueléticos</b>   |                       |   |
| <i>baclofen oral tablet 10 mg, 15 mg, 20<br/>mg, 5 mg</i>   | 2                     | GC  |
| <i>chlorzoxazone oral tablet 250 mg</i>   | 5                     | PA-HRM; NDS; QL<br>(120 per 30 days); AGE<br>(Max 64 Years) |
| <i>chlorzoxazone oral tablet 500 mg</i>   | 2                     | PA-HRM; GC; AGE<br>(Max 64 Years)                           |
| <i>chlorzoxazone oral tablet 750 mg</i> (Lorzone)   | 4                     | PA-HRM; QL (120 per<br>30 days); AGE (Max 64<br>Years)      |
| <i>cyclobenzaprine oral tablet 10 mg, 5<br/>mg</i>  | 1                     | PA-HRM; GC; AGE<br>(Max 64 Years)                           |
| <i>dantrolene oral capsule 100 mg, 50<br/>mg</i>  | 4                     |   |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)   | 4                     |   |
| <i>methocarbamol oral tablet 500 mg,<br/>750 mg</i>   | 2                     | PA-HRM; GC; AGE<br>(Max 64 Years)                           |
| <i>revonto intravenous recon soln 20</i> (dantrolene)<br><i>mg</i>  | 2                     | GC  |
| <i>tizanidine oral tablet 2 mg</i>  | 2                     | GC  |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)   | 2                     | GC  |
| <b>Vitaminas Y Minerales</b>  |                       |   |
| <b>Vitaminas Y Minerales</b>  |                       |   |
| <i>bal-care dha combo pack 27-1-430<br/>mg</i>  | 2                     | GC  |
| <i>bal-care dha essential pack 27 mg<br/>iron-1 mg -374 mg</i>  | 2                     | GC  |

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|--|------------------------------|------------------------------------|
| <i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>   | 2                            | GC                                 |
| <i>completenate tablet chew 29 mg iron-1 mg</i>  | 2                            | GC                                 |
| <i>folivane-ob capsule 85-1 mg</i>   | 2                            | GC                                 |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>  | 2                            | GC                                 |
| <i>marnatal-f capsule 60 mg iron-1 mg</i>  | 2                            | GC                                 |
| <i>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>                             | 2                            | GC                                 |
| <i>mynatal advance oral tablet 90-1-50 mg</i>  | 2                            | GC                                 |
| <i>mynatal capsule 65 mg iron- 1 mg</i>  | 2                            | GC                                 |
| <i>mynatal oral tablet 90-1-50 mg</i>  | 2                            | GC                                 |
| <i>mynatal plus captab 65 mg iron- 1 mg</i>  | 2                            | GC                                 |
| <i>mynatal-z captab 65 mg iron- 1 mg</i>   | 2                            | GC                                 |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>                                       | 2                            | GC                                 |
| <i>newgen tablet 32-1,000 mg-mcg</i>   | 2                            | GC                                 |
| <i>niva-plus tablet 27 mg iron- 1 mg</i>   | 2                            | GC                                 |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>  | 2                            | GC                                 |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>                            | 2                            | GC                                 |
| <i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i>  | 2                            | GC                                 |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>   | 2                            | GC                                 |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i> | 2                            | GC                                 |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>   | 2                            | GC                                 |
| <i>pnv-omega softgel 28-1-300 mg</i>   | 2                            | GC                                 |
| <i>pr natal 400 combo pack 29-1-400 mg</i>   | 2                            | GC                                 |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i>  | 2                            | GC                                 |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>   | 2                            | GC                                 |

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|--|----------------------------------|------------------------------------|----|
| <i>pr natal 430 ec combo pack 29-1-430 mg</i>                              | 2                                | GC                                 |    |
| <i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>                     | 2                                | GC                                 |    |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                         | 2                                | GC                                 |    |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i>                       | 2                                | GC                                 |    |
| <i>prenatabs fa tablet 29-1 mg</i>   | 2                                | GC                                 |    |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>      | 2                                | GC                                 |    |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>                        | 2                                | GC                                 |    |
| <i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>                      | 2                                | GC                                 |    |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>                     | (pnv,calcium 72-iron,carb-folic) | 2                                  | GC |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>         | (pnv,calcium 72-iron-folic acid) | 2                                  | GC |
| <i>prenatal-u capsule 106.5-1 mg</i>                                       |                                  | 2                                  | GC |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>                | (pnv,calcium 72-iron-folic acid) | 2                                  | GC |
| <i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>                               |                                  | 2                                  | GC |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>                          |                                  | 2                                  | GC |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                          |                                  | 2                                  | GC |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                          |                                  | 2                                  | GC |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>                        |                                  | 2                                  | GC |
| <i>taron-c dha capsule 35-1-200 mg</i>                                     |                                  | 2                                  | GC |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> |                                  | 2                                  | GC |
| <i>triveen-duo dha combo pack 29-1-400 mg</i>                              |                                  | 2                                  | GC |
| <i>vinate care oral tablet,chewable 40 mg iron- 1 mg</i>                   |                                  | 2                                  | GC |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i>                                 |                                  | 2                                  | GC |

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|---|------------------------------|------------------------------------|
| <i>virt-nate dha softgel 28 mg iron-1 mg<br/>-200 mg</i>        | 2                            | GC                                 |
| <i>virt-pn dha softgel (rx) 27 mg iron-1<br/>mg -300 mg</i>     | 2                            | GC                                 |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i>                    | 2                            | GC                                 |
| <i>vitafol gummies 3.33 mg iron- 0.33<br/>mg</i>                | 2                            | GC                                 |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i>                     | 2                            | GC                                 |
| <i>vitafol-ob+dha combo pack 65-1-250<br/>mg</i>                | 2                            | GC                                 |
| <i>vp-ch-pnv oral capsule 30 mg iron-1<br/>mg -50 mg-260 mg</i> | 2                            | GC                                 |
| <i>vp-pnv-dha softgel (rx) 28 mg iron- 1<br/>mg-200 mg</i>      | 2                            | GC                                 |
| <i>zatean-pn dha capsule 27 mg iron-1<br/>mg -300 mg</i>        | 2                            | GC                                 |
| <i>zatean-pn plus softgel 28-1-300 mg</i>                       | 2                            | GC                                 |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1<br/>mg-100 mg</i>        | 2                            | GC                                 |

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## ÍNDICE

|   |   |   |
|---|---|---|
| <p><b>1</b><br/> <b>1ST TIER UNIFINE PENTIPS</b><br/> ..... 148, 149<br/> <b>1ST TIER UNIFINE PENTIPS PLUS</b><br/> ..... 149<br/> <b>A</b><br/> <i>abacavir</i>..... 142<br/> <i>abacavir-lamivudine</i>..... 142<br/> <b>ABELCET</b>..... 138<br/> <b>ABILIFY ASIMTUFII</b>..... 33<br/> <b>ABILIFY MAINTENA</b>..... 34<br/> <i>abiraterone</i>..... 3<br/> <b>ABOUTTIME PEN NEEDLE</b><br/> ..... 149<br/> <b>ABRAXANE</b> ..... 3<br/> <b>ABRYSVO (PF)</b>..... 91<br/> <i>acamprosate</i>..... 19<br/> <i>acarbose</i> ..... 22<br/> <i>accutane</i> ..... 70<br/> <i>acebutolol</i>..... 42<br/> <i>acetaminophen-codeine</i>..... 108<br/> <i>acetazolamide</i> ..... 96<br/> <i>acetazolamide sodium</i> ..... 96<br/> <i>acetic acid</i> ..... 97<br/> <i>acetylcysteine</i> ..... 61<br/> <i>acitretin</i> ..... 70<br/> <b>ACTEMRA</b> ..... 85<br/> <b>ACTEMRA ACTPEN</b>..... 85<br/> <b>ACTHAR</b> ..... 82<br/> <b>ACTHAR SELFJECT</b> ..... 82<br/> <b>ACTHIB (PF)</b> ..... 91<br/> <b>ACTIMMUNE</b>..... 102<br/> <i>acyclovir</i>..... 70, 148<br/> <i>acyclovir sodium</i>..... 148<br/> <b>ADACEL(TDAP</b><br/> <b>ADOLESN/ADULT)(PF)</b>.. 91<br/> <b>ADAKVEO</b>..... 191</p> | <p><i>adapalene</i>.....73<br/> <i>adefovir</i>.....148<br/> <b>ADEMPAS</b> .....104<br/> <i>adrucil</i>.....3<br/> <b>ADVAIR HFA</b> .....63<br/> <b>ADVOCATE PEN NEEDLE</b><br/> .....150<br/> <b>ADVOCATE SYRINGES</b>.. 149,<br/> 150<br/> <i>afirmelle</i> .....121<br/> <b>AIRSUPRA</b> ..... 63, 64<br/> <b>AJOVY AUTOINJECTOR</b> ...27<br/> <b>AJOVY SYRINGE</b> .....27<br/> <b>AKEEGA</b>.....3<br/> <b>AKYNZEO</b><br/> <b>(FOSNETUPITANT)</b>.....29<br/> <b>AKYNZEO (NETUPITANT)</b> 29<br/> <i>ala-cort</i>.....67<br/> <i>ala-scalp</i>.....67<br/> <i>albendazole</i> .....31<br/> <i>albuterol sulfate</i>..... 64, 65<br/> <i>alcaine</i>.....100<br/> <i>alclometasone</i> .....67<br/> <b>ALCOHOL PADS</b> .....70<br/> <b>ALCOHOL PREP PADS</b> .....71<br/> <b>ALCOHOL PREP SWABS</b>...70<br/> <b>ALCOHOL SWABS</b>.....70<br/> <b>ALCOHOL WIPES</b>.....70<br/> <b>ALDURAZYME</b>.....195<br/> <b>ALECENSA</b> .....3<br/> <i>alendronate</i> .....54<br/> <i>alfuzosin</i> .....77<br/> <i>aliskiren</i> .....52<br/> <i>allopurinol</i> .....27<br/> <i>alose tron</i> .....53<br/> <i>alprazolam</i>.....20<br/> <i>altavera (28)</i>.....121</p> | <p><b>ALTRENO</b> ..... 73<br/> <b>ALUNBRIG</b> ..... 3<br/> <b>ALVAIZ</b> ..... 193<br/> <i>alyacen 1/35 (28)</i> ..... 121<br/> <i>alyacen 7/7/7 (28)</i>.....122<br/> <i>alyq</i>.....104<br/> <i>amabelz</i>..... 79<br/> <i>amantadine hcl</i>..... 32<br/> <i>ambisentan</i>.....104<br/> <i>amethia</i> .....122<br/> <i>amiloride</i> .....50<br/> <i>amiloride-hydrochlorothiazide</i><br/> .....50<br/> <i>amiodarone</i>.....41<br/> <i>amitriptyline</i> .....135<br/> <i>amitriptyline-chlordiazepoxide</i><br/> .....135<br/> <i>amlodipine</i> .....47<br/> <i>amlodipine-atorvastatin</i> .....48<br/> <i>amlodipine-benazepril</i> .....47<br/> <i>amlodipine-olmesartan</i>.....47<br/> <i>amlodipine-valsartan</i>.....47<br/> <i>amlodipine-valsartan-hcthiiazid</i><br/> .....47<br/> <i>ammonium lactate</i>.....70<br/> <i>amoxapine</i> .....135<br/> <i>amoxicil-clarithromy-lansopraz</i><br/> .....73<br/> <i>amoxicillin</i>.....118<br/> <i>amoxicillin-pot clavulanate</i>..118<br/> <i>amphotericin b</i> .....138<br/> <i>amphotericin b liposome</i> .....138<br/> <i>ampicillin</i>.....118<br/> <i>ampicillin sodium</i>.....118<br/> <i>ampicillin-sulbactam</i> .....119<br/> <i>anagrelide</i>.....191<br/> <i>anastrozole</i> .....3</p> |
|---|---|---|

|                                      |     |                                      |         |                                       |          |
|--------------------------------------|-----|--------------------------------------|---------|---------------------------------------|----------|
| ANKTIVA .....                        | 3   | ATROVENT HFA .....                   | 65      | BD INSULIN SYRINGE SLIP               |          |
| ANORO ELLIPTA.....                   | 65  | <i>aubra eq</i> .....                | 122     | TIP .....                             | 151      |
| <i>apomorphine</i> .....             | 32  | AUGTYRO.....                         | 3       | BD INSULIN SYRINGE U-500              |          |
| APONVIE .....                        | 29  | <i>aurovela 1.5/30 (21)</i> .....    | 122     | .....                                 | 151      |
| <i>apraclonidine</i> .....           | 101 | <i>aurovela 1/20 (21)</i> .....      | 122     | BD INSULIN SYRINGE                    |          |
| <i>aprepitant</i> .....              | 29  | <i>aurovela 24 fe</i> .....          | 122     | ULTRA-FINE .....                      | 151      |
| APRETUDE.....                        | 142 | <i>aurovela fe 1.5/30 (28)</i> ..... | 122     | BD NANO 2ND GEN PEN                   |          |
| <i>apri</i> .....                    | 122 | <i>aurovela fe 1-20 (28)</i> .....   | 122     | NEEDLE .....                          | 151      |
| APTIOM .....                         | 130 | AUSTEDO.....                         | 56      | BD SAFETYGLIDE INSULIN                |          |
| APTIVUS.....                         | 142 | AUSTEDO XR.....                      | 56      | SYRINGE.....                          | 151, 152 |
| AQINJECT PEN NEEDLE .                | 150 | AUSTEDO XR TITRATION                 |         | BD SAFETYGLIDE SYRINGE                |          |
| <i>aranelle (28)</i> .....           | 122 | KT(WK1-4) .....                      | 57      | .....                                 | 152      |
| ARCALYST .....                       | 85  | AUVELITY .....                       | 135     | BD ULTRA-FINE MICRO                   |          |
| AREXVY (PF).....                     | 91  | <i>aviane</i> .....                  | 122     | PEN NEEDLE .....                      | 152      |
| AREXVY ANTIGEN                       |     | AVONEX .....                         | 57      | BD ULTRA-FINE MINI PEN                |          |
| COMPONENT .....                      | 91  | AVSOLA .....                         | 85      | NEEDLE .....                          | 152      |
| <i>aripiprazole</i> .....            | 34  | <i>ayuna</i> .....                   | 122     | BD ULTRA-FINE NANO PEN                |          |
| ARISTADA .....                       | 34  | AYVAKIT .....                        | 3       | NEEDLE .....                          | 152      |
| ARISTADA INITIO .....                | 34  | <i>azacitidine</i> .....             | 3       | BD ULTRA-FINE ORIG PEN                |          |
| <i>armodafinil</i> .....             | 55  | <i>azathioprine</i> .....            | 85      | NEEDLE .....                          | 152      |
| ARNUIITY ELLIPTA.....                | 63  | <i>azathioprine sodium</i> .....     | 85      | BD ULTRA-FINE SHORT                   |          |
| <i>ascomp with codeine</i> .....     | 108 | <i>azelastine</i> .....              | 101     | PEN NEEDLE .....                      | 152      |
| <i>asenapine maleate</i> .....       | 34  | <i>azithromycin</i> .....            | 117     | BD VEO INSULIN SYR                    |          |
| <i>ashlyna</i> .....                 | 122 | <i>aztreonam</i> .....               | 115     | (HALF UNIT).....                      | 152      |
| <i>aspirin-dipyridamole</i> .....    | 192 | <i>azurette (28)</i> .....           | 122     | BD VEO INSULIN SYRINGE                |          |
| ASSURE ID DUO PRO SFTY               |     | <b>B</b>                             |         | UF .....                              | 152      |
| PEN NDL.....                         | 150 | <i>bacitracin</i> .....              | 97, 114 | BELSOMRA .....                        | 55       |
| ASSURE ID DUO-SHIELD                 | 150 | <i>bacitracin-polymyxin b</i> .....  | 97      | <i>benazepril</i> .....               | 51       |
| ASSURE ID INSULIN                    |     | <i>baclofen</i> .....                | 197     | <i>benazepril-hydrochlorothiazide</i> |          |
| SAFETY .....                         | 150 | <i>bal-care dha</i> .....            | 197     | .....                                 | 51       |
| ASSURE ID PEN NEEDLE                 | 150 | <i>bal-care dha essential</i> .....  | 197     | <i>bendamustine</i> .....             | 3        |
| ASSURE ID PRO PEN                    |     | <i>balsalazide</i> .....             | 53      | BENDAMUSTINE.....                     | 4        |
| NEEDLE .....                         | 150 | BALVERSA .....                       | 3       | BENDEKA .....                         | 4        |
| ASTAGRAF XL.....                     | 85  | <i>balziva (28)</i> .....            | 122     | BENLYSTA .....                        | 85       |
| <i>atazanavir</i> .....              | 142 | BCG VACCINE, LIVE (PF) ..            | 91      | <i>benztropine</i> .....              | 32       |
| <i>atenolol</i> .....                | 42  | BD ALCOHOL SWABS .....               | 70      | <i>bepotastine besilate</i> .....     | 101      |
| <i>atenolol-chlorthalidone</i> ..... | 42  | BD AUTOSHIELD DUO PEN                |         | BESREMI.....                          | 85       |
| <i>atomoxetine</i> .....             | 56  | NEEDLE.....                          | 151     | <i>betaine</i> .....                  | 102      |
| <i>atorvastatin</i> .....            | 48  | BD ECLIPSE LUER-LOK ...              | 151     | <i>betamethasone acet,sod phos</i> .. | 81       |
| <i>atovaquone</i> .....              | 31  | BD INSULIN SYRINGE ....              | 151     | <i>betamethasone dipropionate</i> ..  | 67       |
| <i>atovaquone-proguanil</i> .....    | 31  | BD INSULIN SYRINGE                   |         | <i>betamethasone valerate</i> .....   | 67       |
| <i>atropine</i> .....                | 101 | (HALF UNIT) .....                    | 151     |                                       |          |

