

Kaiser Permanente Insurance Company (KPIC)
Plan de Punto de Servicio (POS)
Planes de Organizaciones de Proveedores Preferidos (PPO)
Planes Choice de Organizaciones de Proveedores Preferidos (PPO)
Planes Choice Fuera del Área (OOA)

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

Usted está recibiendo este documento porque actualmente tiene inscripción en un Plan de Punto de Servicio (Point of Service, POS), Organización de Proveedores Preferidos (Preferred Provider Organization, PPO), Choice PPO o Choice Fuera del Área (Out of Area, OOA) de Kaiser Permanente. Kaiser Foundation Health Plan of Colorado, Inc. es el proveedor del plan de salud para la cobertura que comprende la red de Kaiser Permanente y Kaiser Permanente Insurance Company (KPIC), una subsidiaria de Kaiser Foundation Health Plan, Inc., es el proveedor del plan de salud para la cobertura que comprende el nivel de red MedImpact o el nivel de proveedor no participante del Plan POS. Los planes PPO, Choice PPO o Choice OOA son productos ofrecidos únicamente a través de KPIC.

Este documento contiene información sobre los medicamentos recetados para pacientes ambulatorios que tienen cobertura en estos planes. El beneficio de medicamentos recetados para pacientes ambulatorios de KPIC lo administra nuestro administrador de beneficios de farmacia contratado, MedImpact.

NOTA: La información de esta lista de medicamentos disponibles no se aplica a los beneficios de medicamentos de niveles de la red de Kaiser Permanente que se ofrecen únicamente en un plan POS.

Si necesita ayuda con esta Lista de medicamentos disponibles, llame a MedImpact las 24 horas del día, los 7 días de la semana, al **1-800-788-2949** (Servicio de asistencia de farmacia) o al **711** (TTY).

Puede acceder a la versión más actualizada de la Lista visitando <http://kp.org/kpic-colorado> (en inglés). Para obtener ayuda en su idioma preferido, consulte la página 6 de este documento.

Cómo Utilizar Este Documento (la Lista de medicamentos disponibles)

Este documento es una lista de los medicamentos recetados que tienen cobertura de su Choice PPO, Choice OOA, PPO y POS (solo MedImpact y farmacias no participantes). Todos los medicamentos se muestran por su nombre genérico y su nombre de marca comercial más común. Se puede explorar la Lista utilizando el índice; ya sea por el nombre genérico (en *cursiva*) o el nombre de marca (en MAYÚSCULAS) o por la categoría terapéutica del medicamento. Este documento se aplica únicamente a los medicamentos recetados para pacientes ambulatorios que se suministran a los asegurados a través de las farmacias minoristas. Este documento no se aplica a los medicamentos obtenidos en el consultorio del médico o en el hospital.

Los medicamentos de la Lista de medicamentos disponibles están agrupados en categorías según el tipo de afección médica para la cual se use el medicamento. Busque su medicamento por nombre genérico bajo el nombre de la categoría en orden alfabético. Para todos los medicamentos incluidos en la tabla de la Lista de medicamentos disponibles, el nivel se indica en todo el documento mediante los siguientes símbolos (*consulte la tabla de definición de niveles de la Lista de medicamentos disponibles que aparece a continuación*).

Definición de nivel de la Lista de medicamentos disponibles:

Símbolo	Pauta	Descripción
T1	Nivel 1	Medicamentos genéricos preferidos
T2	Nivel 2	Medicamentos de marca preferidos
T3	Nivel 3	Medicamentos no preferidos genéricos y de marca
T4	Nivel 4	Medicamentos farmacéuticos especializados
T5	Nivel 5	Medicamentos preventivos conforme a la Ley de Cuidado de Salud Asequible
T6	Nivel 6	Suministros para la diabetes

Diseño de beneficios por niveles

La Lista de medicamentos disponibles puede aplicarse a un diseño de beneficios por niveles, donde el asegurado comparte el costo de la terapia con medicamentos recetados según el nivel del medicamento mediante un copago o coseguro compartido. En la mayoría de los casos, los medicamentos genéricos disponibles tendrán cobertura en un nivel inferior separado (menor costo compartido) y los medicamentos de marca incluidos en la Lista de medicamentos disponibles tendrán cobertura en un nivel superior (mayor costo compartido de copago). Los medicamentos especializados estarán cubiertos en el nivel más alto (coseguro con un máximo por medicamento recetado). Los medicamentos preventivos que exige la Ley de Cuidado de Salud Asequible estarán cubiertos tal y como se describe en las secciones BENEFICIOS/COBERTURA (Qué está cubierto) y TABLA DE BENEFICIOS (Quién paga qué) de su Certificado de Seguro (Certificate of Insurance).

Mantenimiento y Actualización de la Lista de medicamentos disponibles

Los Comités de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y de la Lista de medicamentos disponibles de MedImpact Healthcare Systems proporcionan a médicos y farmacéuticos un método para evaluar la seguridad, eficacia y rentabilidad de los medicamentos disponibles en el mercado. Los comités de P&T y de la Lista de medicamentos disponibles de MedImpact se reúnen cada trimestre, y con mayor frecuencia si es necesario, para garantizar la relevancia clínica de la Lista de medicamentos disponibles.

Los Comités de P&T y de la Lista de medicamentos disponibles de MedImpact actualizan esta Lista de medicamentos disponibles utilizando un enfoque estructurado del proceso de asignación de niveles de medicamentos para garantizar el acceso continuo de los pacientes a tratamientos farmacológicos médicamente apropiados.

Los comités de P&T y de la Lista de medicamentos disponibles de MedImpact utilizan los siguientes criterios en la evaluación de la asignación de niveles de medicamentos para la Lista de medicamentos disponibles:

- perfil de seguridad del medicamento
- eficacia del medicamento
- comparación de los beneficios terapéuticos relevantes con los medicamentos actuales de la lista de medicamentos disponibles de uso similar, y para minimizar la duplicación terapéutica cuando sea posible
- rentabilidad en relación con una terapia comparable

¿Qué medicamentos están cubiertos?

Por lo general, KPIC cubrirá los medicamentos recetados genéricos, de marca y especializados que aparezcan en la Lista de medicamentos disponibles, siempre que el medicamento sea médicamente necesario y se sigan otras reglas de cobertura. Los medicamentos de venta libre (Over-the-counter, OTC) no suelen estar cubiertos. En ciertos planes, algunos medicamentos preventivos OTC están cubiertos cuando los receta un médico, como la aspirina y los suplementos de hierro.

El equipo médico duradero (Durable Medical Equipment, DME) recetado por un médico incluye:

- espaciadores para inhaladores

¿Qué es un medicamento genérico?

Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) como un medicamento que contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca. En su plan PPO o POS, puede pagar un copago o coseguro diferente por los medicamentos genéricos preferidos y por los medicamentos genéricos no preferidos. En el caso de los medicamentos genéricos preferidos, sus gastos de bolsillo serán menores a los de los medicamentos genéricos no preferidos.