|  |  |  |
|--|--|--|
| <i>betamethasone, augmented</i> ... 67, 68     | <i>buprenorphine hcl</i> ..... 19, 108             | <i>carboplatin</i> ..... 4                     |
| BETASERON..... 57                              | <i>buprenorphine-naloxone</i> ..... 19             | CAREFINE PEN NEEDLE 152, 153                   |
| <i>betaxolol</i> ..... 42, 96                  | <i>bupropion hcl</i> ..... 135                     | CARETOUCH ALCOHOL                              |
| <i>bethanechol chloride</i> ..... 78           | <i>bupropion hcl (smoking deter)</i> ..... 19      | PREP PAD ..... 70                              |
| <i>bexarotene</i> ..... 4                      | <i>buserpirone</i> ..... 102                       | CARETOUCH INSULIN                              |
| BEXSERO ..... 91                               | <i>butalbital-acetaminop-caf-cod</i> ..... 108     | SYRINGE..... 153                               |
| BEYFORTUS ..... 147                            | <i>butalbital-acetaminophen</i> .... 108           | CARETOUCH PEN NEEDLE                           |
| <i>bicalutamide</i> ..... 4                    | <i>butalbital-acetaminophen-caff</i> ..... 108     | ..... 153                                      |
| BICILLIN L-A..... 119                          | <i>butalbital-aspirin-caffeine</i> .... 108        | <i>carglumic acid</i> ..... 75                 |
| BIKTARVY ..... 142                             | <i>butorphanol</i> ..... 108                       | <i>carteolol</i> ..... 96                      |
| <i>bimatoprost</i> ..... 96                    | <b>C</b>   | <i>cartia xt</i> ..... 44                      |
| <i>bisoprolol fumarate</i> ..... 42            | CABENUVA ..... 142                                 | <i>carvedilol</i> ..... 42                     |
| <i>bisoprolol-hydrochlorothiazide</i> ..... 42 | <i>cabergoline</i> ..... 32                        | <i>caspofungin</i> ..... 138                   |
| <i>bleomycin</i> ..... 4                       | CABLIVI ..... 191                                  | CAYSTON ..... 115                              |
| <i>blisovi 24 fe</i> ..... 122                 | CABOMETYX..... 4                                   | <i>caziant (28)</i> ..... 123                  |
| <i>blisovi fe 1.5/30 (28)</i> ..... 122        | <i>cabotegravir</i> ..... 142                      | <i>cefaclor</i> ..... 115                      |
| <i>blisovi fe 1/20 (28)</i> ..... 122          | <i>caffeine citrate</i> ..... 57                   | <i>cefadroxil</i> ..... 115, 116               |
| BOOSTRIX TDAP..... 91, 92                      | <i>calcipotriene</i> ..... 70                      | <i>cefazolin</i> ..... 116                     |
| BORDERED GAUZE..... 152                        | <i>calcitonin (salmon)</i> ..... 54                | <i>cefazolin in dextrose (iso-os)</i> 116      |
| <i>bortezomib</i> ..... 4                      | <i>calcitriol</i> ..... 54                         | <i>cefdinir</i> ..... 116                      |
| <i>bosentan</i> ..... 104                      | <i>calcium acetate(phosphat bind)</i> ..... 76, 77 | <i>cefepime</i> ..... 116                      |
| BOSULIF ..... 4                                | <i>calcium chloride</i> ..... 188                  | <i>cefixime</i> ..... 116                      |
| BRAFTOVI ..... 4                               | CALQUENCE  | <i>cefotaxime</i> ..... 116                    |
| BREO ELLIPTA ..... 63, 64                      | (ACALABRUTINIB MAL) 4                              | <i>cefoxitin</i> ..... 116                     |
| <i>breyna</i> ..... 64                         | <i>camila</i> ..... 122                            | <i>cefpodoxime</i> ..... 116                   |
| BREZTRI AEROSPHERE .... 65                     | <i>candesartan</i> ..... 46                        | <i>cefprozil</i> ..... 116                     |
| <i>brielllyn</i> ..... 122                     | <i>candesartan-hydrochlorothiazid</i> ..... 46     | <i>ceftazidime</i> ..... 116                   |
| BRILINTA ..... 192                             | CAPLYTA..... 34                                    | <i>ceftriaxone</i> ..... 116                   |
| <i>brimonidine</i> ..... 96                    | CAPRELSA ..... 4                                   | <i>cefuroxime axetil</i> ..... 117             |
| <i>brimonidine-timolol</i> ..... 96            | <i>captopril</i> ..... 51                          | <i>cefuroxime sodium</i> ..... 117             |
| <i>brinzolamide</i> ..... 96                   | <i>captopril-hydrochlorothiazide</i> 51            | <i>celecoxib</i> ..... 105                     |
| BRIVIACT..... 130                              | <i>carbamazepine</i> ..... 130                     | <i>cephalexin</i> ..... 117                    |
| <i>bromfenac</i> ..... 99                      | <i>carbidopa</i> ..... 32                          | CERDELGA ..... 195                             |
| <i>bromocriptine</i> ..... 32                  | <i>carbidopa-levodopa</i> ..... 32                 | CEREZYME ..... 195                             |
| BRONCHITOL ..... 61                            | <i>carbidopa-levodopa-entacapone</i> ..... 32      | <i>cevimeline</i> ..... 66                     |
| BRUKINSA ..... 4                               | <i>carbinoxamine maleate</i> ..... 140             | <i>chateal eq (28)</i> ..... 123               |
| <i>budesonide</i> ..... 53, 64                 |  | <i>chloramphenicol sod succinate</i> ..... 114 |
| <i>budesonide-formoterol</i> ..... 64          |  | <i>chlordiazepoxide hcl</i> ..... 20           |
| <i>bumetanide</i> ..... 50                     |  | <i>chlorhexidine gluconate</i> ..... 66        |
| <i>buprenorphine</i> ..... 108                 |  | <i>chloroquine phosphate</i> ..... 31          |

|                                       |          |   |          |                                       |             |
|---------------------------------------|----------|---|----------|---------------------------------------|-------------|
| <i>chlorothiazide sodium</i> .....    | 50       | CLINIMIX 8%-                            |          | COMFORT EZ PEN NEEDLES                |             |
| <i>chlorpromazine</i> .....           | 34       | D10W(SULFITE-FREE)....                  | 39       | .....                                 | 154, 155    |
| <i>chlorthalidone</i> .....           | 50       | CLINIMIX 8%-                            |          | COMFORT EZ PRO SAFETY                 |             |
| <i>chlorzoxazone</i> .....            | 197      | D14W(SULFITE-FREE)....                  | 40       | PEN NDL .....                         | 155         |
| <i>cholestyramine (with sugar)</i> .. | 48       | CLINIMIX E 2.75%/D5W                    |          | COMFORT TOUCH PEN                     |             |
| <i>cholestyramine light</i> .....     | 48       | SULF FREE.....                          | 40       | NEEDLE .....                          | 155, 156    |
| <i>ciclopirox</i> .....               | 138      | CLINIMIX E 4.25%/D10W                   |          | COMPLERA .....                        | 142         |
| <i>cidofovir</i> .....                | 148      | SUL FREE .....                          | 40       | <i>completenate</i> .....             | 198         |
| <i>cilostazol</i> .....               | 192      | CLINIMIX E 4.25%/D5W                    |          | <i>compro</i> .....                   | 29          |
| CIMDUO .....                          | 142      | SULF FREE.....                          | 40       | <i>constulose</i> .....               | 75          |
| <i>cimetidine</i> .....               | 73       | CLINIMIX E 5%/D15W                      |          | COPAXONE .....                        | 57          |
| <i>cimetidine hcl</i> .....           | 73       | SULFIT FREE.....                        | 40       | COPIKTRA.....                         | 5           |
| <i>cinacalcet</i> .....               | 54       | CLINIMIX E 5%/D20W                      |          | CORLANOR.....                         | 45          |
| CINQAIR .....                         | 62       | SULFIT FREE.....                        | 40       | CORTROPHIN GEL .....                  | 82          |
| CINRYZE .....                         | 193      | CLINIMIX E 8%-D10W                      |          | COSENTYX .....                        | 86, 102     |
| <i>ciprofloxacin</i> .....            | 120      | SULFITEFREE .....                       | 40       | COSENTYX (2 SYRINGES)                 | 85          |
| <i>ciprofloxacin hcl</i> .....        | 97, 119  | CLINIMIX E 8%-D14W                      |          | COSENTYX PEN (2 PENS) .               | 85          |
| <i>ciprofloxacin in 5 % dextrose</i>  |          | SULFITEFREE .....                       | 40       | COSENTYX UNOREADY                     |             |
| .....                                 | 120      | <i>clobazam</i> .....                   | 130      | PEN.....                              | 86          |
| <i>ciprofloxacin-dexamethasone</i>    | 97       | <i>clobetasol</i> .....                 | 68       | COTELLIC.....                         | 5           |
| <i>italopram</i> .....                | 135      | <i>clobetasol-emollient</i> .....       | 68       | CREON.....                            | 195         |
| <i>cladribine</i> .....               | 5        | <i>clomipramine</i> .....               | 135      | <i>cromolyn</i> .....                 | 62, 75, 101 |
| <i>clarithromycin</i> .....           | 117      | <i>clonazepam</i> .....                 | 20, 21   | <i>cryselle (28)</i> .....            | 123         |
| <i>clemastine</i> .....               | 140      | <i>clonidine</i> .....                  | 41       | CURAD GAUZE PAD.....                  | 156         |
| CLENPIQ.....                          | 77       | <i>clonidine hcl</i> .....              | 41, 57   | CURITY ALCOHOL SWABS                  |             |
| CLICKFINE PEN NEEDLE                  | 154      | <i>clopidogrel</i> .....                | 192      | .....                                 | 71          |
| <i>clindamycin hcl</i> .....          | 114      | <i>clorazepate dipotassium</i> .....    | 21       | CURITY GAUZE .....                    | 156         |
| <i>clindamycin in 5 % dextrose</i>    | 114      | <i>clotrimazole</i> .....               | 138, 139 | <i>cyclobenzaprine</i> .....          | 197         |
| <i>clindamycin pediatric</i> .....    | 114      | <i>clotrimazole-betamethasone</i> ..    | 139      | <i>cyclopentolate</i> .....           | 101         |
| <i>clindamycin phosphate</i> ..       | 72, 113, | <i>clozapine</i> .....                  | 35       | <i>cyclophosphamide</i> .....         | 5           |
| 114                                   |          | <i>c-nate dha</i> .....                 | 198      | <i>cyclosporine</i> .....             | 86          |
| <i>clindamycin-benzoyl peroxide</i>   | 72       | COARTEM.....                            | 31       | <i>cyclosporine modified</i> .....    | 86          |
| CLINIMIX 5%/D15W                      |          | <i>codeine sulfate</i> .....            | 109      | <i>cyproheptadine</i> .....           | 141         |
| SULFITE FREE .....                    | 39       | <i>codeine-butalbital-asa-caff</i> ..   | 109      | CYRAMZA.....                          | 5           |
| CLINIMIX 4.25%/D10W SULF              |          | <i>colchicine</i> .....                 | 27       | <i>cyred eq</i> .....                 | 123         |
| FREE .....                            | 39       | <i>colesevelam</i> .....                | 48       | CYSTADROPS.....                       | 101         |
| CLINIMIX 4.25%/D5W                    |          | <i>colestipol</i> .....                 | 48       | CYSTARAN .....                        | 101         |
| SULFIT FREE.....                      | 39       | <i>colistin (colistimethate na)</i> ... | 114      | <b>D</b>                              |             |
| CLINIMIX 5%-                          |          | COMBIVENT RESPIMAT...65                 |          | <i>d5 % and 0.9 % sodium chloride</i> |             |
| D20W(SULFITE-FREE) ...                | 39       | COMETRIQ .....                          | 5        | .....                                 | 188         |
| CLINIMIX 6%-D5W                       |          | COMFORT EZ INSULIN                      |          | <i>d5 %-0.45 % sodium chloride</i>    |             |
| (SULFITE-FREE) .....                  | 39       | SYRINGE.....                            | 154, 155 | .....                                 | 189         |

|                                       |     |   |         |   |               |
|---------------------------------------|-----|---|---------|---|---------------|
| <i>dabigatran etexilate</i> .....     | 191 | <i>dexamethasone sodium phosphate</i> ..... | 81, 99  | <i>donepezil</i> .....                    | 21, 22        |
| <i>dalfampridine</i> .....            | 57  | <i>dexmethylphenidate</i> .....             | 57      | DOPTELET (10 TAB PACK)                    | 193           |
| <i>danazol</i> .....                  | 79  | <i>dextrazoxane hcl</i> .....               | 102     | DOPTELET (15 TAB PACK)                    | 193           |
| <i>dantrolene</i> .....               | 197 | <i>dextroamphetamine sulfate</i> .....      | 57      | DOPTELET (30 TAB PACK)                    | 193           |
| DANYELZA.....                         | 5   | <i>dextroamphetamine-amphetamine</i> .....  | 58      | <i>dozolamide</i> .....                   | 96            |
| <i>dapsone</i> .....                  | 141 | <i>dextrose 10 % in water (d10w)</i>        | 40      | <i>dozolamide-timolol</i> .....           | 96            |
| DAPTACEL (DTAP PEDIATRIC) (PF).....   | 92  | <i>dextrose 5 % in water (d5w)</i> ..       | 40      | <i>dotti</i> .....                        | 79            |
| <i>daptomycin</i> .....               | 114 | DIACOMIT.....                               | 130     | DOVATO.....                               | 143           |
| <i>darunavir</i> .....                | 142 | <i>diazepam</i> .....                       | 21, 130 | <i>doxazosin</i> .....                    | 41            |
| DARZALEX.....                         | 5   | <i>diazepam intensol</i> .....              | 21      | <i>doxepin</i> .....                      | 136           |
| DARZALEX FASPRO.....                  | 5   | <i>diazoxide</i> .....                      | 102     | <i>doxercalciferol</i> .....              | 54            |
| <i>dasetta 1/35 (28)</i> .....        | 123 | <i>diclofenac potassium</i> .....           | 105     | <i>doxorubicin</i> .....                  | 6             |
| <i>dasetta 7/7/7 (28)</i> .....       | 123 | <i>diclofenac sodium</i> ...99, 105, 106    |         | <i>doxorubicin, peg-liposomal</i> .....   | 6             |
| DAURISMO.....                         | 5   | <i>diclofenac-misoprostol</i> .....         | 106     | <i>doxy-100</i> .....                     | 120           |
| <i>daysee</i> .....                   | 123 | <i>dicloxacillin</i> .....                  | 119     | <i>doxycycline hyclate</i> .....          | 120, 121      |
| <i>deblitane</i> .....                | 123 | <i>dicyclomine</i> .....                    | 75      | <i>doxycycline monohydrate</i> .....      | 121           |
| <i>decitabine</i> .....               | 5   | <i>didanosine</i> .....                     | 143     | DRIZALMA SPRINKLE.....                    | 136           |
| <i>deferasirox</i> .....              | 112 | DIFICID.....                                | 117     | <i>dronabinol</i> .....                   | 29            |
| <i>deferiprone</i> .....              | 113 | <i>diflorasone</i> .....                    | 68      | <i>droperidol</i> .....                   | 29            |
| <i>deferoxamine</i> .....             | 113 | <i>diflunisal</i> .....                     | 106     | DROPLET INSULIN SYR(HALF UNIT)...156, 157 |               |
| DELSTRIGO.....                        | 142 | <i>difluprednate</i> .....                  | 99      | DROPLET INSULIN SYRINGE.....              | 156, 157, 158 |
| <i>demeclocycline</i> .....           | 120 | <i>digitek</i> .....                        | 45      | DROPLET MICRON PEN NEEDLE.....            | 158           |
| DENGVAXIA (PF).....                   | 92  | <i>digox</i> .....                          | 45      | DROPLET PEN NEEDLE... 158                 |               |
| <i>denta 5000 plus</i> .....          | 66  | <i>digoxin</i> .....                        | 45      | DROPSAFE ALCOHOL PREP PADS.....           | 71            |
| <i>dentagel</i> .....                 | 66  | <i>dihydroergotamine</i> .....              | 28      | DROPSAFE INSULIN SYRINGE.....             | 158           |
| DEPO-SUBQ PROVERA 104.....            | 84  | DILANTIN.....                               | 131     | DROPSAFE PEN NEEDLE158, 159               |               |
| DERMACEA.....                         | 156 | <i>diltiazem hcl</i> .....                  | 44      | <i>drospirenone-ethinyl estradiol</i>     | 123           |
| DERMACEA NON-WOVEN.....               | 156 | <i>dilt-xr</i> .....                        | 44      | DROXIA.....                               | 191           |
| DESCOVY.....                          | 142 | <i>dimenhydrinate</i> .....                 | 29      | <i>droxidopa</i> .....                    | 41            |
| <i>desipramine</i> .....              | 135 | <i>dimethyl fumarate</i> .....              | 58      | DUAVEE.....                               | 79            |
| <i>desmopressin</i> .....             | 82  | DIPENTUM.....                               | 53      | <i>duloxetine</i> .....                   | 136           |
| <i>desog-e.estradiol/e.estradiol</i>  | 123 | <i>diphenhydramine hcl</i> .....            | 141     | DUPIXENT PEN.....                         | 86            |
| <i>desogestrel-ethinyl estradiol</i>  | 123 | <i>diphenoxylate-atropine</i> .....         | 75      |   |               |
| <i>desonide</i> .....                 | 68  | <i>dipyridamole</i> .....                   | 193     |   |               |
| <i>desoximetasone</i> .....           | 68  | <i>disopyramide phosphate</i> .....         | 41      |   |               |
| <i>desvenlafaxine succinate</i> ..... | 136 | <i>disulfiram</i> .....                     | 19      |   |               |
| <i>dexamethasone</i> .....            | 81  | <i>divalproex</i> .....                     | 131     |   |               |
| <i>dexamethasone sodium phos (pf)</i> | 81  | <i>docetaxel</i> .....                      | 5       |   |               |
|                                       |     | <i>doetilide</i> .....                      | 41      |   |               |

|                                     |               |   |     |   |         |
|-------------------------------------|---------------|---|-----|---|---------|
| DUPIXENT SYRINGE .....              | 86            | EDURANT .....                           | 143 | ENGERIX-B (PF).....                     | 92      |
| <i>dutasteride</i> .....            | 77            | <i>efavirenz</i> .....                  | 143 | ENGERIX-B PEDIATRIC (PF)                |         |
| <i>dutasteride-tamsulosin</i> ..... | 77            | <i>efavirenz-emtricitabin-tenofov</i>   |     | .....                                   | 92      |
| <b>E</b>                            |               | .....                                   | 143 | <i>enilloring</i> .....                 | 123     |
| EASY COMFORT ALCOHOL                |               | <i>efavirenz-lamivu-tenofov disop</i>   |     | <i>enoxaparin</i> .....                 | 191     |
| PAD.....                            | 71            | .....                                   | 143 | <i>enpresse</i> .....                   | 123     |
| EASY COMFORT INSULIN                |               | EGRIFTA SV .....                        | 83  | <i>enskyce</i> .....                    | 123     |
| SYRINGE .....                       | 159, 160      | ELAPRASE .....                          | 195 | ENSPRYNG.....                           | 58      |
| EASY COMFORT PEN                    |               | <i>electrolyte-148</i> .....            | 189 | <i>entacapone</i> .....                 | 32      |
| NEEDLES.....                        | 160           | ELFABRIO.....                           | 195 | ENTADFI.....                            | 77      |
| EASY COMFORT SAFETY                 |               | ELIGARD.....                            | 6   | <i>entecavir</i> .....                  | 148     |
| PEN NEEDLE .....                    | 159           | ELIGARD (3 MONTH).....                  | 6   | ENTRESTO .....                          | 46      |
| EASY GLIDE INSULIN                  |               | ELIGARD (4 MONTH).....                  | 6   | ENTRESTO SPRINKLE .....                 | 46      |
| SYRINGE .....                       | 160           | ELIGARD (6 MONTH).....                  | 6   | <i>enulose</i> .....                    | 75      |
| EASY GLIDE PEN NEEDLE               |               | <i>elinest</i> .....                    | 123 | EPCLUSA .....                           | 146     |
| .....                               | 160           | ELIQUIS.....                            | 191 | EPIDIOLEX .....                         | 131     |
| EASY TOUCH .....                    | 162           | ELIQUIS DVT-PE TREAT 30D                |     | <i>epinastine</i> .....                 | 101     |
| EASY TOUCH ALCOHOL                  |               | START.....                              | 191 | <i>epinephrine</i> .....                | 45      |
| PREP PADS.....                      | 71            | ELITEK .....                            | 195 | <i>epitol</i> .....                     | 131     |
| EASY TOUCH FLIPLOCK                 |               | <i>elixophyllin</i> .....               | 65  | EPIVIR HBV .....                        | 143     |
| INSULIN.....                        | 161           | ELLA .....                              | 123 | EPKINLY .....                           | 6       |
| EASY TOUCH FLIPLOCK                 |               | ELMIRON .....                           | 102 | <i>eplerenone</i> .....                 | 52      |
| SYRINGE .....                       | 161           | ELREXFIO .....                          | 6   | <i>epoprostenol</i> .....               | 104     |
| EASY TOUCH INSULIN                  |               | <i>eluryng</i> .....                    | 123 | EPRONTIA .....                          | 131     |
| SAFETY SYR .....                    | 160, 161      | EMBRACE PEN NEEDLE 162,                 |     | <i>eprosartan</i> .....                 | 46      |
| EASY TOUCH INSULIN                  |               | 163                                     |     | ERBITUX.....                            | 6       |
| SYRINGE .....                       | 160, 161, 162 | EMCYT .....                             | 6   | <i>ergoloid</i> .....                   | 22      |
| EASY TOUCH LUER LOCK                |               | EMEND .....                             | 29  | ERIVEDGE.....                           | 6       |
| INSULIN.....                        | 161           | EMGALITY PEN .....                      | 28  | ERLEADA .....                           | 6       |
| EASY TOUCH PEN NEEDLE               |               | EMGALITY SYRINGE .....                  | 28  | <i>erlotinib</i> .....                  | 6       |
| .....                               | 162           | EMSAM.....                              | 136 | <i>errin</i> .....                      | 123     |
| EASY TOUCH SAFETY PEN               |               | <i>emtricitabine</i> .....              | 143 | <i>ertapenem</i> .....                  | 115     |
| NEEDLE.....                         | 162           | <i>emtricitabine-tenofov (tdf)</i> .143 |     | <i>ery pads</i> .....                   | 72      |
| EASY TOUCH                          |               | EMTRIVA .....                           | 143 | <i>erythromycin</i> .....               | 97, 118 |
| SHEATHLOCK INSULIN                  |               | <i>emzahh</i> .....                     | 123 | <i>erythromycin ethylsuccinate</i> 117, |         |
| .....                               | 161           | <i>enalapril maleate</i> .....          | 51  | 118                                     |         |
| EASY TOUCH UNI-SLIP... 162          |               | <i>enalaprilat</i> .....                | 51  | <i>erythromycin with ethanol</i> .....  | 72      |
| <i>ec-naproxen</i> .....            | 106           | <i>enalapril-hydrochlorothiazide</i> 52 |     | <i>erythromycin-benzoyl peroxide</i>    |         |
| <i>econazole</i> .....              | 139           | ENBREL.....                             | 86  | .....                                   | 72      |
| <i>edaravone</i> .....              | 58            | ENBREL MINI .....                       | 86  | <i>escitalopram oxalate</i> .....       | 136     |
| EDARBI.....                         | 46            | ENBREL SURECLICK.....                   | 86  | <i>esomeprazole magnesium</i> .73, 74   |         |
| EDARBYCLOR .....                    | 46            | <i>endocet</i> .....                    | 109 | <i>esomeprazole sodium</i> .....        | 74      |



|  |        |   |       |  |                |
|--|--------|---|-------|--|----------------|
| <i>estarylla</i> .....                                 | 124    | <i>felbamate</i> .....                  | 131   | <i>fluoxetine</i> .....                        | 136            |
| <i>estazolam</i> .....                                 | 21     | <i>felodipine</i> .....                 | 47    | <i>fluphenazine decanoate</i> .....            | 35             |
| <i>estradiol</i> .....                                 | 79, 80 | FEMRING .....                           | 80    | <i>fluphenazine hcl</i> .....                  | 35             |
| <i>estradiol valerate</i> .....                        | 80     | <i>fenofibrate</i> .....                | 48    | <i>flurazepam</i> .....                        | 21             |
| <i>estradiol-norethindrone acet.</i>                   | 80     | <i>fenofibrate micronized</i> .....     | 48    | <i>flurbiprofen</i> .....                      | 106            |
| <i>eszopiclone</i> .....                               | 55     | <i>fenofibrate nanocrystallized</i> ..  | 48    | <i>flurbiprofen sodium</i> .....               | 100            |
| <i>ethambutol</i> .....                                | 141    | <i>fenofibric acid (choline)</i> .....  | 48    | <i>fluticasone propionate</i> .....            | 64, 69,<br>100 |
| <i>ethosuximide</i> .....                              | 131    | <i>fenopropfen</i> .....                | 106   | <i>fluticasone propion-salmeterol</i><br>..... | 64             |
| <i>ethynodiol diac-eth estradiol</i>                   | 124    | <i>fentanyl</i> .....                   | 109   | <i>fluvastatin</i> .....                       | 49             |
| <i>etodolac</i> .....                                  | 106    | <i>fentanyl citrate</i> .....           | 109   | <i>fluvoxamine</i> .....                       | 136            |
| <i>etonogestrel-ethinyl estradiol</i><br>.....         | 124    | FERRIPROX .....                         | 113   | <i>folivane-ob</i> .....                       | 198            |
| ETOPOPHOS .....  | 6      | FERRIPROX (2 TIMES A<br>DAY).....       | 113   | <i>fomepizole</i> .....                        | 102            |
| <i>etoposide</i> .....                                 | 7      | <i>fesoterodine</i> .....               | 78    | <i>fondaparinux</i> .....                      | 191, 192       |
| <i>etravirine</i> .....                                | 143    | FETZIMA .....                           | 136   | <i>fosamprenavir</i> .....                     | 143            |
| EUCRISA .....  | 68     | FIASP FLEXTOUCH U-100<br>INSULIN .....  | 25    | <i>fosaprepitant</i> .....                     | 30             |
| <i>everolimus (antineoplastic)</i> .....               | 7      | FIASP PENFILL U-100<br>INSULIN .....    | 25    | <i>foscarnet</i> .....                         | 147            |
| <i>everolimus</i><br>( <i>immunosuppressive</i> )..... | 86     | FIASP U-100 INSULIN .....               | 25    | <i>fosinopril</i> .....                        | 52             |
| EVOTAZ.....  | 143    | <i>finasteride</i> .....                | 78    | <i>fosinopril-hydrochlorothiazide</i><br>..... | 52             |
| EVRYSDI .....  | 102    | <i>finngolimod</i> .....                | 58    | <i>fosphephenytoin</i> .....                   | 131            |
| EXEL INSULIN.....                                      | 163    | FINTEPLA .....                          | 131   | FOTIVDA .....                                  | 7              |
| <i>exemestane</i> .....                                | 7      | FIRMAGON KIT W DILUENT<br>SYRINGE ..... | 7     | FREESTYLE PRECISION .                          | 163,<br>164    |
| EXKIVITY .....   | 7      | <i>flavoxate</i> .....                  | 78    | FRUZAQLA .....                                 | 7              |
| EXONDYS-51 .....                                       | 102    | FLEBOGAMMA DIF.....                     | 86    | FULPHILA.....                                  | 193            |
| EXTENCILLINE .....                                     | 119    | <i>flecainide</i> .....                 | 41    | <i>fulvestrant</i> .....                       | 7              |
| EYSUVIS.....   | 99     | <i>floxuridine</i> .....                | 7     | <i>furosemide</i> .....                        | 50             |
| EZALLOR SPRINKLE .....                                 | 48     | <i>fluconazole</i> .....                | 139   | FUZEON .....                                   | 143            |
| <i>ezetimibe</i> .....                                 | 48     | <i>fluconazole in nacl (iso-osm)</i>    | 139   | FYARRO .....                                   | 7              |
| <i>ezetimibe-simvastatin</i> .....                     | 48     | <i>flucytosine</i> .....                | 139   | <i>fyavolv</i> .....                           | 80             |
| <b>F</b>   |        | <i>fludrocortisone</i> .....            | 81    | FYCOMPA.....                                   | 131            |
| FABRAZYME.....   | 195    | <i>flumazenil</i> .....                 | 58    | FYLNETRA .....                                 | 193            |
| <i>falmina (28)</i> .....                              | 124    | <i>flunisolide</i> .....                | 99    | <b>G</b>                                       |                |
| <i>famciclovir</i> .....                               | 148    | <i>fluocinolone</i> .....               | 68    | <i>gabapentin</i> .....                        | 131, 132       |
| <i>famotidine</i> .....                                | 74     | <i>fluocinolone acetamide oil</i> ..... | 99    | GALAFOLD .....                                 | 195            |
| <i>famotidine (pf)</i> .....                           | 74     | <i>fluocinonide</i> .....               | 68    | <i>galantamine</i> .....                       | 22             |
| <i>famotidine (pf)-nacl (iso-os)</i>                   | 74     | <i>fluocinonide-emollient</i> .....     | 68    | GAMIFANT.....                                  | 86             |
| FANAPT .....   | 35     | <i>fluoride (sodium)</i> .....          | 66    | GAMMAGARD LIQUID .....                         | 87             |
| FARXIGA .....  | 22     | <i>fluorometholone</i> .....            | 100   | GAMMAGARD S-D (IGA < 1<br>MCG/ML) .....        | 87             |
| FASENRA .....  | 62     | <i>fluorouracil</i> .....               | 7, 71 |  |                |
| FASENRA PEN .....                                      | 62     |   |       |  |                |
| <i>febuxostat</i> .....                                | 27     |   |       |  |                |