¿Qué es un medicamento de marca?

Por lo general, la fabricación y venta de los medicamentos de marca está a cargo de la compañía farmacéutica que primero realizó la investigación y desarrolló el medicamento. Cuando la patente de un medicamento de marca se vence, otras compañías farmacéuticas pueden fabricar y vender una versión genérica aprobada por la FDA del medicamento con el mismo o los mismos principios activos y a un precio más bajo.

En su plan Choice PPO, PPO, POS o Choice OOA, puede pagar un copago o coseguro diferente por los medicamentos de marca preferidos y los de marca no preferidos. En el caso de los medicamentos de marca preferidos, sus gastos de bolsillo serán menores a los de los medicamentos de marca no preferidos.

Si solicita un medicamento de marca cuando se le recetó un medicamento genérico, es posible que tenga que pagar el costo compartido del medicamento de marca más la diferencia de costo entre el medicamento genérico y el de marca. Consulte su *Certificado de Seguro* para saber más.

¿Qué son los medicamentos especializados?

Los medicamentos especializados son medicamentos recetados de alto costo que incluyen algunos medicamentos utilizados para tratar enfermedades complejas y crónicas, como la esclerosis múltiple, la artritis reumatoide y la hepatitis C. Los medicamentos especializados suelen requerir una manipulación, administración o supervisión especiales.

¿Qué son los medicamentos preventivos?

En algunos planes, los medicamentos, incluso los de venta libre (OTC), están cubiertos sin costo alguno si el asegurado tiene una receta de su proveedor de atención médica. La vacuna contra la gripe no requiere receta médica, pero hay que presentar la tarjeta del seguro en la farmacia. Algunos medicamentos solo están cubiertos sin gastos compartidos para determinados pacientes, por ejemplo, para un rango de edad específico, para grupos que tienen el requisito de, o han optado por, la cobertura de medicamentos preventivos exigidos por la Ley de Cuidado de Salud Asequible o cuando un medicamento se utiliza para un fin determinado. **Los medicamentos preventivos están etiquetados en el Nivel 5 de la Lista de medicamentos disponibles.**

Anticonceptivos

Todos los métodos anticonceptivos recetados y aprobados por la FDA para mujeres con capacidad reproductiva, incluidas las dieciocho (18) formas de anticoncepción de emergencia y preventiva aprobadas por la FDA e incluidas en las Pautas de Servicios Preventivos para la Mujer de la Administración de Recursos y Servicios de Salud (Health Resources and Service Administration, HRSA), están cubiertos sin costo alguno. A través de su beneficio de farmacia, esto incluye anticonceptivos orales (a veces conocidos como “la pastilla”), parches, anillos vaginales, diafragmas, esponjas, capuchones cervicales, preservativos femeninos, espermicidas y anticonceptivos de emergencia (a veces conocidos como “Plan B”).

El beneficio de farmacia cubre doce (12) meses de un anticonceptivo oral recetado o tres (3) meses de un anillo vaginal recetado de una sola vez.

Si necesita otro tipo de anticonceptivo, nos remitiremos a su proveedor para que determine la necesidad médica y se cubrirá sin costo alguno. El proceso de excepciones se utiliza para solicitar un tipo diferente de anticonceptivo que puede no estar disponible en la lista de medicamentos disponibles, como los medicamentos de marca. Después de la recepción de su solicitud de excepción, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes para la aprobación de la solicitud u otro resultado. Si MedImpact no responde en un plazo de 72 horas en el caso de las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, a partir de la recepción de un formulario de solicitud de un proveedor autorizado para recetar medicamentos, se considerará que la solicitud fue aprobada. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al 1-800-788-2949 (Servicio de asistencia farmacéutica). Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Qué medicamentos no están cubiertos?

- Medicamentos de venta libre (OTC) o sus equivalentes, a menos que su plan los cubra de otro modo.
- Cualquier medicamento utilizado con fines cosméticos.
- Medicamentos experimentales o cualquier medicamento utilizado de forma experimental.
- Sustitución de medicamentos perdidos o robados.
- Medicamentos que requieren la administración por parte de un clínico, a menos que se especifique lo contrario en la Lista de medicamentos disponibles.
- Medicamentos de origen extranjero o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de EE. UU., excepto en ciertos casos de escasez de medicamentos, cuando lo permita el beneficio de farmacia de la persona.
- Consulte su Certificado de Seguro para obtener una lista de todas las exclusiones.

¿Hay alguna restricción sobre los medicamentos cubiertos en la Lista de medicamentos disponibles?

Sí, para determinados medicamentos de la Lista de medicamentos disponibles puede aplicarse una pauta de prescripción recomendada. Estas se mencionan a lo largo del documento mediante los siguientes símbolos (*consulte la tabla siguiente*).

Tabla de símbolos de las pautas:

Símbolo	Pautas	Descripción
EDAD	Límite de edad	La cobertura depende de la edad del paciente.
PA	Autorización previa	Requiere una autorización previa basada en criterios clínicos específicos. <i>Consulte “¿Qué es una Autorización Previa?” más adelante para obtener información adicional.</i>
QL	Límites de cantidad	La cobertura se limita a cantidades específicas por receta o periodo de tiempo. Se requiere autorización previa para las cantidades que superen la restricción.
ST	Tratamiento escalonado	La cobertura depende del uso previo de otro medicamento. Puede ser necesaria una autorización previa. <i>Consulte “¿Qué es el Tratamiento Escalonado?” más adelante para obtener información adicional.</i>
MO	Medicamento de mantenimiento	Los medicamentos de mantenimiento deben surtirse en una farmacia de Kaiser o mediante el Servicio de farmacia por correo de Kaiser después del primer surtido de este medicamento de mantenimiento. Esto no se aplica a las farmacias que estén a más de 30 millas de una farmacia de Kaiser. Esto solo aplica para el plan Choice PPO.

¿Qué es una Autorización Previa?

Una autorización previa (Prior Authorization, “PA”) es una técnica que se utiliza para fomentar el uso seguro y rentable de los medicamentos. Muchos medicamentos tienen múltiples indicaciones, por lo que se establecen PA para garantizar que el medicamento es apropiado y seguro para la persona asegurada. Los siguientes medicamentos con receta para pacientes ambulatorios no estarán sujetos a autorización previa (1) medicamentos aprobados por la FDA para el tratamiento del trastorno por abuso de sustancias; y (2) medicamentos aprobados por la FDA para la prevención de la infección por VIH cuando sean recetados y proporcionados por un farmacéutico.

¿Cómo funciona el programa?

Los medicamentos marcados con una PA significan que el profesional que emitió la receta debe demostrar primero que usted tiene una necesidad médica del medicamento recetado. Esto significa que para recibir cobertura su profesional tendrá que colaborar con MedImpact para recibir la autorización previa del medicamento. Los medicamentos sujetos a autorización previa tienen criterios clínicos específicos que usted debe cumplir para obtener cobertura. Consulte la columna Requisitos/Límites de la Lista de medicamentos disponibles para conocer los medicamentos que requieren una PA.

Después de la recepción de su solicitud de autorización previa, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes para la aprobación de la solicitud u otro resultado. Si MedImpact no responde en un plazo de 72 horas en el caso de las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, a partir de la recepción de un formulario de solicitud de un proveedor autorizado para recetar medicamentos, se considerará que la solicitud fue aprobada. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al **1-800-788-2949** (Servicio de asistencia farmacéutica). Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Qué es el Tratamiento Escalonado?

Algunos medicamentos recetados seleccionados requieren un tratamiento escalonado. El programa de tratamiento escalonado fomenta el uso seguro y rentable del medicamento. En este programa, se requiere un enfoque “de distribución” para recibir la cobertura de ciertos medicamentos de alto costo. Esto significa que, para recibir cobertura, es posible que primero tenga que consumir un medicamento probado y rentable antes de utilizar un tratamiento más costoso. Los siguientes medicamentos recetados para pacientes ambulatorios no estarán sujetos al tratamiento escalonado: (1) medicamentos aprobados por la FDA para el tratamiento de trastorno por abuso de sustancias; (2) medicamentos aprobados por la FDA para el tratamiento de cáncer metastásico en fase cuatro (4) avanzada; (3) medicamentos aprobados por la FDA para la prevención de la infección por VIH cuando sean recetados y proporcionados por un farmacéutico.

¿Cómo funciona el programa? El programa de tratamiento escalonado requiere que tenga un historial de recetas de un medicamento de “primera línea” antes de que su plan de beneficios cubra un medicamento de “segunda línea”. Un medicamento de primera línea está reconocido como seguro y eficaz en el tratamiento de una afección médica específica, además de ser rentable. Un medicamento de segunda línea es una opción de tratamiento menos preferida o a veces más costosa. Consulte Tratamiento escalonado en la sección del Índice al final de la Lista de medicamentos disponibles para obtener una lista completa de los medicamentos que requieren tratamiento escalonado y sus criterios.

Cuando sea posible, su médico debe recetarle un medicamento de primera línea apropiado para su enfermedad. Si su médico determina que un medicamento de primera línea no es apropiado para usted o no es eficaz, su beneficio de medicamentos recetados cubrirá un medicamento de segunda línea cuando se cumplan determinadas condiciones. Puede ser necesaria una autorización previa. Después de la recepción de su solicitud para un medicamento de segunda línea, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes para la aprobación de la solicitud u otro resultado. Si no le satisface el resultado, puede solicitar una apelación

llamando a MedImpact al **1-800-788-2949** (Servicio de asistencia farmacéutica). Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

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

La mayoría de los medicamentos de mantenimiento pueden enviarse por correo desde una de nuestras farmacias de servicio por correo. Sin embargo, los medicamentos permitidos en pedidos por correo no pueden ser enviados fuera de Estados Unidos.

- Si tiene inscripción en el plan PPO o en el plan Choice OOA, puede solicitar los resurtidos a través del servicio de pedidos por correo en línea en walgreens.com/mailemailservice.
- Si tiene inscripción en el plan Choice PPO o en el plan Choice OOA, puede solicitar los resurtidos a través de nuestro servicio de pedidos por correo de Kaiser Permanente en línea en kp.org/espanol o por teléfono, **1-866-523-6059** o 711 (TTY), de lunes a viernes, de 8 a. m. a 6 p. m.
- Si usted es miembro del POS, puede pedir resurtidos:
 - Para obtener su beneficio del nivel 1 de nuestro servicio de pedido por correo de Kaiser Permanente, visite kp.org/espanol o llame por teléfono al 1-866-523-6059 o al 711 (TTY) de lunes a viernes, de 8 a. m. a 6 p. m. Los medicamentos pedidos a través de este servicio *no* se ajustarán a esta lista de medicamentos disponibles, sino a la [Lista de medicamentos disponibles de Colorado Commercial HMO](#).
 - Para su beneficio de Nivel 2 del servicio de pedidos por correo de Walgreens en línea visite walgreens.com/mailemailservice. Los medicamentos pedidos a través de este servicio seguirán esta lista de medicamentos disponibles.

No hay cargos adicionales de pedido por correo. Se aplicará el costo de gastos de bolsillo correspondiente con base en su beneficio de medicamentos recetados. Consulte la tabla de beneficios de su certificado de seguro para determinar si el pedido por correo está disponible en su plan.

AVISO DE NO DISCRIMINACIÓN

Kaiser Permanente Insurance Company (KPIC) cumple con la ley federal de derechos civiles y no discrimina sobre la base de raza, color, nacionalidad, edad, discapacidad o sexo. Además:

- Proporcionamos ayuda y servicios sin costo a personas con discapacidades para que se comuniquen eficazmente con nosotros, como:
 - intérpretes calificados de lenguaje de señas
 - información por escrito en otros formatos, como impresa en letra grande, audio y formatos electrónicos accesibles
- Proporcionamos servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como los siguientes:
 - intérpretes calificados
 - información escrita en otros idiomas

Si necesita estos servicios, llame al **1-855-364-3184** (TTY: 711)

Si considera que Kaiser Permanente Insurance Company no le ha proporcionado estos servicios o que ha sufrido discriminación de alguna otra forma por motivos de raza, color, país de origen, edad, discapacidad o sexo, puede presentar una queja formal por correo a: Customer Experience Department, Attn: KPIC Civil Rights Coordinator, PO Box 378066, Denver, CO 80237 o por teléfono a Servicio a los Miembros al 1-855-364-3184.

También puede presentar una queja sobre derechos civiles en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos de forma electrónica por medio del Portal de quejas de la Oficina de Derechos Civiles, que está disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> (en inglés), o por correo postal o por teléfono en: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html> (en inglés).

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-364-3184** (TTY: 711).

አማርኛ (Amharic) ያስተውሉ: እንግሊዘኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች፣ ከክፍያ ጎዳ፣ ለእርስዎ ይገኛሉ። ወደ **1-855-364-3184** ይደውሉ (TTY: 711)።

ملحوظة: (Arabic) إذا كنت تتحدث العربية، فإن خدماتنا لمساعدة اللغوية وافر لاجتماعاتنا لتصلير رقم **1-855-364-3184** (TTY: 711).

Bàsó ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jũ ké ò Bàsó ò-wùdù-po-nyò jũ ní, níí, à wudù kà kò dò po-poò béin ò gbo kpáa. Dá **1-855-364-3184** (TTY: 711)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 **1-855-364-3184** (TTY: 711)

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت میکنید، خدمات تسهیلات زبانی صورت رایگان برای شما فراهم میآید. با شماره **1-855-364-3184** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-364-3184** (TTY: 711)

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachassistenz zur Verfügung. Bitte wählen Sie: **1-855-364-3184** (TTY: 711).