|                                      |             |  |          |  |            |
|--------------------------------------|-------------|--|----------|--|------------|
| GAMMAPLEX .....                      | 87          | <i>griseofulvin microsize</i> .....    | 139      | HUMIRA PEN PSOR-                       |            |
| GAMMAPLEX (WITH                      |             | <i>griseofulvin ultramicrosize</i> ... | 139      | UVEITS-ADOL HS .....                   | 87         |
| SORBITOL) .....                      | 87          | <i>guanfacine</i> .....                | 41, 58   | HUMIRA(CF) .....                       | 88         |
| GAMUNEX-C .....                      | 87          | GVOKE .....                            | 102      | HUMIRA(CF) PEDI CROHNS                 |            |
| <i>ganciclovir sodium</i> .....      | 148         | GVOKE HYOPEN 2-PACK                    |          | STARTER .....                          | 87         |
| GARDASIL 9 (PF).....                 | 92          | .....                                  | 102      | HUMIRA(CF) PEN .....                   | 88         |
| <i>gatifloxacin</i> .....            | 97          | GVOKE PFS 1-PACK                       |          | HUMIRA(CF) PEN CROHNS-                 |            |
| GATTEX 30-VIAL .....                 | 75          | SYRINGE .....                          | 102      | UC-HS .....                            | 87         |
| GAUZE PAD .....                      | 164         | GVOKE PFS 2-PACK                       |          | HUMIRA(CF) PEN                         |            |
| <i>gavilyte-c</i> .....              | 77          | SYRINGE .....                          | 102      | PEDIATRIC UC .....                     | 87         |
| <i>gavilyte-g</i> .....              | 77          | <b>H</b>                               |          | HUMIRA(CF) PEN PSOR-UV-                |            |
| <i>gavilyte-n</i> .....              | 77          | HAEGARDA.....                          | 193      | ADOL HS .....                          | 88         |
| GAVRETO .....                        | 7           | <i>hailey</i> .....                    | 124      | HUMULIN R U-500 (CONC)                 |            |
| <i>gefitinib</i> .....               | 7           | <i>hailey 24 fe</i> .....              | 124      | INSULIN .....                          | 25         |
| <i>gemcitabine</i> .....             | 7, 8        | <i>hailey fe 1.5/30 (28)</i> .....     | 124      | HUMULIN R U-500 (CONC)                 |            |
| <i>gemfibrozil</i> .....             | 49          | <i>hailey fe 1/20 (28)</i> .....       | 124      | KWIKPEN .....                          | 25         |
| <i>generlac</i> .....                | 75          | <i>halobetasol propionate</i> .....    | 69       | <i>hydralazine</i> .....               | 45         |
| <i>gengraf</i> .....                 | 87          | <i>haloette</i> .....                  | 124      | <i>hydrochlorothiazide</i> .....       | 50         |
| <i>gentak</i> .....                  | 97          | <i>haloperidol</i> .....               | 35       | <i>hydrocodone-acetaminophen</i>       | 109        |
| <i>gentamicin</i> .....              | 72, 97, 113 | <i>haloperidol decanoate</i> .....     | 35       | <i>hydrocodone-ibuprofen</i> .....     | 109        |
| <i>gentamicin sulfate (ped) (pf)</i> | 113         | <i>haloperidol lactate</i> .....       | 35       | <i>hydrocortisone</i> .....            | 53, 69, 81 |
| <i>gentamicin sulfate (pf)</i> ..... | 113         | HARVONI.....                           | 146, 147 | <i>hydrocortisone butyrate</i> .....   | 69         |
| GENVOYA.....                         | 143         | HAVRIX (PF) .....                      | 92       | HYDROCORTISONE LOTION                  |            |
| GILENYA.....                         | 58          | HEALTHWISE INSULIN                     |          | COMPLETE.....                          | 69         |
| GILOTRIF .....                       | 8           | SYRINGE .....                          | 164      | <i>hydrocortisone valerate</i> .....   | 69         |
| GIVLAARI .....                       | 191         | HEALTHWISE PEN NEEDLE                  |          | <i>hydrocortisone-acetic acid</i> .... | 97         |
| <i>glatiramer</i> .....              | 58          | .....                                  | 164      | <i>hydromorphone</i> .....             | 109        |
| <i>glatopa</i> .....                 | 58          | HEALTHY ACCENTS                        |          | <i>hydromorphone (pf)</i> .....        | 109        |
| GLEOSTINE .....                      | 8           | UNIFINE PENTIP ...                     | 164, 165 | <i>hydroxychloroquine</i> .....        | 31         |
| <i>glimpiride</i> .....              | 26          | <i>heather</i> .....                   | 124      | <i>hydroxyprogesterone cap(ppres)</i>  |            |
| <i>glipizide</i> .....               | 27          | HEMADY .....                           | 81       | .....                                  | 84         |
| <i>glipizide-metformin</i> .....     | 27          | <i>heparin (porcine)</i> .....         | 192      | <i>hydroxyprogesterone caproate</i>    |            |
| <i>glutamine (sickle cell)</i> ..... | 102         | <i>heparin, porcine (pf)</i> .....     | 192      | .....                                  | 84         |
| <i>glyburide</i> .....               | 27          | HEPLISAV-B (PF) .....                  | 92       | <i>hydroxyurea</i> .....               | 8          |
| <i>glyburide micronized</i> .....    | 27          | HERCEPTIN HYLECTA.....                 | 8        | <i>hydroxyzine hcl</i> .....           | 141        |
| <i>glyburide-metformin</i> .....     | 27          | HERZUMA .....                          | 8        | <i>hydroxyzine pamoate</i> .....       | 102        |
| <i>glycopyrrolate</i> .....          | 75          | HETLIOZ LQ .....                       | 56       | HYQVIA .....                           | 88         |
| <i>glydo</i> .....                   | 111         | HIBERIX (PF).....                      | 92       | <b>I</b>                               |            |
| GLYXAMBI.....                        | 22          | HUMIRA .....                           | 87       | <i>ibandronate</i> .....               | 54         |
| <i>granisetron (pf)</i> .....        | 30          | HUMIRA PEN .....                       | 87       | IBRANCE .....                          | 8          |
| <i>granisetron hcl</i> .....         | 30          | HUMIRA PEN CROHNS-UC-                  |          | <i>ibu</i> .....                       | 106        |
| GRANIX .....                         | 193         | HS START .....                         | 87       | <i>ibuprofen</i> .....                 | 106        |

|                                   |     |  |                     |                                   |        |
|-----------------------------------|-----|--|---------------------|-----------------------------------|--------|
| <i>ibuprofen-famotidine</i> ..... | 106 | INQOVI .....                               | 9                   | <i>isradipine</i> .....           | 47     |
| <i>icatibant</i> .....            | 45  | INREBIC .....                              | 9                   | <i>itraconazole</i> .....         | 139    |
| <i>iclevia</i> .....              | 124 | <i>insulin asp prt-insulin aspart</i> ..25 |                     | IV PREP WIPES .....               | 71     |
| ICLUSIG .....                     | 8   | <i>insulin aspart u-100</i> .....          | 25                  | <i>ivabradine</i> .....           | 45     |
| IDHIFA .....                      | 8   | INSULIN SYR/NDL U100                       |                     | <i>ivermectin</i> .....           | 31     |
| <i>ifosfamide</i> .....           | 8   | HALF MARK .....                            | 165                 | IWILFIN .....                     | 9      |
| ILARIS (PF) .....                 | 88  | INSULIN SYRINGE .....                      | 151                 | IXCHIQ (PF) .....                 | 93     |
| ILEVRO .....                      | 100 | INSULIN SYRINGE                            |                     | IXIARO (PF) .....                 | 93     |
| ILUMYA .....                      | 88  | MICROFINE .....                            | 151                 | <b>J</b>                          |        |
| <i>imatinib</i> .....             | 8   | INSULIN SYRINGE                            |                     | <i>jaimiess</i> .....             | 124    |
| IMBRUVICA .....                   | 8   | NEEDLELESS .....                           | 151                 | JAKAFI .....                      | 9      |
| IMDELLTRA .....                   | 8   | INSULIN SYRINGE-NEEDLE                     |                     | <i>jantoven</i> .....             | 192    |
| <i>imipenem-cilastatin</i> .....  | 115 | U-100 .....                                | 151, 163, 165, 166, | JANUMET .....                     | 22     |
| <i>imipramine hcl</i> .....       | 136 | 173, 174, 178, 181, 182                    |                     | JANUMET XR .....                  | 22, 23 |
| <i>imipramine pamoate</i> .....   | 136 | INSUPEN PEN NEEDLE ..                      | 166,                | JANUVIA .....                     | 23     |
| <i>imiquimod</i> .....            | 71  | 167  |                     | JARDIANCE .....                   | 23     |
| IMJUDO .....                      | 9   | INTELENCE .....                            | 143                 | <i>jasmiel (28)</i> .....         | 124    |
| IMLYGIC .....                     | 9   | INTRALIPID .....                           | 40                  | <i>javygtor</i> .....             | 195    |
| IMOVAX RABIES VACCINE             |     | INVEGA HAFYERA .....                       | 35, 36              | JAYPIRCA .....                    | 9      |
| (PF) .....                        | 92  | INVEGA SUSTENNA .....                      | 36                  | JEMPERLI .....                    | 9      |
| IMPAVIDO .....                    | 31  | INVEGA TRINZA .....                        | 36                  | <i>jencycla</i> .....             | 124    |
| INBRIJA .....                     | 32  | INVELTYS .....                             | 100                 | JENTADUETO .....                  | 23     |
| <i>incassia</i> .....             | 124 | INVIRASE .....                             | 143                 | JENTADUETO XR .....               | 23     |
| INCONTROL ALCOHOL                 |     | IPOL .....                                 | 93                  | <i>jinteli</i> .....              | 80     |
| PADS .....                        | 71  | <i>ipratropium bromide</i> .....           | 65, 101             | <i>juleber</i> .....              | 124    |
| INCONTROL PEN NEEDLE              |     | <i>ipratropium-albuterol</i> .....         | 65                  | JULUCA .....                      | 144    |
| .....                             | 165 | IQIRVO .....                               | 75                  | <i>junel 1.5/30 (21)</i> .....    | 124    |
| INCRELEX .....                    | 83  | <i>irbesartan</i> .....                    | 46                  | <i>junel 1/20 (21)</i> .....      | 124    |
| <i>indapamide</i> .....           | 50  | <i>irbesartan-hydrochlorothiazide</i>      |                     | <i>junel fe 1.5/30 (28)</i> ..... | 125    |
| <i>indomethacin</i> .....         | 106 | .....                                      | 46                  | <i>junel fe 1/20 (28)</i> .....   | 125    |
| INFANRIX (DTAP) (PF) .....        | 92  | <i>irinotecan</i> .....                    | 9                   | <i>junel fe 24</i> .....          | 125    |
| INFLECTRA .....                   | 88  | ISENTRESS .....                            | 143, 144            | JUXTAPID .....                    | 49     |
| <i>infliximab</i> .....           | 88  | ISENTRESS HD .....                         | 143                 | JYLAMVO .....                     | 9      |
| INGREZZA .....                    | 59  | <i>isibloom</i> .....                      | 124                 | JYNARQUE .....                    | 50, 51 |
| INGREZZA INITIATION               |     | ISOLYTE S PH 7.4 .....                     | 189                 | JYNNEOS (PF) .....                | 93     |
| PK(TARDIV) .....                  | 59  | ISOLYTE-P IN 5 %                           |                     | <b>K</b>                          |        |
| INGREZZA SPRINKLE .....           | 59  | DEXTROSE .....                             | 189                 | <i>kalliga</i> .....              | 125    |
| INLYTA .....                      | 9   | ISOLYTE-S .....                            | 189                 | KALYDECO .....                    | 62     |
| INPEN (FOR HUMALOG)               |     | <i>isoniazid</i> .....                     | 141                 | KANJINTI .....                    | 9      |
| BLUE .....                        | 165 | <i>isosorbide dinitrate</i> .....          | 52                  | KANUMA .....                      | 196    |
| INPEN (NOVOLOG OR                 |     | <i>isosorbide mononitrate</i> .....        | 53                  | <i>kariva (28)</i> .....          | 125    |
| FIASP) BLUE .....                 | 165 | <i>isosorbide-hydralazine</i> .....        | 53                  | KATERZIA .....                    | 47     |

|   |          |  |              |   |          |
|---|----------|--|--------------|---|----------|
| <i>kelnor 1/35 (28)</i> .....               | 125      | <i>larin 1.5/30 (21)</i> .....             | 125          | <i>linezolid in dextrose 5%</i> .....       | 114      |
| <i>kelnor 1/50 (28)</i> .....               | 125      | <i>larin 1/20 (21)</i> .....               | 125          | LINZESS .....                               | 75       |
| KERENDIA .....                              | 52       | <i>larin 24 fe</i> .....                   | 125          | <i>liothyronine</i> .....                   | 78       |
| KESIMPTA PEN.....                           | 59       | <i>larin fe 1.5/30 (28)</i> .....          | 125          | LISCO.....                                  | 167      |
| <i>ketoconazole</i> .....                   | 139      | <i>larin fe 1/20 (28)</i> .....            | 125          | <i>lisinopril</i> .....                     | 52       |
| <i>ketoprofen</i> .....                     | 107      | <i>latanoprost</i> .....                   | 96           | <i>lisinopril-hydrochlorothiazide</i> ..... | 52       |
| <i>ketorolac</i> .....                      | 100, 107 | LAZCLUZE.....                              | 10           | LITE TOUCH INSULIN PEN                      |          |
| KEVZARA .....                               | 88       | <i>leflunomide</i> .....                   | 88           | NEEDLES .....                               | 167      |
| KEYTRUDA .....                              | 9        | <i>lenalidomide</i> .....                  | 10           | LITE TOUCH INSULIN                          |          |
| KIMMTRAK .....                              | 9        | LENTOCILIN S .....                         | 119          | SYRINGE.....                                | 167, 168 |
| KINERET .....                               | 88       | LENVIMA.....                               | 10           | <i>lithium carbonate</i> .....              | 59       |
| KINRIX (PF) .....                           | 93       | <i>lessina</i> .....                       | 125          | <i>lithium citrate</i> .....                | 59       |
| <i>kionex (with sorbitol)</i> .....         | 75       | <i>letrozole</i> .....                     | 10           | LIVALO .....                                | 49       |
| KISQALI.....                                | 10       | <i>leucovorin calcium</i> .....            | 102, 103     | LIVDELZI.....                               | 75       |
| KISQALI FEMARA CO-PACK                      |          | LEUKERAN.....                              | 10           | <i>lojaimiess</i> .....                     | 126      |
| .....                                       | 9, 10    | LEUKINE .....                              | 193          | LOKELMA .....                               | 75       |
| KLISYRI.....                                | 71       | <i>leuprolide</i> .....                    | 10           | LONSURF.....                                | 10       |
| <i>klor-con m10</i> .....                   | 189      | <i>leuprolide (3 month)</i> .....          | 10           | <i>loperamide</i> .....                     | 75       |
| <i>klor-con m15</i> .....                   | 189      | <i>levetiracetam</i> .....                 | 132          | <i>lopinavir-ritonavir</i> .....            | 144      |
| <i>klor-con m20</i> .....                   | 189      | <i>levobunolol</i> .....                   | 96           | LOQTORZI.....                               | 11       |
| KLOXXADO.....                               | 19       | <i>levocarnitine</i> .....                 | 103          | <i>lorazepam</i> .....                      | 21       |
| KOSELUGO.....                               | 10       | <i>levocarnitine (with sugar)</i> .....    | 103          | <i>lorazepam intensol</i> .....             | 21       |
| <i>kosher prenatal plus iron</i> .....      | 198      | <i>levocetirizine</i> .....                | 141          | LORBRENA .....                              | 11       |
| KOURZEQ .....                               | 66       | <i>levofloxacin</i> .....                  | 98, 101, 120 | <i>loryna (28)</i> .....                    | 126      |
| KRAZATI .....                               | 10       | <i>levofloxacin in d5w</i> .....           | 120          | <i>losartan</i> .....                       | 46       |
| KRINTAFEL .....                             | 31       | <i>levoleucovorin calcium</i> .....        | 103          | <i>losartan-hydrochlorothiazide</i> .....   | 46       |
| KRYSTEXXA .....                             | 196      | <i>levonest (28)</i> .....                 | 125          | LOTEMAX .....                               | 100      |
| <i>kurvelo (28)</i> .....                   | 125      | <i>levonorgest-eth.estradiol-iron</i>      |              | LOTEMAX SM .....                            | 100      |
| KYNMOBI .....                               | 32, 33   | .....                                      | 125          | <i>loteprednol etabonate</i> .....          | 100      |
| <b>L</b>                                    |          | <i>levonorgestrel-ethinyl estrad</i>       |              | <i>lovastatin</i> .....                     | 49       |
| <i>l norgest/e.estradiol-e.estrad</i> ..... | 125      | .....                                      | 125, 126     | <i>low-ogestrel (28)</i> .....              | 126      |
| <i>labetalol</i> .....                      | 42, 43   | <i>levonorg-eth estrad triphasic</i> ..... | 126          | <i>loxapine succinate</i> .....             | 36       |
| <i>lacosamide</i> .....                     | 132      | <i>levora-28</i> .....                     | 126          | <i>lo-zumandimine (28)</i> .....            | 126      |
| <i>lactulose</i> .....                      | 75       | <i>levothyroxine</i> .....                 | 78           | <i>lubiprostone</i> .....                   | 75       |
| <i>lagevrio (eua)</i> .....                 | 148      | LEXIVA.....                                | 144          | LUMAKRAS .....                              | 11       |
| <i>lamivudine</i> .....                     | 144      | LIBERVANT .....                            | 132          | LUMIGAN .....                               | 96       |
| <i>lamivudine-zidovudine</i> .....          | 144      | <i>lidocaine</i> .....                     | 112          | LUNSUMIO.....                               | 11       |
| <i>lamotrigine</i> .....                    | 132      | <i>lidocaine (pf)</i> .....                | 41, 112      | LUPRON DEPOT.....                           | 83       |
| <i>lanreotide</i> .....                     | 83       | <i>lidocaine hcl</i> .....                 | 112          | LUPRON DEPOT (3 MONTH)                      |          |
| <i>lansoprazole</i> .....                   | 74       | <i>lidocaine viscous</i> .....             | 112          | .....                                       | 11, 83   |
| <i>lanthanum</i> .....                      | 77       | <i>lidocaine-prilocaine</i> .....          | 112          | LUPRON DEPOT (4 MONTH)                      |          |
| <i>lapatinib</i> .....                      | 10       | <i>linezolid</i> .....                     | 114          | .....                                       | 11       |

|                                      |          |                                       |              |
|--------------------------------------|----------|---------------------------------------|--------------|
| LUPRON DEPOT (6 MONTH)               |          | <i>methazolamide</i> .....            | 96           |
| .....                                | 11       | <i>methenamine hippurate</i> .....    | 114          |
| LUPRON DEPOT-PED .....               | 83       | <i>methimazole</i> .....              | 79           |
| LUPRON DEPOT-PED (3                  |          | <i>methocarbamol</i> .....            | 197          |
| MONTH).....                          | 83       | <i>methotrexate sodium</i> .....      | 12           |
| <i>lurasidone</i> .....              | 36       | <i>methotrexate sodium (pf)</i> ..... | 12           |
| <i>lutea</i> (28) .....              | 126      | <i>methoxsalen</i> .....              | 71           |
| LYBALVI .....                        | 36       | <i>methscopolamine</i> .....          | 75           |
| <i>lyleq</i> .....                   | 126      | <i>methsuximide</i> .....             | 132          |
| <i>lyllana</i> .....                 | 80       | <i>methyl dopa</i> .....              | 41           |
| LYNPARZA .....                       | 11       | <i>methylphenidate hcl</i> .....      | 60           |
| LYSODREN .....                       | 11       | <i>methylprednisolone</i> .....       | 81           |
| LYTGOBI .....                        | 11       | <i>methylprednisolone acetate</i> ... | 81           |
| <i>lyza</i> .....                    | 126      | <i>methylprednisolone sodium succ</i> |              |
| <b>M</b>                             |          | .....                                 | 81           |
| MAGELLAN INSULIN                     |          | <i>metoclopramide hcl</i> .....       | 76           |
| SAFETY SYRNG .....                   | 168      | <i>metolazone</i> .....               | 51           |
| MAGELLAN SYRINGE.....                | 168      | <i>metoprolol succinate</i> .....     | 43           |
| <i>magnesium sulfate</i> .....       | 189      | <i>metoprolol ta-hydrochlorothiaz</i> |              |
| <i>magnesium sulfate in d5w</i> .... | 189      | .....                                 | 43           |
| <i>magnesium sulfate in water</i> .  | 189      | <i>metoprolol tartrate</i> .....      | 43           |
| <i>malathion</i> .....               | 73       | <i>metronidazole</i> .....            | 72, 113, 114 |
| <i>maraviroc</i> .....               | 144      | <i>metronidazole in nacl (iso-os)</i> |              |
| MARGENZA .....                       | 11       | .....                                 | 114          |
| <i>marlissa</i> (28).....            | 126      | <i>metyrosine</i> .....               | 45           |
| <i>marnatal-f</i> .....              | 198      | <i>mexiletine</i> .....               | 42           |
| MARPLAN .....                        | 136      | <i>miconazole-3</i> .....             | 139          |
| MATULANE .....                       | 11       | MICRODOT INSULIN PEN                  |              |
| <i>matzim la</i> .....               | 44       | NEEDLE .....                          | 168          |
| MAVENCLAD (10 TABLET                 |          | MICRODOT READYGARD                    |              |
| PACK).....                           | 59       | PEN NEEDLE .....                      | 168          |
| MAVENCLAD (4 TABLET                  |          | <i>microgestin fe 1/20 (28)</i> ..... | 126          |
| PACK).....                           | 59       | <i>midazolam</i> .....                | 21           |
| MAVENCLAD (5 TABLET                  |          | <i>midodrine</i> .....                | 41           |
| PACK).....                           | 59       | <i>mifepristone</i> .....             | 23           |
| MAVENCLAD (6 TABLET                  |          | <i>miglitol</i> .....                 | 23           |
| PACK).....                           | 59       | <i>miglustat</i> .....                | 196          |
| MAVENCLAD (7 TABLET                  |          | <i>mili</i> .....                     | 126          |
| PACK).....                           | 59       | <i>mimvey</i> .....                   | 80           |
| MAVENCLAD (8 TABLET                  |          | MINI ULTRA-THIN II .....              | 169          |
| PACK).....                           | 59       | <i>minocycline</i> .....              | 121          |
| MAVENCLAD (9 TABLET                  |          | <i>minoxidil</i> .....                | 53           |
| PACK) .....                          | 59       |                                       |              |
| MAVYRET .....                        | 147      |                                       |              |
| MAXICOMFORT II PEN                   |          |                                       |              |
| NEEDLE.....                          | 168      |                                       |              |
| MAXICOMFORT INSULIN                  |          |                                       |              |
| SYRINGE.....                         | 168      |                                       |              |
| MAXI-COMFORT INSULIN                 |          |                                       |              |
| SYRINGE.....                         | 168      |                                       |              |
| MAXI-COMFORT INSULIN                 |          |                                       |              |
| SYRINGE.....                         | 168      |                                       |              |
| MAXICOMFORT SAFETY                   |          |                                       |              |
| PEN NEEDLE.....                      | 168      |                                       |              |
| MAYZENT .....                        | 59       |                                       |              |
| MAYZENT STARTER(FOR                  |          |                                       |              |
| 1MG MAINT) .....                     | 60       |                                       |              |
| MAYZENT STARTER(FOR                  |          |                                       |              |
| 2MG MAINT) .....                     | 60       |                                       |              |
| <i>meclizine</i> .....               | 30       |                                       |              |
| <i>medroxyprogesterone</i> .....     | 84       |                                       |              |
| <i>mefenamic acid</i> .....          | 107      |                                       |              |
| <i>mefloquine</i> .....              | 31       |                                       |              |
| <i>megestrol</i> .....               | 11, 84   |                                       |              |
| MEKINIST .....                       | 11, 12   |                                       |              |
| MEKTOVI.....                         | 12       |                                       |              |
| <i>meloxicam</i> .....               | 107      |                                       |              |
| <i>memantine</i> .....               | 22       |                                       |              |
| MENACTRA (PF) .....                  | 93       |                                       |              |
| MENQUADFI (PF).....                  | 93       |                                       |              |
| MENVEO A-C-Y-W-135-DIP               |          |                                       |              |
| (PF).....                            | 93       |                                       |              |
| MEPSEVII.....                        | 196      |                                       |              |
| <i>mercaptopurine</i> .....          | 12       |                                       |              |
| <i>meropenem</i> .....               | 115      |                                       |              |
| <i>merzee</i> .....                  | 126      |                                       |              |
| <i>mesalamine</i> .....              | 53       |                                       |              |
| <i>mesna</i> .....                   | 103      |                                       |              |
| MESNEX.....                          | 103      |                                       |              |
| <i>metadate er</i> .....             | 60       |                                       |              |
| <i>metformin</i> .....               | 23       |                                       |              |
| <i>methadone</i> .....               | 109, 110 |                                       |              |
| <i>methadose</i> .....               | 110      |                                       |              |

|  |          |                                       |        |                                       |         |
|--|----------|---------------------------------------|--------|---------------------------------------|---------|
| <i>mirtazapine</i> .....               | 137      | MYRBETRIQ.....                        | 78     | <i>nifedipine</i> .....               | 47      |
| <i>misoprostol</i> .....               | 74       | <b>N</b>                              |        | <i>nikki (28)</i> .....               | 126     |
| <i>mitoxantrone</i> .....              | 12       | <i>nabumetone</i> .....               | 107    | <i>nilutamide</i> .....               | 12      |
| M-M-R II (PF) .....                    | 93       | <i>nadolol</i> .....                  | 43     | NINLARO .....                         | 12      |
| <i>m-natal plus</i> .....              | 198      | <i>nafcilin</i> .....                 | 119    | <i>nitazoxanide</i> .....             | 31      |
| <i>modafinil</i> .....                 | 56       | NAGLAZYME.....                        | 196    | <i>nitisinone</i> .....               | 196     |
| <i>moexipril</i> .....                 | 52       | <i>naloxone</i> .....                 | 19, 20 | <i>nitrofurantoin macrocrystal</i> .. | 114     |
| <i>molindone</i> .....                 | 36, 37   | <i>naltrexone</i> .....               | 20     | <i>nitrofurantoin monohyd/m-cryst</i> |         |
| <i>mometasone</i> .....                | 69, 100  | NAMZARIC.....                         | 22     | .....                                 | 115     |
| <i>mondoxyne nl</i> .....              | 121      | <i>naproxen</i> .....                 | 107    | <i>nitroglycerin</i> .....            | 53, 103 |
| MONOJECT INSULIN                       |          | <i>naratriptan</i> .....              | 28     | <i>niva-plus</i> .....                | 198     |
| SAFETY SYRINGE... 169, 170             |          | NATACYN.....                          | 98     | NIVESTYM .....                        | 194     |
| MONOJECT INSULIN                       |          | <i>nateglinide</i> .....              | 23     | <i>nizatidine</i> .....               | 74      |
| SYRINGE .....                          | 169, 170 | NATPARA .....                         | 54     | NORDITROPIN FLEXPRO..                 | 83      |
| MONOJECT SYRINGE.....                  | 169      | NAYZILAM.....                         | 132    | <i>norelgestromin-ethin.estradiol</i> |         |
| MONOJECT ULTRA                         |          | <i>neбиволol</i> .....                | 43     | .....                                 | 126     |
| COMFORT INSULIN ....                   | 183      | <i>necon 0.5/35 (28)</i> .....        | 126    | <i>norethindrone (contraceptive)</i>  |         |
| <i>mono-lynyah</i> .....               | 126      | <i>nefazodone</i> .....               | 137    | .....                                 | 127     |
| <i>montelukast</i> .....               | 64       | <i>neomycin</i> .....                 | 113    | <i>norethindrone acetate</i> .....    | 85      |
| <i>morphine</i> .....                  | 110      | <i>neomycin-bacitracin-poly-hc</i> .. | 98     | <i>norethindrone ac-eth estradiol</i> |         |
| MORPHINE.....                          | 110      | <i>neomycin-bacitracin-polymyxin</i>  |        | .....                                 | 80, 127 |
| <i>morphine concentrate</i> .....      | 110      | .....                                 | 98     | <i>norethindrone-e.estradiol-iron</i> |         |
| MOUNJARO .....                         | 23       | <i>neomycin-polymyxin b gu</i> .....  | 73     | .....                                 | 127     |
| MOVANTIK.....                          | 76       | <i>neomycin-polymyxin b-</i>          |        | <i>norgestimate-ethinyl estradiol</i> |         |
| <i>moxifloxacin</i> .....              | 98, 120  | <i>dexameth</i> .....                 | 98     | .....                                 | 127     |
| <i>moxifloxacin-sod.ace,sul-water</i>  |          | <i>neomycin-polymyxin-gramicidin</i>  |        | NORMOSOL-M IN 5 %                     |         |
| .....                                  | 120      | .....                                 | 98     | DEXTROSE.....                         | 189     |
| <i>moxifloxacin-sod.chloride(iso)</i>  |          | <i>neomycin-polymyxin-hc</i> .....    | 98     | <i>nortrel 0.5/35 (28)</i> .....      | 127     |
| .....                                  | 120      | <i>neo-polycin</i> .....              | 98     | <i>nortrel 1/35 (21)</i> .....        | 127     |
| MOZOBIL .....                          | 193      | <i>neo-polycin hc</i> .....           | 98     | <i>nortrel 1/35 (28)</i> .....        | 127     |
| MRESVIA (PF) .....                     | 93       | NERLYNX .....                         | 12     | <i>nortrel 7/7/7 (28)</i> .....       | 127     |
| MULTAQ .....                           | 42       | NEULASTA ONPRO .....                  | 193    | <i>nortriptyline</i> .....            | 137     |
| <i>mupirocin</i> .....                 | 73       | NEUPRO .....                          | 33     | NORVIR.....                           | 144     |
| MVASI.....                             | 12       | <i>nevirapine</i> .....               | 144    | NOVOFINE 30 .....                     | 170     |
| <i>mycophenolate mofetil</i> .....     | 88       | <i>newgen</i> .....                   | 198    | NOVOFINE 32 .....                     | 170     |
| <i>mycophenolate mofetil (hcl)</i> ... | 88       | NEXLETOL .....                        | 49     | NOVOFINE PLUS .....                   | 170     |
| <i>mycophenolate sodium</i> .....      | 89       | NEXLIZET .....                        | 49     | NOVOLIN 70/30 U-100                   |         |
| <i>mynatal</i> .....                   | 198      | <i>niacin</i> .....                   | 49     | INSULIN .....                         | 26      |
| <i>mynatal advance</i> .....           | 198      | <i>niacor</i> .....                   | 49     | NOVOLIN 70-30 FLEXPEN U-              |         |
| <i>mynatal plus</i> .....              | 198      | <i>nicardipine</i> .....              | 47     | 100 .....                             | 26      |
| <i>mynatal-z</i> .....                 | 198      | NICOTROL .....                        | 20     | NOVOLIN N FLEXPEN .....               | 26      |
| <i>mynate 90 plus</i> .....            | 198      | NICOTROL NS.....                      | 20     |                                       |         |