Igbo (Igbo) GEE NTI: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka nkowa asụsụ, du n'efu, diiri gi. Kpọ **1-855-364-3184** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。1-855-364-3184 (TTY: 711)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-364-3184 (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hól'ó, koj í' hódíílnih **1-855-364-3184** (TTY: 711).

नेपाल (Nepali) यान दनुहोस: तपाईं अङ्ग्रेजी बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंका लागि नि:शुल्क उपलब्ध छन्। **1-855-364-3184** (TTY: 711) मा फोन िनुहोस।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan Oromoo dubbattu taanaan, tajaajiloonni deeggarsa afaanii bilisaan isiniif ni dhiyaatu. **1-855-364-3184** (TTY: 711) irratti bilbilaa.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-855-364-3184** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-3184** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-364-3184** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-855-364-3184** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun o. Pe **1-855-364-3184** (TTY: 711)

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Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Abandono Del Tabaquismo		
Agentes Inhibidores De Tabaco (Estimulantes Ganglionares, Otros)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	Nivel 5	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	Nivel 5	
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	Nivel 5	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	Nivel 5	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	Nivel 5	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	Nivel 5	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Nivel 5	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Nivel 5	
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	Nivel 5	
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	Nivel 5	
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	Nivel 5	
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	Nivel 5	
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	Nivel 5	
Disuasivo De Tabaquismo, Otros		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Nivel 5	
Disuasivo De Tabaquismo-Agonístico Parcial De Receptores De Nicotina		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	Nivel 5	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	Nivel 5	
Agentes Misceláneos		
GALAFOLD ORAL CAPSULE 123 MG	Nivel 4	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML	Nivel 3	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Nivel 3	PA
QBREXZA TOPICAL TOWELETTE 2.4 %	Nivel 2	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Nivel 4	PA; MO
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Nivel 4	PA; MO
Agente De Pku Tx-Cofactor De Fenilalanina Hidroxilasa		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Nivel 3	MO
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Nivel 3	MO
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Nivel 3	MO
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Nivel 3	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Nivel 3	MO
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Nivel 3	MO
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Nivel 4	PA; MO
Agentes De Terapia De Anafilaxia		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Nivel 2	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Nivel 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Nivel 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Nivel 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Nivel 3	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Nivel 3	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Nivel 3	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Nivel 3	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Nivel 3	QL (4 EA per 1 FILL)
Agentes Parasimpáticos		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Nivel 1	MO
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Nivel 1	MO
EVOXAC ORAL CAPSULE 30 MG (cevimeline)	Nivel 3	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	Nivel 3	MO
Antagonistas De Receptores De Quimiocina Cxcr4		
XOLREMDI ORAL CAPSULE 100 MG	Nivel 4	PA; MO
Inhibidores De Enzima Sistémico		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Nivel 4	MO
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Nivel 4	MO
JOENJA ORAL TABLET 70 MG	Nivel 4	PA; MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Nivel 4	MO
VIJOICE ORAL GRANULES IN PACKET 50 MG	Nivel 4	PA; MO
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Nivel 4	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Nivel 4	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Nivel 4	PA; MO
Oligonucleótidos Antisentido De Inclusión Genética D/O Tz-Exon		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Nivel 4	MO
EVRYSDI ORAL TABLET 5 MG	Nivel 4	MO
Alergia		
Antihistamínico Nasale & Antiinflam. Comb. De Esteroide		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Nivel 1	ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	Nivel 3	ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Nivel 3	QL (29 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihistamínico Nasales		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Nivel 1	MO
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Nivel 1	MO
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Nivel 1	
Antihistamínicos - 1Era Generación		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)	Nivel 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Nivel 1	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Nivel 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Nivel 1	ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)	Nivel 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Nivel 1	
<i>clemastine oral tablet 2.68 mg</i> (Clemsza)	Nivel 1	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Nivel 1	
CLEMSZA ORAL TABLET 2.68 MG (clemastine)	Nivel 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Nivel 1	
<i>cyproheptadine oral tablet 4 mg</i>	Nivel 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Nivel 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Nivel 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Nivel 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Nivel 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KARBINAL ER ORAL (carbinoxamine maleate) SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Nivel 3	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
PHENERGAN INJECTION SOLUTION (promethazine) 25 MG/ML, 50 MG/ML	Nivel 3	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Nivel 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Nivel 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Nivel 1	
Antihistamínicos - 2Da Generación		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Nivel 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Nivel 3	MO
<i>desloratadine oral tablet 5 mg</i> (Clarinex)	Nivel 1	MO
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Nivel 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Nivel 1	MO
Combinaciones De Antihistamínicos & Descongestivo S De 2Da Gen		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Nivel 3	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
Esteroides Antiinflamatorios Nasaes		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Nivel 1	MO; QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Nivel 1	MO
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Nivel 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Nivel 2	MO; ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Nivel 2	MO; ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Nivel 3	MO
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Nivel 2	MO; ST: Must meet the following requirements of one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)
Extractos Alergénicos, Terapéuticos		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Nivel 2	PA; MO
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Nivel 2	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Nivel 2	PA; MO
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Nivel 3	PA; MO
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Nivel 3	PA; MO
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Nivel 3	PA; MO
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Nivel 3	PA; MO
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Nivel 3	PA; MO
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Nivel 3	PA; MO
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Nivel 3	PA; MO
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Nivel 3	PA; MO
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Nivel 3	PA; MO
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Nivel 3	PA; MO
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Nivel 3	PA; MO
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Nivel 3	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Nivel 3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Nivel 3	PA; MO
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Nivel 2	PA; MO
Anestesia Local		
Anestesia Local		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Nivel 3	
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Nivel 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Nivel 1	
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Nivel 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Nivel 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Nivel 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Nivel 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Nivel 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Nivel 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Nivel 3	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Nivel 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Nivel 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %</i>	Nivel 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %</i>	Nivel 1	
Anticonceptivo/Ocitóxicos		
Anticonceptivos, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Nivel 5	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Anticonceptivos, Intravaginal, Sistémico		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Nivel 5	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	Nivel 5	MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO
Anticonceptivos, Inyectables		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone)	Nivel 5	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Nivel 5	MO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Nivel 5	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	Nivel 5	MO
Anticonceptivos, Orales		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Nivel 5	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Nivel 5	MO
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Nivel 5	MO
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	Nivel 5	MO; IF RATIO=1.34 THEN \$0 COPAY AND TIER=5.
AVIANE ORAL TABLET 0.1-20 MG-MCG	Nivel 5	MO
AYUNA ORAL TABLET 0.15-0.03 MG	Nivel 5	MO
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Nivel 5	MO
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Nivel 5	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Nivel 5	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Nivel 5	MO
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Nivel 5	MO
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
CAMILA ORAL TABLET 0.35 MG	Nivel 5	MO
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Nivel 5	MO
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Nivel 5	MO
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Nivel 5	MO
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Nivel 5	MO
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Nivel 5	MO
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Nivel 5	MO
CURAE ORAL TABLET 1.5 MG	Nivel 5	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CYRED ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Nivel 5	MO
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Nivel 5	MO
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	Nivel 5	MO
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	Nivel 5	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)	Nivel 5	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	Nivel 5	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	Nivel 5	MO
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Nivel 5	MO
ELLA ORAL TABLET 30 MG	Nivel 5	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Nivel 5	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
ESTARYLLA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Nivel 5	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	Nivel 5	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Valtya)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	Nivel 5	MO
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (noreth-ethinyl estradiol-iron)	Nivel 5	MO
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
JASMIEL (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
JENCYCLA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Nivel 5	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Nivel 5	MO
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Nivel 5	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Nivel 5	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Nivel 5	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Nivel 5	MO
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Nivel 5	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Nivel 5	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Nivel 5	MO
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Nivel 5	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Nivel 5	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	Nivel 5	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	Nivel 5	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	Nivel 5	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Nivel 5	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Nivel 5	MO
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Nivel 5	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Nivel 5	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Nivel 5	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Nivel 5	MO
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Nivel 5	MO
<i>levonorgestrel oral tablet 1.5 mg</i>	Nivel 5	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Nivel 5	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Nivel 5	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Nivel 5	MO
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Nivel 5	MO
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Nivel 5	MO
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Nivel 5	MO
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Nivel 5	MO
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Nivel 5	MO
LORYNA (28) ORAL TABLET 3-0.02 MG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Nivel 5	MO
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
LYLEQ ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
LYZA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
MARLISSA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
MELEYA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
MILI ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Nivel 5	MO
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgest-eth.estradiol-iron)	Nivel 5	MO
MONO-LINYAH ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Nivel 5	MO
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Nivel 5	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Nivel 5	MO
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	Nivel 5	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Galbriela)	Nivel 5	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	Nivel 5	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	Nivel 5	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)	Nivel 5	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Nivel 5	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Nivel 5	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Nivel 5	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Nivel 5	MO
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Nivel 5	MO
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Nivel 5	MO
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
OPILL ORAL TABLET 0.075 MG	Nivel 5	MO
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
ORQUIDEA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
PHILITH ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Nivel 5	MO
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol-lm.fa)	Nivel 5	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Nivel 5	MO
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO
SLYND ORAL TABLET 4 MG (28)	Nivel 5	MO
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Nivel 5	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Nivel 5	MO
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Nivel 5	MO
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Nivel 5	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Nivel 5	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Nivel 5	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Nivel 5	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Nivel 5	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Nivel 5	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Nivel 5	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Nivel 5	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Nivel 5	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Nivel 5	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Nivel 5	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Nivel 5	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Nivel 5	MO
TULANA ORAL TABLET 0.35 MG	Nivel 5	MO
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	Nivel 5	MO
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Nivel 5	MO
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Nivel 5	MO
VALTYA ORAL TABLET 1-50 MG-MCG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Nivel 5	MO
VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Nivel 5	MO
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Nivel 5	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
VYLIBRA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Nivel 5	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Nivel 5	MO
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol-iron)	Nivel 5	MO
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	Nivel 5	MO
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol-iron)	Nivel 5	MO
YASMIN (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
YAZ (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	Nivel 5	MO
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
Anticonceptivos, Transdérmicos		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	Nivel 5	MO
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Nivel 5	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Nivel 5	MO
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Anticonceptivos,Intravaginales		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Nivel 5	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Nivel 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Nivel 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Nivel 5	
Diafragma/Capuchón Cervical		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Nivel 5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Nivel 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Nivel 5	
Dispositivos Intrauterinos (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Nivel 5	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Nivel 5	MO
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Nivel 5	MO
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Nivel 5	MO
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Nivel 5	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Nivel 5	MO
Ocitócicos		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Nivel 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Nivel 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Nivel 3	
Antiemesis/Antivertigo		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Nivel 1	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Nivel 3	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Nivel 3	ST: Must meet any of the following requirements: generic Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
Agentes Antieméticos/Antivértigos		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Nivel 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Nivel 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Nivel 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Nivel 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Nivel 1	QL (3 EA per 21 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Nivel 3	QL (60 EA per 30 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)	Nivel 3	
COMPAZINE RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Nivel 3	
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Nivel 1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))	Nivel 3	QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	Nivel 1	QL (120 EA per 30 days)
EMEND ORAL CAPSULE 80 MG (aprepitant)	Nivel 3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Nivel 3	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Nivel 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Nivel 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Nivel 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Nivel 1	
<i>meclizine oral tablet 50 mg</i> (Antivert)	Nivel 1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Nivel 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Nivel 1	
<i>ondansetron oral tablet, disintegrating 16 mg, 4 mg, 8 mg</i>	Nivel 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Nivel 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Nivel 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Nivel 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Nivel 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Nivel 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)	Nivel 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Nivel 1	
VARUBI ORAL TABLET 90 MG	Nivel 3	QL (2 EA per 14 days)
Asma Y Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Nivel 3	PA; MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Nivel 3	PA; MO
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Nivel 3	PA; MO
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Nivel 3	PA; MO
Agentes Beta-Adrenérgicos		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Nivel 1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Nivel 1	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Nivel 1	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Nivel 1	MO
Agentes Beta-Adrenérgicos, Inhalados Oralmente, De Acción Larga		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Nivel 1	MO; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol)	Nivel 3	MO; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Nivel 1	MO; QL (120 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Nivel 3	MO; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Nivel 2	MO; QL (60 EA per 30 days)
Agentes Beta-Adrenérgicos, Inhalados, De Acción Corta		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Nivel 1	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Nivel 1	MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Nivel 1	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Nivel 1	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTION	Nivel 3	MO; ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTION (albuterol sulfate)	Nivel 3	MO; ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTION (levalbuterol tartrate)	Nivel 3	MO