|  |     |                                       |        |
|--|-----|---------------------------------------|--------|
| NOVOLIN N NPH U-100                    |     | ONUREG .....                          | 13     |
| INSULIN.....                           | 26  | OPDIVO.....                           | 13     |
| NOVOLIN R FLEXPEN .....                | 26  | OPDUALAG.....                         | 13     |
| NOVOLIN R REGULAR U100                 |     | OPSUMIT .....                         | 104    |
| INSULIN.....                           | 26  | <i>oralone</i> .....                  | 66     |
| NOVOTWIST.....                         | 170 | ORENCIA .....                         | 89     |
| NOXAFIL .....                          | 139 | ORENCIA (WITH MALTOSE)                |        |
| NPLATE .....                           | 194 | .....                                 | 89     |
| NUBEQA .....                           | 12  | ORENCIA CLICKJECT .....               | 89     |
| NUCALA .....                           | 62  | ORFADIN .....                         | 196    |
| NULOJIX.....                           | 89  | ORGOVYX.....                          | 83     |
| NUPLAZID .....                         | 37  | ORLISSA .....                         | 83     |
| NURTEC ODT .....                       | 28  | ORKAMBI .....                         | 62     |
| NUTRILIPID .....                       | 40  | ORSERDU .....                         | 13     |
| <i>nyamyc</i> .....                    | 140 | <i>oseltamivir</i> .....              | 147    |
| <i>nylia 1/35 (28)</i> .....           | 127 | OSMOLEX ER .....                      | 33     |
| <i>nylia 7/7/7 (28)</i> .....          | 127 | OTEZLA .....                          | 89     |
| <i>nymyo</i> .....                     | 127 | OTEZLA STARTER.....                   | 89     |
| <i>nystatin</i> .....                  | 140 | <i>oxaliplatin</i> .....              | 13     |
| <i>nystatin-triamcinolone</i> .....    | 140 | <i>oxandrolone</i> .....              | 79     |
| <i>nystop</i> .....                    | 140 | <i>oxazepam</i> .....                 | 21     |
| NYVEPRIA .....                         | 194 | <i>oxcarbazepine</i> .....            | 133    |
| <b>O</b>                               |     | OXLUMO .....                          | 103    |
| <i>obstetrix dha</i> .....             | 198 | <i>oxybutynin chloride</i> .....      | 78     |
| <i>obstetrix dha prenatal duo</i> ...  | 198 | <i>oxycodone</i> .....                | 110    |
| <i>o-cal prenatal</i> .....            | 198 | <i>oxycodone-acetaminophen</i> ..     | 110,   |
| OCALIVA.....                           | 76  | 111                                   |        |
| OCREVUS.....                           | 61  | OXYCONTIN.....                        | 111    |
| OCTAGAM .....                          | 89  | <i>oxymorphone</i> .....              | 111    |
| <i>octreotide acetate</i> .....        | 83  | OZEMPIC .....                         | 23, 24 |
| ODEFSEY.....                           | 144 | <b>P</b>                              |        |
| ODOMZO .....                           | 12  | <i>pacerone</i> .....                 | 42     |
| OFEV .....                             | 62  | <i>paclitaxel</i> .....               | 13     |
| <i>ofloxacin</i> .....                 | 98  | <i>paclitaxel protein-bound</i> ..... | 13     |
| OGIVRI.....                            | 12  | <i>paliperidone</i> .....             | 37     |
| OGSIVEO .....                          | 12  | PALYNZIQ.....                         | 196    |
| OJEMDA .....                           | 12  | <i>pamidronate</i> .....              | 54     |
| OJJAARA .....                          | 13  | PANRETIN .....                        | 71     |
| <i>olanzapine</i> .....                | 37  | <i>pantoprazole</i> .....             | 74     |
| <i>olmesartan</i> .....                | 46  | <i>paricalcitol</i> .....             | 55     |
| <i>olmesartan-amlodipin-hcthiazyd</i>  |     | <i>paroex oral rinse</i> .....        | 67     |
| .....                                  | 46  | <i>paromomycin</i> .....              | 31     |
|  |     |                                       |        |
| <i>olmesartan-hydrochlorothiazide</i>  |     |                                       |        |
| .....                                  | 46  |                                       |        |
| <i>olopatadine</i> .....               | 101 |                                       |        |
| OLUMIANT .....                         | 89  |                                       |        |
| <i>omega-3 acid ethyl esters</i> ..... | 49  |                                       |        |
| <i>omeprazole</i> .....                | 74  |                                       |        |
| <i>omeprazole-sodium bicarbonate</i>   |     |                                       |        |
| .....                                  | 74  |                                       |        |
| OMNIPOD 5 G6 INTRO KIT                 |     |                                       |        |
| (GEN 5) .....                          | 170 |                                       |        |
| OMNIPOD 5 G6 PODS (GEN                 |     |                                       |        |
| 5) .....                               | 170 |                                       |        |
| OMNIPOD 5 G6-G7 INTRO                  |     |                                       |        |
| KT(GEN5).....                          | 170 |                                       |        |
| OMNIPOD 5 G6-G7 PODS                   |     |                                       |        |
| (GEN 5) .....                          | 170 |                                       |        |
| OMNIPOD CLASSIC PODS                   |     |                                       |        |
| (GEN 3) .....                          | 170 |                                       |        |
| OMNIPOD DASH INTRO KIT                 |     |                                       |        |
| (GEN 4) .....                          | 170 |                                       |        |
| OMNIPOD DASH PDM KIT                   |     |                                       |        |
| (GEN 4) .....                          | 170 |                                       |        |
| OMNIPOD DASH PODS (GEN                 |     |                                       |        |
| 4) .....                               | 170 |                                       |        |
| OMNIPOD GO PODS.....                   | 171 |                                       |        |
| OMNIPOD GO PODS 10                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| OMNIPOD GO PODS 15                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| OMNIPOD GO PODS 20                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| OMNIPOD GO PODS 25                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| OMNIPOD GO PODS 30                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| OMNIPOD GO PODS 40                     |     |                                       |        |
| UNITS/DAY .....                        | 171 |                                       |        |
| <i>ondansetron</i> .....               | 30  |                                       |        |
| <i>ondansetron hcl</i> .....           | 30  |                                       |        |
| <i>ondansetron hcl (pf)</i> .....      | 30  |                                       |        |
| ONGENTYS.....                          | 33  |                                       |        |
| ONTRUZANT.....                         | 13  |                                       |        |

|  |     |  |          |  |             |
|--|-----|--|----------|--|-------------|
| <i>paroxetine hcl</i> .....                | 137 | <i>phenytoin sodium extended</i> ...           | 133      | <i>prednicarbate</i> .....                     | 69          |
| PAXLOVID .....                             | 147 | <i>philith</i> .....                           | 127      | <i>prednisolone</i> .....                      | 82          |
| <i>pazopanib</i> .....                     | 13  | PIFELTRO .....                                 | 144      | <i>prednisolone acetate</i> .....              | 100         |
| PEDIARIX (PF) .....                        | 93  | <i>pilocarpine hcl</i> .....                   | 67, 96   | <i>prednisolone sodium phosphate</i><br>.....  | 81, 82, 100 |
| PEDVAX HIB (PF).....                       | 93  | <i>pimecrolimus</i> .....                      | 69       | <i>prednisone</i> .....                        | 82          |
| PEGASYS .....                              | 148 | <i>pimozide</i> .....                          | 37       | <i>pregabalin</i> .....                        | 133         |
| <i>peg-electrolyte soln</i> .....          | 77  | <i>pimtrea (28)</i> .....                      | 127      | PREHEVBRIO (PF) .....                          | 94          |
| PEMAZYRE .....                             | 13  | <i>pindolol</i> .....                          | 43       | PREMARIN .....                                 | 80          |
| <i>pemetrexed</i> .....                    | 13  | <i>pioglitazone</i> .....                      | 24       | PREMPHASE .....                                | 80          |
| <i>pemetrexed disodium</i> .....           | 13  | <i>pioglitazone-metformin</i> .....            | 24       | PREMPRO .....                                  | 81          |
| PEMRYDI RTU .....                          | 13  | PIP PEN NEEDLE .....                           | 172      | <i>prenal true</i> .....                       | 199         |
| PEN NEEDLE ..... 163, 171, 174             |     | <i>piperacillin-tazobactam</i> .....           | 119      | <i>prenaissance</i> .....                      | 199         |
| PEN NEEDLE, DIABETIC 155,<br>169, 171, 173 |     | PIQRAY.....                                    | 13, 14   | <i>prenaissance plus</i> .....                 | 199         |
| PEN NEEDLE, DIABETIC,<br>SAFETY .....      | 174 | <i>pirfenidone</i> .....                       | 62       | <i>prenatabs fa</i> .....                      | 199         |
| PENBRAYA (PF) .....                        | 93  | <i>pirmella</i> .....                          | 127, 128 | <i>prenatal 19</i> .....                       | 199         |
| PENBRAYA MENACWY<br>COMPONENT(PF).....     | 93  | <i>piroxicam</i> .....                         | 107      | <i>prenatal 19 (with docusate)</i> ..          | 199         |
| PENBRAYA MENB<br>COMPONENT (PF).....       | 94  | PLASMA-LYTE A .....                            | 189      | <i>prenatal low iron</i> .....                 | 199         |
| <i>penciclovir</i> .....                   | 71  | PLEGRIDY .....                                 | 61       | <i>prenatal plus</i> .....                     | 199         |
| <i>penicillamine</i> .....                 | 113 | <i>plerixafor</i> .....                        | 194      | <i>prenatal plus (calcium carb)</i>            | 198         |
| <i>penicillin g potassium</i> .....        | 119 | <i>pnv 29-1</i> .....                          | 198      | <i>prenatal vitamin plus low iron</i><br>..... | 199         |
| <i>penicillin g procaine</i> .....         | 119 | <i>pnv-dha + docusate</i> .....                | 198      | <i>prenatal-u</i> .....                        | 199         |
| <i>penicillin v potassium</i> .....        | 119 | <i>pnv-omega</i> .....                         | 198      | <i>preplus</i> .....                           | 199         |
| PENTACEL (PF).....                         | 94  | <i>podofilox</i> .....                         | 71       | <i>pretab</i> .....                            | 199         |
| <i>pentamidine</i> .....                   | 31  | <i>polycin</i> .....                           | 98       | PRETOMANID .....                               | 141         |
| PENTIPS .....                              | 172 | <i>polymyxin b sulfate</i> .....               | 115      | <i>prevalite</i> .....                         | 49          |
| <i>pentoxifylline</i> .....                | 193 | <i>polymyxin b sulf-trimethoprim</i>           | 99       | PREVENT DROPSAFE PEN<br>NEEDLE .....           | 172         |
| <i>perindopril erbumine</i> .....          | 52  | POMALYST .....                                 | 14       | PREVYMIS .....                                 | 147         |
| <i>periogard</i> .....                     | 67  | <i>portia 28</i> .....                         | 128      | PREZCOBIX.....                                 | 145         |
| <i>permethrin</i> .....                    | 73  | <i>posaconazole</i> .....                      | 140      | PREZISTA .....                                 | 145         |
| <i>perphenazine</i> .....                  | 37  | <i>potassium chloride</i> ..... 189, 190       |          | PRIFTIN .....                                  | 141         |
| <i>perphenazine-amitriptyline</i> ..       | 137 | <i>potassium chloride-0.45 % nacl</i><br>..... | 190      | PRIMAQUINE.....                                | 31          |
| PERSERIS .....                             | 37  | <i>potassium citrate</i> .....                 | 190      | <i>primidone</i> .....                         | 133         |
| <i>pfizerpen-g</i> .....                   | 119 | <i>pr natal 400</i> .....                      | 198      | PRIORIX (PF).....                              | 94          |
| <i>phenelzine</i> .....                    | 137 | <i>pr natal 400 ec</i> .....                   | 198      | PRIVIGEN .....                                 | 89          |
| <i>phenobarbital</i> .....                 | 133 | <i>pr natal 430</i> .....                      | 198      | PRO COMFORT ALCOHOL<br>PADS .....              | 71          |
| <i>phenylephrine hcl</i> .....             | 41  | <i>pr natal 430 ec</i> .....                   | 199      | PRO COMFORT INSULIN<br>SYRINGE.....            | 172         |
| <i>phenytoin</i> .....                     | 133 | PRALUENT PEN .....                             | 49       |  |             |
| <i>phenytoin sodium</i> .....              | 133 | <i>pramipexole</i> .....                       | 33       |  |             |
|  |     | <i>prasugrel</i> .....                         | 193      |  |             |
|  |     | <i>pravastatin</i> .....                       | 49       |  |             |
|  |     | <i>prazosin</i> .....                          | 41       |  |             |