Agentes Beta-Adrenérgicos, Inhalados, De Acción Ultra Prolongada		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTION	Nivel 2	MO; QL (4 GM per 30 days)
Antagonistas De Receptor De Leucotrienos		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Nivel 3	MO
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Nivel 1	MO
<i>montelukast oral tablet 10 mg</i> (Singulair)	Nivel 1	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)	Nivel 3	MO
SINGULAIR ORAL TABLET 10 MG (montelukast)	Nivel 3	MO
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG (montelukast)	Nivel 3	MO
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Nivel 1	MO
Anticolinérgicas, Inhalados Oralmente De Acción Corta		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Nivel 2	MO; QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Nivel 1	MO
Anticolinérgicos, Inhalados Oralmente De Acción Prolongada		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Nivel 2	MO; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Nivel 1	MO; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Nivel 3	MO; QL (90 ML per 30 days)
Anticuerpos Monoclonales - Antagonistas De Interleucinas-5		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Nivel 3	PA; MO
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Nivel 3	PA; MO
Anticuerpos Monoclonales Para Inmunoglobulinas E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Nivel 3	PA; MO
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Beta-Adrenérgicos-Anticolinérgicos-Glucocorticoides, Inhalados		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Nivel 2	MO; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Nivel 2	MO; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Nivel 2	MO; QL (2 EA per 1 day)
Combinaciones Beta-Adrenérgicas Y Anticolinérgicas		
ANORO ELLIPTA INHALATION (umeclidinium-vilanterol) BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Nivel 2	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Nivel 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Nivel 2	MO
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Nivel 1	MO
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Nivel 2	MO; QL (4 GM per 30 days)
Combinaciones Beta-Adrenérgicas Y Glucocorticoides		
ADVAIR DISKUS INHALATION (fluticasone propion-salmeterol) BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Nivel 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA (fluticasone propion-salmeterol) AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Nivel 2	MO; QL (12 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion-salmeterol) Nivel 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Nivel 2	MO; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol) Nivel 2	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Nivel 2	MO; QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) Nivel 1	MO; QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna) Nivel 1	MO; QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Nivel 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Nivel 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Nivel 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub) Nivel 1	MO; QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) Nivel 3	MO; QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol) Nivel 1	MO; QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Estabilizadores De Mastocitos		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Nivel 1	
GASTROCROM ORAL CONCENTRATE (cromolyn) 100 MG/5 ML	Nivel 3	
Estabilizadores De Mastocitos, Inhalados Oralmente		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Nivel 1	MO
Glucocorticoides, Inhalados Oralmente		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION (fluticasone furoate) BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Nivel 3	MO; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	Nivel 1	MO; QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Nivel 1	MO; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Nivel 1	MO; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Nivel 1	MO; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Nivel 1	MO; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Nivel 1	MO; QL (21.2 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
PULMICORT INHALATION (budesonide) SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Nivel 3	MO; QL (120 ML per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
Inhibidores De 5-Lipoxigenasa		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Nivel 1	MO; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Nivel 3	MO; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (4 EA per 1 day)
Inhibidores De Fosfodiesterasa-4 (Pde4)		
DALIRESP ORAL TABLET 250 MCG, (roflumilast) 500 MCG	Nivel 3	MO; QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Nivel 3	PA; MO
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Nivel 1	MO; QL (1 EA per 1 day)
Xantinas		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Nivel 1	
ELIXOPHYLLIN ORAL ELIXIR 80 (theophylline) MG/15 ML	Nivel 1	MO
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Nivel 2	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	Nivel 1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	Nivel 1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Nivel 1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Deficiencia Vitamínica Y/O Mineral		
Preparados De Acido Fólico		
<i>folic acid injection solution 5 mg/ml</i>	Nivel 1	
<i>folic acid oral tablet 1 mg</i>	Nivel 1	MO
<i>folic acid oral tablet 400 mcg</i> (PureVita Folic Acid)	Nivel 5	MO
<i>folic acid oral tablet 800 mcg</i>	Nivel 5	MO
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)	Nivel 5	MO
Preparados De Fluoruro		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Nivel 1	MO
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Nivel 1	MO
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Nivel 1	MO
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Nivel 1	MO
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Nivel 1	MO
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Nivel 1	MO
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Nivel 1	MO
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	Nivel 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	Nivel 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Nivel 3	MO
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Nivel 3	MO
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Nivel 3	MO
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Nivel 3	MO
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Nivel 3	MO
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Nivel 3	MO
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Nivel 3	MO
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Nivel 3	MO
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Nivel 1	MO
SF DENTAL GEL 1.1 % (fluoride (sodium))	Nivel 1	MO
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 1	MO
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Nivel 1	MO
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Nivel 1	MO
Preparados De Vitamins Prenatales		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Nivel 5	MO
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Nivel 5	MO
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Nivel 5	MO
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Nivel 3	MO
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Nivel 3	MO
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Nivel 3	MO
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Nivel 3	MO
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Nivel 5	MO
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Nivel 5	MO
KPN ORAL TABLET 9 MG IRON- 267 MCG	Nivel 5	MO
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Nivel 5	MO
M-NATAL PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic IRON- 1 MG acid)	Nivel 5	MO
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Nivel 5	MO
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Nivel 5	MO
MYNATAL ORAL TABLET 90-1-50 MG	Nivel 5	MO
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Nivel 5	MO
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Nivel 5	MO
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Nivel 5	MO
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Nivel 5	MO
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	Nivel 5	MO
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Nivel 3	MO
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Nivel 5	MO
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Nivel 5	MO
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Nivel 3	MO
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	Nivel 5	MO
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Nivel 5	MO
<i>pnv no.95-ferrous fumarate-fa oral tablet (Prenatal)</i> <i>28 mg iron- 800 mcg</i>	Nivel 5	MO
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Nivel 5	MO
PNV-SELECT ORAL TABLET 27-1 MG	Nivel 5	MO
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Nivel 5	MO
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Nivel 5	MO
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Nivel 5	MO
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Nivel 5	MO
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Nivel 1	MO
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Nivel 1	MO
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Nivel 5	MO
PRENATABS FA ORAL TABLET 29-1 MG	Nivel 5	MO
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Nivel 5	MO
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	Nivel 5	MO
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Nivel 5	MO
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Nivel 5	MO
PRENATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Nivel 5	MO	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	Nivel 5	MO	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Nivel 5	MO	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Nivel 5	MO	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	Nivel 5	MO	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Nivel 5	MO	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Nivel 5	MO	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Nivel 5	MO
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Nivel 5	MO	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Nivel 5	MO
PRENATAL ORAL TABLET 28-800 MG- MCG	Nivel 5	MO	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Nivel 5	MO
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Nivel 5	MO	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb- folic)	Nivel 5	MO
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Nivel 5	MO	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Nivel 5	MO
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Nivel 5	MO	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Nivel 5	MO	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Nivel 5	MO
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>prenatal vit-iron fum-folic ac oral tablet</i> (Prenatal Tablet) 28 mg iron- 800 mcg	Nivel 5	MO
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	Nivel 5	MO
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Nivel 5	MO
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Nivel 5	MO
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Nivel 5	MO
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Nivel 5	MO
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	Nivel 5	MO
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	Nivel 5	MO
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	Nivel 5	MO
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	Nivel 5	MO
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	Nivel 5	MO
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Nivel 5	MO
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Nivel 5	MO
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Nivel 5	MO
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Nivel 5	MO
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG- 200 MG	Nivel 5	MO
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Nivel 3	MO
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Nivel 1	MO
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Nivel 5	MO
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG	Nivel 5	MO
Preparados De Vitamina B		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Nivel 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Nivel 1	
Preparados De Vitamina B1		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Nivel 1	
Preparados De Vitamina B12		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Nivel 1	MO
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i> (Nascobal)	Nivel 1	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Nivel 1	MO
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Nivel 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Nivel 1	
Preparados De Vitamina B6		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Nivel 1	
Preparados De Vitamina C		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Nivel 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Nivel 1	
Preparados De Vitamina D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Nivel 1	MO
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Nivel 1	MO
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Nivel 1	MO
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Nivel 3	MO
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Preparados Multivitamínicos		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Nivel 3	MO
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Nivel 3	MO
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Nivel 1	MO
Sustituto De Hierro		
ACCRUFER ORAL CAPSULE 30 MG	Nivel 3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Nivel 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Nivel 3	MO
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Nivel 3	MO
Vitaminas Prenatales Si Hierro		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	Nivel 5	MO
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG	Nivel 5	MO
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	Nivel 5	MO
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	Nivel 5	MO
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	Nivel 5	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	Nivel 5	MO
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	Nivel 5	MO
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	Nivel 5	MO
Deficiencia Hormonal		
BIJUVA ORAL CAPSULE 0.5-100 MG	Nivel 2	MO; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Nivel 2	MO; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine in 120 days; QL (1 EA per 1 day)
VEOZAH ORAL TABLET 45 MG	Nivel 3	MO
Agentes Androgénicos		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Nivel 3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) (testosterone)	Nivel 3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML (testosterone cypionate)	Nivel 3	PA; MO
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Nivel 3	PA; MO
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Nivel 3	PA; MO
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Nivel 3	PA; MO
<i>methyltestosterone oral capsule 10 mg</i>	Nivel 1	PA; MO
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Nivel 3	PA; MO
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Nivel 3	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Nivel 1	PA; MO
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Nivel 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %) (Testim)</i>	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)</i>	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)</i>	Nivel 1	PA; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Nivel 1	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	Nivel 1	PA; MO
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Nivel 1	PA; MO
TLANDO ORAL CAPSULE 112.5 MG	Nivel 3	PA; MO
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Nivel 3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Nivel 3	PA; MO
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Nivel 3	PA; MO
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Nivel 3	PA; MO
Agentes Estrogénicos		
ABIGALE LO ORAL TABLET 0.5-0.1 MG (estradiol-norethindrone acet)	Nivel 1	MO
ABIGALE ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Nivel 1	MO
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Nivel 3	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Nivel 3	MO; ST: Must meet the following requirement: Combipatch in 120 days; QL (1 EA per 7 days)
CLIMARA 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 (estradiol)	Nivel 3	MO; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Nivel 2	MO; QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML (estradiol valerate)	Nivel 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Nivel 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%) (estradiol)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) (estradiol)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
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 (estradiol)	Nivel 1	MO; QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	Nivel 3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Nivel 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Nivel 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Nivel 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Nivel 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
<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)	Nivel 1	MO; QL (2 EA per 7 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)	Nivel 1	MO; QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i> (Delestrogen)	Nivel 1	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Nivel 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	Nivel 1	MO
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	Nivel 1	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Nivel 5	MO
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 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 (estradiol)	Nivel 1	MO; QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Nivel 3	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Nivel 3	MO; QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Nivel 1	MO
MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY 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 (estradiol)	Nivel 3	MO; QL (2 EA per 7 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Nivel 5	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Nivel 2	MO
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Nivel 2	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Nivel 2	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Nivel 2	MO
VIVELLE-DOT TRANSDERMAL PATCH (estradiol) 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	Nivel 3	MO; QL (2 EA per 7 days)
Agentes Progestacionales		
CRINONE VAGINAL GEL 4 %	Nivel 2	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Nivel 1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Nivel 1	MO
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	Nivel 1	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	Nivel 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Nivel 1	MO
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	Nivel 3	MO
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	Nivel 3	MO
Combinaciones De Estrógeno/Andrógeno		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Nivel 1	MO
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Nivel 1	MO
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Nivel 1	MO
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Nivel 1	MO
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Nivel 1	MO
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Nivel 1	MO
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Nivel 1	MO
Estrógeno & Mod De Recept Selectivo De Estrógeno (Serm) Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Nivel 2	MO
Estrógeno & Progestina Con Antagonista De La Aldosterona Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Dermatología - Acné		
WINLEVI TOPICAL CREAM 1 %	Nivel 3	PA
Agentes De Acne, Sistémico		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Nivel 3	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Nivel 1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Nivel 1	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
Agentes De Acne, Tópicos		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	Nivel 3	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Nivel 3	
ACZONE TOPICAL GEL 5 % (dapsona)	Nivel 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsona)	Nivel 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Nivel 3	
ADALINA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Nivel 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Nivel 1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Nivel 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Nivel 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	Nivel 3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	Nivel 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %	Nivel 3	
ALIXI HP TOPICAL CREAM 8.5-4 %	Nivel 3	
ALIXI TOPICAL CREAM 6-4 %	Nivel 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	Nivel 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Nivel 3
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Nivel 3
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
ALURIS HP TOPICAL CREAM 0.1-4 %		Nivel 3
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Nivel 3
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Nivel 3
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Nivel 3
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Nivel 3
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Nivel 3
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Nivel 3
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Nivel 3
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl peroxide-niacin)	Nivel 3
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Nivel 3
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Nivel 3
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl peroxide-clindamycin-niacin)	Nivel 3
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl peroxide-clindamycin-niacin)	Nivel 1
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clindamycin-spironolactone)	Nivel 3
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Nivel 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AVIDORA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)	Nivel 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	Nivel 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %	Nivel 3	
AZALTA HP TOPICAL GEL 0.05-5-2 % (tretinoin-spiro-nolact-niacin)	Nivel 3	
AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin-spiro-nolact-niacin)	Nivel 3	
AZELEX TOPICAL CREAM 20 %	Nivel 3	ST: Must meet any of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Nivel 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> 1.2 %(1 % base) -3.75 % (Onexton)	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> 1.2-2.5 % (Acanya)	Nivel 1	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump</i> 1-5 %	Nivel 1	
<i>clindamycin-tretinoin topical gel</i> 1.2-0.025 % (Veltin)	Nivel 1	ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
<i>dapsone topical gel</i> 5 % (Aczone)	Nivel 1	
<i>dapsone topical gel</i> 7.5 %	Nivel 1	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Nivel 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Nivel 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DEOXIADENTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Nivel 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Nivel 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Nivel 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Nivel 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsona-spiro-niacin)	Nivel 3	