|   |         |  |
|---|---------|--|
| PRO COMFORT PEN                         |         |  |
| NEEDLE .....                            | 172     |  |
| PROAIR RESPICLICK .....                 | 65      |  |
| <i>probenecid</i> .....                 | 27      |  |
| <i>probenecid-colchicine</i> .....      | 27      |  |
| <i>procainamide</i> .....               | 42      |  |
| <i>prochlorperazine</i> .....           | 30      |  |
| <i>prochlorperazine edisylate</i> ....  | 30,     |  |
| 37                                      |         |  |
| <i>prochlorperazine maleate</i> .....   | 30      |  |
| <i>proctosol hc</i> .....               | 69      |  |
| <i>proctozone-hc</i> .....              | 69      |  |
| PRODIGY INSULIN                         |         |  |
| SYRINGE .....                           | 173     |  |
| <i>progesterone</i> .....               | 85      |  |
| <i>progesterone micronized</i> .....    | 85      |  |
| PROGRAF .....                           | 89      |  |
| PROLASTIN-C .....                       | 62      |  |
| PROLIA .....                            | 55      |  |
| PROMACTA .....                          | 194     |  |
| <i>promethazine</i> .....               | 30, 141 |  |
| <i>promethegan</i> .....                | 30, 31  |  |
| <i>propafenone</i> .....                | 42      |  |
| <i>proparacaine</i> .....               | 101     |  |
| <i>propranolol</i> .....                | 43      |  |
| <i>propranolol-hydrochlorothiazid</i>   |         |  |
| .....                                   | 43      |  |
| <i>propylthiouracil</i> .....           | 79      |  |
| PROQUAD (PF).....                       | 94      |  |
| PROSOL 20 % .....                       | 40      |  |
| <i>protamine</i> .....                  | 191     |  |
| <i>protriptyline</i> .....              | 137     |  |
| PULMOZYME .....                         | 196     |  |
| PURE COMFORT ALCOHOL                    |         |  |
| PADS.....                               | 71      |  |
| PURE COMFORT PEN                        |         |  |
| NEEDLE .....                            | 173     |  |
| PURE COMFORT SAFETY                     |         |  |
| PEN NEEDLE .....                        | 173     |  |
| PURIXAN .....                           | 14      |  |
| <i>pyrazinamide</i> .....               | 141     |  |
| <i>pyridostigmine bromide</i> .....     | 103     |  |
| <i>pyrimethamine</i> .....              | 31      |  |
| <b>Q</b>                                |         |  |
| QINLOCK .....                           | 14      |  |
| QUADRACEL (PF) .....                    | 94      |  |
| <i>quetiapine</i> .....                 | 37      |  |
| <i>quinapril</i> .....                  | 52      |  |
| <i>quinapril-hydrochlorothiazide</i> 52 |         |  |
| <i>quinidine gluconate</i> .....        | 42      |  |
| <i>quinidine sulfate</i> .....          | 42      |  |
| <i>quinine sulfate</i> .....            | 31      |  |
| QULIPTA .....                           | 28      |  |
| <b>R</b>                                |         |  |
| RABAVERT (PF) .....                     | 94      |  |
| <i>rabeprazole</i> .....                | 74      |  |
| RADICAVA .....                          | 61      |  |
| <i>raloxifene</i> .....                 | 81      |  |
| <i>ramipril</i> .....                   | 52      |  |
| <i>ranolazine</i> .....                 | 45      |  |
| <i>rasagiline</i> .....                 | 33      |  |
| RASUVO (PF) .....                       | 89      |  |
| RAVICTI .....                           | 76      |  |
| RAYALDEE.....                           | 55      |  |
| <i>reclipsen (28)</i> .....             | 128     |  |
| RECOMBIVAX HB (PF).....                 | 94      |  |
| REGANEX .....                           | 71      |  |
| RELENZA DISKHALER ...                   | 147     |  |
| RELEUKO.....                            | 194     |  |
| RELION NEEDLES .....                    | 174     |  |
| RELION PEN NEEDLES ...                  | 174     |  |
| RELISTOR .....                          | 76      |  |
| RENFLEXIS.....                          | 89      |  |
| <i>repaglinide</i> .....                | 24      |  |
| REPATHA PUSHTRONEX ..                   | 49      |  |
| REPATHA SURECLICK.....                  | 49      |  |
| REPATHA SYRINGE.....                    | 49      |  |
| RESTASIS.....                           | 100     |  |
| RESTASIS MULTIDOSE...                   | 100     |  |
| RETACRIT .....                          | 194     |  |
| RETEVMO .....                           | 14      |  |
| RETROVIR .....                          | 145     |  |
| REVCOVI.....                            | 196     |  |
| <i>revonto</i> .....                    | 197     |  |
| REXULTI.....                            | 37      |  |
| REYATAZ .....                           | 145     |  |
| REZLIDHIA .....                         | 14      |  |
| REZUROCK .....                          | 89      |  |
| RHOPRESSA.....                          | 97      |  |
| RIABNI .....                            | 14      |  |
| <i>ribavirin</i> .....                  | 148     |  |
| RIDAURA.....                            | 89      |  |
| <i>rifabutin</i> .....                  | 141     |  |
| <i>rifampin</i> .....                   | 141     |  |
| <i>rilpivirine</i> .....                | 145     |  |
| <i>riluzole</i> .....                   | 61      |  |
| <i>rimantadine</i> .....                | 147     |  |
| RINVOQ .....                            | 90      |  |
| RINVOQ LQ.....                          | 90      |  |
| <i>risedronate</i> .....                | 55      |  |
| <i>risperidone</i> .....                | 38      |  |
| <i>risperidone microspheres</i> ..      | 37, 38  |  |
| <i>ritonavir</i> .....                  | 145     |  |
| RITUXAN HYCELA .....                    | 14      |  |
| <i>rivastigmine</i> .....               | 22      |  |
| <i>rivastigmine tartrate</i> .....      | 22      |  |
| RIVFLOZA .....                          | 103     |  |
| <i>rizatriptan</i> .....                | 28      |  |
| <i>r-natal ob</i> .....                 | 199     |  |
| ROCKLATAN .....                         | 97      |  |
| <i>roflumilast</i> .....                | 62      |  |
| ROLVEDON.....                           | 194     |  |
| <i>ropinirole</i> .....                 | 33      |  |
| <i>rosadan</i> .....                    | 73      |  |
| <i>rosuvastatin</i> .....               | 49, 50  |  |
| ROTARIX .....                           | 94      |  |
| ROTATEQ VACCINE.....                    | 94      |  |
| ROZLYTREK .....                         | 14      |  |
| RUBRACA.....                            | 14      |  |
| <i>rufinamide</i> .....                 | 133     |  |
| RUKOBIA.....                            | 145     |  |
| RUXIENCE.....                           | 14      |  |
| RYBELSUS .....                          | 24      |  |
| RYBREVANT .....                         | 14      |  |
| RYDAPT .....                            | 14      |  |
| RYTELO .....                            | 15      |  |

|   |          |  |
|---|----------|--|
| <b>S</b>                                  |          |  |
| SAFESNAP INSULIN                          |          |  |
| SYRINGE .....                             | 174      |  |
| SAFETY PEN NEEDLE .....                   | 174      |  |
| <i>sajazir</i> .....                      | 45       |  |
| SANTYL .....                              | 71       |  |
| <i>sapropterin</i> .....                  | 196      |  |
| SAVELLA .....                             | 61       |  |
| SCSEMBLIX .....                           | 15       |  |
| <i>scopolamine base</i> .....             | 31       |  |
| SECUADO .....                             | 38       |  |
| SECURESAFE INSULIN                        |          |  |
| SYRINGE .....                             | 174      |  |
| SECURESAFE PEN NEEDLE                     |          |  |
| .....                                     | 174      |  |
| <i>select-ob</i> .....                    | 199      |  |
| <i>select-ob (folic acid)</i> .....       | 199      |  |
| <i>selegiline hcl</i> .....               | 33       |  |
| <i>selenium sulfide</i> .....             | 73       |  |
| SELZENTRY .....                           | 145      |  |
| SEMGLEE(INSULIN                           |          |  |
| GLARGINE-YFGN) .....                      | 26       |  |
| SEMGLEE(INSULIN GLARG-                    |          |  |
| YFGN)PEN .....                            | 26       |  |
| <i>se-natal 19 chewable</i> .....         | 199      |  |
| SEREVENT DISKUS .....                     | 65       |  |
| SEROSTIM .....                            | 84       |  |
| <i>sertraline</i> .....                   | 137      |  |
| <i>setlakin</i> .....                     | 128      |  |
| <i>sevelamer carbonate</i> .....          | 77       |  |
| <i>sevelamer hcl</i> .....                | 77       |  |
| SEZABY .....                              | 133      |  |
| <i>sf 5000 plus</i> .....                 | 67       |  |
| <i>sharobel</i> .....                     | 128      |  |
| SHINGRIX (PF) .....                       | 95       |  |
| SIGNIFOR .....                            | 84       |  |
| <i>sildenafil (pulm.hypertension)</i>     |          |  |
| .....                                     | 104      |  |
| <i>silver sulfadiazine</i> .....          | 73       |  |
| SIMBRINZA .....                           | 97       |  |
| <i>simliya (28)</i> .....                 | 128      |  |
| <i>simpesse</i> .....                     | 128      |  |
| <i>simvastatin</i> .....                  | 50       |  |
| <i>sirolimus</i> .....                    | 90       |  |
| SIRTURO .....                             | 141      |  |
| SKY SAFETY PEN NEEDLE                     |          |  |
| .....                                     | 174, 175 |  |
| SKYRIZI .....                             | 90       |  |
| SLYND .....                               | 128      |  |
| <i>sodium chloride 0.45 %</i> .....       | 190      |  |
| <i>sodium chloride 0.9 %</i> .....        | 190      |  |
| <i>sodium fluoride-pot nitrate</i> .....  | 67       |  |
| <i>sodium oxybate</i> .....               | 56       |  |
| <i>sodium phenylbutyrate</i> .....        | 76       |  |
| <i>sodium polystyrene sulfonate</i> ..... | 76       |  |
| <i>sodium,potassium,mag sulfates</i>      |          |  |
| .....                                     | 77       |  |
| <i>solifenacin</i> .....                  | 78       |  |
| SOLQUA 100/33 .....                       | 26       |  |
| SOLTAMOX .....                            | 15       |  |
| SOLU-CORTEF ACT-O-VIAL                    |          |  |
| (PF) .....                                | 82       |  |
| SOMATULINE DEPOT .....                    | 84       |  |
| SOMAVERT .....                            | 84       |  |
| <i>sorafenib</i> .....                    | 15       |  |
| <i>sorine</i> .....                       | 43       |  |
| <i>sotalol</i> .....                      | 43       |  |
| <i>sotalol af</i> .....                   | 43       |  |
| SPIRIVA RESPIMAT .....                    | 66       |  |
| SPIRIVA WITH                              |          |  |
| HANDIHALER .....                          | 66       |  |
| <i>spironolactone</i> .....               | 51, 52   |  |
| <i>spironolacton-hydrochlorothiaz</i>     |          |  |
| .....                                     | 51       |  |
| SPRAVATO .....                            | 137      |  |
| <i>sprintec (28)</i> .....                | 128      |  |
| SPRITAM .....                             | 133      |  |
| SPRYCEL .....                             | 15       |  |
| <i>sps (with sorbitol)</i> .....          | 76       |  |
| <i>sronyx</i> .....                       | 128      |  |
| <i>ssd</i> .....                          | 73       |  |
| <i>stavudine</i> .....                    | 145      |  |
| STELARA .....                             | 90       |  |
| STERILE PADS .....                        | 175      |  |
| STIMUFEND .....                           | 194      |  |
| STIOLTO RESPIMAT .....                    | 66       |  |
| STIVARGA .....                            | 15       |  |
| STRENSIQ .....                            | 196      |  |
| <i>streptomycin</i> .....                 | 113      |  |
| STRIBILD .....                            | 145      |  |
| STRIVERDI RESPIMAT .....                  | 66       |  |
| SUBLOCADE .....                           | 20       |  |
| <i>subvenite</i> .....                    | 133      |  |
| <i>sucalfate</i> .....                    | 75       |  |
| <i>sulfacetamide sodium</i> .....         | 99       |  |
| <i>sulfacetamide sodium (acne)</i> .....  | 73       |  |
| <i>sulfacetamide-prednisolone</i> .....   | 99       |  |
| <i>sulfadiazine</i> .....                 | 120      |  |
| <i>sulfamethoxazole-trimethoprim</i>      |          |  |
| .....                                     | 120      |  |
| <i>sulfasalazine</i> .....                | 54       |  |
| <i>sulindac</i> .....                     | 107      |  |
| <i>sumatriptan</i> .....                  | 28       |  |
| <i>sumatriptan succinate</i> .....        | 28, 29   |  |
| <i>sumatriptan-naproxen</i> .....         | 29       |  |
| <i>sunitinib malate</i> .....             | 15       |  |
| SUNLENCA .....                            | 145      |  |
| SUNOSI .....                              | 56       |  |
| SUPPRELIN LA .....                        | 84       |  |
| SURE COMFORT ALCOHOL                      |          |  |
| PREP PADS .....                           | 71       |  |
| SURE COMFORT INS. SYR.                    |          |  |
| U-100 .....                               | 175      |  |
| SURE COMFORT INSULIN                      |          |  |
| SYRINGE .....                             | 175      |  |
| SURE COMFORT PEN                          |          |  |
| NEEDLE .....                              | 175, 176 |  |
| SURE COMFORT SAFETY                       |          |  |
| PEN NEEDLE .....                          | 175      |  |
| SURE-FINE PEN NEEDLES                     |          |  |
| .....                                     | 176      |  |
| SURE-JECT INSULIN                         |          |  |
| SYRINGE .....                             | 176      |  |
| SURE-PREP ALCOHOL PREP                    |          |  |
| PADS .....                                | 71       |  |
| SUTAB .....                               | 77       |  |

|                                       |        |                                       |          |                                      |         |
|---------------------------------------|--------|---------------------------------------|----------|--------------------------------------|---------|
| <i>syeda</i> .....                    | 128    | TAZVERIK .....                        | 16       | THINPRO INSULIN SYRINGE              | 178     |
| SYMDEKO .....                         | 63     | TDVAX .....                           | 95       | .....                                | 178     |
| SYMJEPI .....                         | 45     | TECENTRIQ .....                       | 16       | <i>thioridazine</i> .....            | 38      |
| SYMLINPEN 120 .....                   | 24     | TECHLITE INSULIN                      |          | <i>thiothixene</i> .....             | 38      |
| SYMLINPEN 60 .....                    | 24     | SYRINGE .....                         | 177      | <i>tiadylt er</i> .....              | 44      |
| SYMPAZAN .....                        | 134    | TECHLITE INSULN                       |          | <i>tiagabine</i> .....               | 134     |
| SYMTUZA .....                         | 145    | SYR(HALF UNIT) ..                     | 176, 177 | TIBSOVO.....                         | 16      |
| SYNAGIS .....                         | 147    | TECHLITE PEN NEEDLE ..                | 177      | TICE BCG .....                       | 16      |
| SYNAREL .....                         | 84     | TECHLITE PLUS PEN                     |          | TICOVAC .....                        | 95      |
| SYNJARDY.....                         | 24     | NEEDLE.....                           | 177      | <i>tigecycline</i> .....             | 121     |
| SYNJARDY XR.....                      | 24     | TECVAYLI .....                        | 16       | <i>timolol maleate</i> .....         | 43, 97  |
| SYNRIBO .....                         | 15     | TEFLARO .....                         | 117      | <i>tinidazole</i> .....              | 31      |
| SYRINGE WITH NEEDLE,                  |        | <i>telmisartan</i> .....              | 46       | <i>tiopronin</i> .....               | 78      |
| SAFETY .....                          | 174    | <i>telmisartan-amlodipine</i> .....   | 47       | TIVDAK.....                          | 16      |
| <b>T</b>                              |        | <i>telmisartan-hydrochlorothiazid</i> |          | TIVICAY .....                        | 145     |
| TABLOID .....                         | 15     | .....                                 | 47       | TIVICAY PD .....                     | 146     |
| TABRECTA .....                        | 15     | <i>temazepam</i> .....                | 21       | <i>tizanidine</i> .....              | 197     |
| <i>tacrolimus</i> .....               | 70, 90 | TEMIXYS.....                          | 145      | TOBI PODHALER.....                   | 114     |
| <i>tadalafil</i> .....                | 105    | <i>tencon</i> .....                   | 111      | <i>tobramycin</i> .....              | 99, 114 |
| <i>tadalafil (pulm. hypertension)</i> |        | TENIVAC (PF) .....                    | 95       | <i>tobramycin in 0.225 % nacl</i> .  | 114     |
| .....                                 | 104    | <i>tenofovir disoproxil fumarate</i>  |          | <i>tobramycin sulfate</i> .....      | 114     |
| TAFINLAR.....                         | 15     | .....                                 | 145      | <i>tobramycin-dexamethasone</i> .... | 99      |
| <i>tafluprost (pf)</i> .....          | 97     | TEPEZZA .....                         | 101      | <i>tolmetin</i> .....                | 107     |
| TAGRISSE .....                        | 15     | TEPMETKO .....                        | 16       | <i>tolterodine</i> .....             | 78      |
| TAKHZYRO .....                        | 103    | <i>terazosin</i> .....                | 78       | TOPCARE CLICKFINE .....              | 178     |
| TALTZ AUTOINJECTOR....                | 90     | <i>terbinafine hcl</i> .....          | 140      | TOPCARE ULTRA                        |         |
| TALTZ SYRINGE .....                   | 90     | <i>terbutaline</i> .....              | 66       | COMFORT .....                        | 179     |
| TALVEY .....                          | 15     | <i>terconazole</i> .....              | 113      | <i>topiramate</i> .....              | 134     |
| TALZENNA .....                        | 15     | <i>teriflunomide</i> .....            | 61       | <i>toposar</i> .....                 | 16      |
| <i>tamoxifen</i> .....                | 15     | <i>teriparatide</i> .....             | 55       | <i>toremifene</i> .....              | 16      |
| <i>tamsulosin</i> .....               | 78     | TERUMO INSULIN SYRINGE                |          | <i>torpenz</i> .....                 | 16      |
| <i>tarina 24 fe</i> .....             | 128    | .....                                 | 178      | <i>torseמידe</i> .....               | 51      |
| <i>tarina fe 1-20 eq (28)</i> .....   | 128    | <i>testosterone</i> .....             | 79       | TOTECT.....                          | 104     |
| <i>taron-c dha</i> .....              | 199    | <i>testosterone cypionate</i> .....   | 79       | TOUJEO MAX U-300                     |         |
| <i>taron-prex prenatal-dha</i> .....  | 199    | <i>testosterone enanthate</i> .....   | 79       | SOLOSTAR .....                       | 26      |
| TASCENSO ODT .....                    | 61     | TETANUS,DIPHThERIA TOX                |          | TOUJEO SOLOSTAR U-300                |         |
| TASIGNA .....                         | 15, 16 | PED(PF).....                          | 95       | INSULIN .....                        | 26      |
| <i>tasimelteon</i> .....              | 56     | <i>tetrabenazine</i> .....            | 61       | TRACLEER .....                       | 105     |
| TAVALISSE.....                        | 191    | <i>tetracycline</i> .....             | 121      | TRADJENTA.....                       | 24      |
| <i>tazarotene</i> .....               | 73     | THALOMID .....                        | 104      | <i>tramadol</i> .....                | 111     |
| TAZORAC .....                         | 73     | <i>theophylline</i> .....             | 66       | <i>tramadol-acetaminophen</i> .....  | 111     |
| <i>taztia xt</i> .....                | 44     |                                       |          | <i>trandolapril</i> .....            | 52      |

|   |         |                              |          |                           |               |
|---|---------|------------------------------|----------|---------------------------|---------------|
| <i>trandolapril-verapamil</i> .....     | 52      | <i>triveen-duo dha</i> ..... | 199      | UDENYCA AUTOINJECTOR      | 195           |
| <i>tranexamic acid</i> .....            | 191     | <i>trivora (28)</i> .....    | 129      | .....                     | 195           |
| <i>tranylcypromine</i> .....            | 137     | <i>tri-vylibra</i> .....     | 129      | UDENYCA ONBODY .....      | 195           |
| TRAVASOL 10 % .....                     | 40      | <i>tri-vylibra lo</i> .....  | 129      | ULTICARE .....            | 181, 182      |
| <i>travoprost</i> .....                 | 97      | TRIZIVIR .....               | 146      | ULTICARE INSULIN          |               |
| TRAZIMERA .....                         | 16      | TROGARZO .....               | 146      | SYRINGE.....              | 181           |
| <i>trazodone</i> .....                  | 137     | TROPHAMINE 10 % .....        | 41       | ULTICARE INSULN           |               |
| TRECTOR .....                           | 142     | <i>trosipium</i> .....       | 78       | SYR(HALF UNIT).....       | 181           |
| TRELEGY ELLIPTA .....                   | 66      | TRUE COMFORT ALCOHOL         |          | ULTICARE PEN NEEDLE       | 181,          |
| TRELSTAR .....                          | 16      | PADS .....                   | 72       | 182                       |               |
| TREMFYA .....                           | 90, 91  | TRUE COMFORT INSULIN         |          | ULTICARE SAFETY PEN       |               |
| <i>treprostinil sodium</i> .....        | 105     | SYRINGE .....                | 179      | NEEDLE .....              | 182           |
| <i>tretinoin</i> .....                  | 73      | TRUE COMFORT PEN             |          | ULTIGUARD SAFEPACK-       |               |
| <i>tretinoin (antineoplastic)</i> ..... | 16      | NEEDLE.....                  | 179, 180 | INSULIN SYR.....          | 182, 183      |
| <i>triamcinolone acetonide</i> ..       | 67, 70, | TRUE COMFORT PRO             |          | ULTIGUARD SAFEPACK-       |               |
| 82                                      |         | ALCOHOL PADS .....           | 72       | PEN NEEDLE .....          | 182, 183      |
| <i>triamterene-hydrochlorothiazid</i>   |         | TRUE COMFORT PRO INS         |          | ULTILET ALCOHOL SWAB      |               |
| .....                                   | 51      | SYRINGE .....                | 179, 180 | .....                     | 72            |
| <i>triazolam</i> .....                  | 21      | TRUE COMFORT SAFE            |          | ULTILET INSULIN SYRINGE   |               |
| <i>tridacaine ii</i> .....              | 112     | INSULIN SYRG .....           | 179, 180 | .....                     | 166, 183      |
| <i>trientine</i> .....                  | 113     | TRUE COMFORT SAFETY          |          | ULTILET PEN NEEDLE ....   | 183           |
| <i>tri-estarylla</i> .....              | 128     | PEN NEEDLE .....             | 179      | ULTRA CMFT INS SYR        |               |
| <i>trifluoperazine</i> .....            | 38      | TRUEPLUS INSULIN             | 180, 181 | (HALF UNIT).....          | 164, 175      |
| <i>trifluridine</i> .....               | 99      | TRUEPLUS PEN NEEDLE          | 180      | ULTRA COMFORT INSULIN     |               |
| <i>trihexyphenidyl</i> .....            | 33      | TRULICITY .....              | 24       | SYRINGE.....              | 159, 164, 183 |
| TRIJARDY XR .....                       | 24      | TRUMENBA.....                | 95       | ULTRA FLO INSUL           |               |
| TRIKAFTA.....                           | 63      | TRUQAP .....                 | 16       | SYR(HALF UNIT).....       | 184           |
| <i>tri-legest fe</i> .....              | 128     | TRUXIMA.....                 | 16       | ULTRA FLO INSULIN         |               |
| <i>tri-linyah</i> .....                 | 128     | TUKYSA .....                 | 16, 17   | SYRINGE.....              | 184           |
| <i>tri-lo-estarylla</i> .....           | 128     | <i>tulana</i> .....          | 129      | ULTRA FLO PEN NEEDLE      |               |
| <i>tri-lo-marzia</i> .....              | 128     | TURALIO.....                 | 17       | .....                     | 184           |
| <i>tri-lo-mili</i> .....                | 128     | <i>turqoz (28)</i> .....     | 129      | ULTRA THIN PEN NEEDLE     |               |
| <i>tri-lo-sprintec</i> .....            | 128     | TWINRIX (PF).....            | 95       | .....                     | 184           |
| <i>trimethoprim</i> .....               | 115     | <i>tyblume</i> .....         | 129      | ULTRACARE INSULIN         |               |
| <i>tri-mili</i> .....                   | 129     | TYBOST .....                 | 104      | SYRINGE.....              | 184, 185      |
| <i>trimipramine</i> .....               | 137     | TYMLOS.....                  | 55       | ULTRACARE PEN NEEDLE      |               |
| TRINTELLIX .....                        | 137     | TYPHIM VI.....               | 95       | .....                     | 185           |
| <i>tri-nymyo</i> .....                  | 129     | TYSABRI .....                | 91       | ULTRA-THIN II (SHORT) INS |               |
| TRIPTODUR.....                          | 84      | TYVASO .....                 | 105      | SYR .....                 | 185           |
| <i>tri-sprintec (28)</i> .....          | 129     | U                            |          | ULTRA-THIN II (SHORT)     |               |
| TRIUMEQ .....                           | 146     | UBRELVY .....                | 29       | PEN NDL .....             | 186           |
| TRIUMEQ PD.....                         | 146     | UDENYCA.....                 | 195      |                           |               |

|                                       |                                       |                              |
|---------------------------------------|---------------------------------------|------------------------------|
| ULTRA-THIN II INS PEN                 | VEKLURY .....                         | VIREAD .....                 |
| NEEDLES .....                         | VELCADE.....                          | <i>virt-c dha</i> .....      |
| ULTRA-THIN II INSULIN                 | <i>velivet triphasic regimen (28)</i> | <i>virt-nate dha</i> .....   |
| SYRINGE .....                         | .....                                 | <i>virt-pn dha</i> .....     |
| UNIFINE PEN NEEDLE.....               | VELPHORO .....                        | <i>virt-pn plus</i> .....    |
| UNIFINE PENTIPS .....                 | VELTASSA.....                         | VISTOGARD.....               |
| UNIFINE PENTIPS                       | VEMLIDY .....                         | <i>vitafol gummies</i> ..... |
| MAXFLOW .....                         | VENCLEXTA .....                       | <i>vitafol nano</i> .....    |
| UNIFINE PENTIPS PLUS ..               | VENCLEXTA STARTING                    | <i>vitafol-ob+dha</i> .....  |
| UNIFINE PENTIPS PLUS                  | PACK.....                             | VITRAKVI.....                |
| MAXFLOW .....                         | <i>venlafaxine</i> .....              | VIZIMPRO.....                |
| UNIFINE PROTECT .....                 | <i>venlafaxine besylate</i> .....     | VOCABRIA .....               |
| UNIFINE SAFECONTROL                   | <i>verapamil</i> .....                | <i>volnea (28)</i> .....     |
| PEN NEEDLE .....                      | VERIFINE INSULIN                      | VONJO .....                  |
| UNIFINE ULTRA PEN                     | SYRINGE .....                         | <i>voriconazole</i> .....    |
| NEEDLE .....                          | VERIFINE PEN NEEDLE .                 | VOSEVI .....                 |
| UPTRAVI .....                         | 187,                                  | VOWST .....                  |
| <i>ursodiol</i> .....                 | 188                                   | <i>vp-ch-pnv</i> .....       |
| UZEDY .....                           | VERIFINE PLUS PEN                     | <i>vp-pnv-dha</i> .....      |
| <b>V</b>                              | NEEDLE.....                           | VPRIV .....                  |
| <i>valacyclovir</i> .....             | NEEDLE-SHARP .....                    | VRAYLAR.....                 |
| VALCHLOR.....                         | VERQUVO.....                          | VUMERITY .....               |
| <i>valganciclovir</i> .....           | VERSACLOZ.....                        | <i>vyfemla (28)</i> .....    |
| <i>valproate sodium</i> .....         | VERSALON .....                        | <i>vylibra</i> .....         |
| <i>valproic acid</i> .....            | VERZENIO .....                        | VYZULTA .....                |
| <i>valproic acid (as sodium salt)</i> | <i>vestura (28)</i> .....             | <b>W</b>                     |
| .....                                 | V-GO 20 .....                         | <i>warfarin</i> .....        |
| <i>valsartan</i> .....                | V-GO 30 .....                         | WEBCOL .....                 |
| <i>valsartan-hydrochlorothiazide</i>  | V-GO 40 .....                         | WELIREG.....                 |
| .....                                 | <i>vienna</i> .....                   | <i>wera (28)</i> .....       |
| VALTOCO .....                         | <i>vigabatrin</i> .....               | WINREVAIR.....               |
| <i>vancomycin</i> .....               | <i>vigadrone</i> .....                | <i>wixela inhub</i> .....    |
| VANFLYTA.....                         | <i>vigpoder</i> .....                 | <b>X</b>                     |
| VANISHPOINT INSULIN                   | <i>vilazodone</i> .....               | XADAGO.....                  |
| SYRINGE .....                         | VIMIZIM.....                          | XALKORI.....                 |
| VANISHPOINT SYRINGE                   | <i>vinate care</i> .....              | XARELTO .....                |
| VAQTA (PF) .....                      | <i>vinblastine</i> .....              | XARELTO DVT-PE TREAT         |
| <i>varenicline</i> .....              | <i>vincasar pfs</i> .....             | 30D START .....              |
| VARIVAX (PF).....                     | <i>vincristine</i> .....              | XATMEP.....                  |
| VASCEPA .....                         | <i>vinorelbine</i> .....              | XCOPRI .....                 |
| VEGZELMA .....                        | <i>violele (28)</i> .....             | XCOPRI MAINTENANCE           |
|                                       | VIRACEPT.....                         | PACK .....                   |

|                       |                                   |                                       |
|-----------------------|-----------------------------------|---------------------------------------|
| XCOPRI TITRATION PACK | YONSA.....                        | ZIRABEV.....                          |
| .....                 | 18                                | 19                                    |
| XELJANZ.....          | <i>yuvafem</i> .....              | ZIRGAN.....                           |
| .....                 | 81                                | 99                                    |
| XELJANZ XR.....       | <b>Z</b>                          | ZOLADEX.....                          |
| 91                    |                                   | 19                                    |
| XERMELO.....          | <i>zafemy</i> .....               | <i>zoledronic acid</i> .....          |
| 76                    | 129                               | 55                                    |
| XGEVA.....            | <i>zafirlukast</i> .....          | <i>zoledronic acid-mannitol-water</i> |
| 55                    | 64                                | .....                                 |
| XHANCE.....           | <i>zaleplon</i> .....             | 55                                    |
| 100                   | 56                                | ZOLINZA.....                          |
| XIFAXAN.....          | <i>zarah</i> .....                | 19                                    |
| 115                   | 129                               | <i>zolmitriptan</i> .....             |
| XIGDUO XR.....        | ZARXIO.....                       | 29                                    |
| 25                    | 195                               | <i>zolpidem</i> .....                 |
| XIIDRA.....           | <i>zatean-pn dha</i> .....        | 56                                    |
| 100                   | 200                               | ZONISADE.....                         |
| XOFLUZA.....          | <i>zatean-pn plus</i> .....       | 135                                   |
| 147                   | 200                               | <i>zonisamide</i> .....               |
| XOLAIR.....           | <i>zebutal</i> .....              | 135                                   |
| 63                    | 111                               | <i>zovia 1-35 (28)</i> .....          |
| XOSPATA.....          | ZEGALOGUE                         | 130                                   |
| 18                    | AUTOINJECTOR.....                 | ZTALMY.....                           |
| XPOVIO.....           | 104                               | 135                                   |
| 18                    | ZEGALOGUE SYRINGE...104           | ZTLIDO.....                           |
| XTAMPZA ER.....       | ZEJULA.....                       | 112                                   |
| 111                   | 18                                | <i>zumandimine (28)</i> .....         |
| XTANDI.....           | ZELBORAF.....                     | 130                                   |
| 18                    | 18                                | ZURZUVAE.....                         |
| <i>xulane</i> .....   | <i>zenatane</i> .....             | 138                                   |
| 129                   | 72                                | ZYDELIG.....                          |
| XULTOPHY 100/3.6..... | ZENPEP.....                       | 19                                    |
| 26                    | 197                               | ZYKADIA.....                          |
| XYOSTED.....          | <i>zidovudine</i> .....           | 19                                    |
| 79                    | 146                               | ZYLET.....                            |
| <b>Y</b>              | ZIEXTENZO.....                    | 99                                    |
| <i>yargesa</i> .....  | 195                               | ZYMFENTRA.....                        |
| 196                   | <i>zingiber</i> .....             | 104                                   |
| YERVOY.....           | <i>ziprasidone hcl</i> .....      | ZYNLONTA.....                         |
| 18                    | 39                                | 19                                    |
| YF-VAX (PF).....      | <i>ziprasidone mesylate</i> ..... | ZYNYZ.....                            |
| 96                    | 39                                | 19                                    |
|                       |                                   | ZYPREXA RELPREVV.....                 |
|                       |                                   | 39                                    |



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