DIAOXIA TOPICAL CREAM 6-4 %	Nivel 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsona-niacinamida)	Nivel 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Nivel 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Nivel 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Nivel 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsona-spiro-niacin)	Nivel 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Nivel 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsona-niacinamida)	Nivel 3	
DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamida)	Nivel 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamida)	Nivel 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamida)	Nivel 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamida)	Nivel 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene-benzoyl peroxide)	Nivel 3	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene-benzoyl peroxide)	Nivel 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Nivel 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Nivel 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Nivel 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamicin-niacin)	Nivel 3	
KLARON TOPICAL SUSPENSION 10 % (sulfacetamida sodium (acne))	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Nivel 3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Nivel 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Nivel 1
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Nivel 3
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Nivel 3
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Nivel 3
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Nivel 3
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Nivel 3
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Nivel 3
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Nivel 3
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
OXIAVARY TOPICAL CREAM 0.1-4 %		Nivel 3
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Nivel 3
RUMILO TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Nivel 3
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Nivel 3
SIRVANA TOPICAL GEL 0.025-5 %		Nivel 3
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Nivel 3
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Nivel 1
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Nivel 3
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spiro-niacin)	Nivel 3
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Nivel 3
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Nivel 3
TWYNEO TOPICAL CREAM 0.1-3 %		Nivel 3
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Nivel 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spiro-nolact-niacin)	Nivel 3	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Nivel 3	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)	Nivel 3	
Agentes De Rosácea, Tópicos		
AVEIDA TOPICAL GEL 1-1 %	Nivel 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Nivel 3	
<i>azelaic acid topical gel 15 %</i>	Nivel 1	
BAXONIL TOPICAL OINTMENT 1-2 %	Nivel 3	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Nivel 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Nivel 3	
DAZOMON TOPICAL GEL 0.25 %	Nivel 3	
EPSOLAY TOPICAL CREAM 5 %	Nivel 3	ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 %	Nivel 2	
IDARAN TOPICAL OINTMENT 1-2 %	Nivel 3	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Nivel 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Nivel 3	
METROGEL TOPICAL GEL 1 % (metronidazole)	Nivel 3	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Nivel 3	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Nivel 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Nivel 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Nivel 1	
<i>metronidazole topical gel with pump 1 %</i>	Nivel 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Nivel 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)	Nivel 3	
NORITATE TOPICAL CREAM 1 %	Nivel 3	ST: Must meet the following requirement: generic Metronidazole 0.75% gel, lotion or cream in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REMYDA TOPICAL GEL 0.25 %	Nivel 3	
RESTIMO TOPICAL GEL 1-1 %	Nivel 3	
RHOFADE TOPICAL CREAM 1 %	Nivel 3	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Nivel 1	
ROSADAN TOPICAL GEL 0.75 % (metronidazole)	Nivel 3	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Nivel 3	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Nivel 3	
ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Nivel 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %	Nivel 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Nivel 3	ST: Must meet the following requirement: Finacea gel or foam in 120 days
Combinaciones Queratolítica-Glucocorticoides		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Nivel 2	
Derivados De Vitamina A		
<i>adapalene topical cream 0.1 %</i> (Differin)	Nivel 1	
<i>adapalene topical gel 0.3 %</i>	Nivel 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Nivel 1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Nivel 1	Age (Max 39 Years)
<i>adapalene topical solution 0.1 %</i>	Nivel 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
<i>adapalene topical swab 0.1 %</i>	Nivel 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
ALTRENO TOPICAL LOTION 0.05 %	Nivel 3	
ATRALIN TOPICAL GEL 0.05 % (tretinoin)	Nivel 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Nivel 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Nivel 1	
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Nivel 3	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Nivel 3	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Nivel 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres)	Nivel 3	Age (Max 39 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Nivel 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % (tretinoin microspheres)	Nivel 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)	Nivel 3	Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)	Nivel 3	
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Nivel 3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Nivel 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Nivel 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Nivel 1	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Nivel 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Nivel 1	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Nivel 1	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Nivel 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Nivel 1	
Derivados De Vitamina A, Agentes Tópicos De Acne		
AKLIEF TOPICAL CREAM 0.005 %	Nivel 3	ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Nivel 3	
ALVOX TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ARAZLO TOPICAL LOTION 0.045 %	Nivel 3	ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Nivel 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Nivel 3	
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Nivel 1	ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days
Preparados Tópicos, Antibacteriales		
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Nivel 3	
BASADROX TOPICAL GEL IN PACKET	Nivel 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Nivel 3	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Nivel 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Nivel 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Nivel 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Nivel 3	
IODOSORB TOPICAL GEL 0.9 %	Nivel 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Nivel 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Nivel 3	
QUINJA TOPICAL GEL 1.25-1 %	Nivel 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Nivel 1	
SILVRSTAT TOPICAL GEL 32 PPM	Nivel 3	
SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)	Nivel 3	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Nivel 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone-iodoquinol-aloe)	Nivel 3	
Dermatología - Antiinfecciosos		
DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Nivel 3	
Agente De Esteroides Tópico Antifúngico/Antiinflamatorio		
CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %	Nivel 3	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Nivel 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Nivel 1	
DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Nivel 3	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Nivel 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Nivel 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Nivel 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Nivel 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Nivel 3	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Nivel 3	
Agente Esteroideo, Antivirales tópicos/Antiinflamatorios		
XERESE TOPICAL CREAM 5-1 %	Nivel 3	ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days; QL (10 GM per 365 days)
Agentes De Tratamiento De Verruga Genital-Hpv Tópicos		
VEREGEN TOPICAL OINTMENT 15 %	Nivel 3	ST: Must meet the following requirements: Imiquimod 5% cream packets and Podofilox 0.5% solution in 365 days; QL (30 GM per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antibióticos Tópicos		
AMZEEQ TOPICAL FOAM 4 %	Nivel 3	ST: Must meet 2 of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
BATIZIA TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Nivel 3	
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin-benzoyl peroxide)	Nivel 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Nivel 3	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Nivel 3	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Nivel 3	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Nivel 3	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL KIT 1 %	Nivel 3	
CLINDACIN ETZ TOPICAL SWAB 1 % (clindamycin phosphate)	Nivel 3	
CLINDACIN P TOPICAL SWAB 1 % (clindamycin phosphate)	Nivel 3	
CLINDACIN PAC TOPICAL KIT 1 %	Nivel 3	
CLINDACIN TOPICAL FOAM 1 % (clindamycin phosphate)	Nivel 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Nivel 3	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Nivel 1	
<i>clindamycin phosphate topical gel 1 %</i>	Nivel 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Nivel 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Nivel 1	
<i>clindamycin phosphate topical solution 1 %</i>	Nivel 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Nivel 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Nivel 1	
ERYGEL TOPICAL GEL 2 % (erythromycin with ethanol)	Nivel 3	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Nivel 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Nivel 1	QL (180 ML per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Nivel 1	
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Nivel 3	
<i>gentamicin topical cream 0.1 %</i>	Nivel 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Nivel 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Nivel 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Nivel 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Nivel 3	
XEPI TOPICAL CREAM 1 %	Nivel 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
ZILXI TOPICAL FOAM 1.5 %	Nivel 3	ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
Antifúngicos Tópicos		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Nivel 3	
CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)	Nivel 3	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)	Nivel 3	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)	Nivel 3	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Nivel 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Nivel 1	
<i>ciclopirox topical shampoo 1 %</i>	Nivel 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Nivel 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Nivel 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Nivel 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Nivel 1	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	Nivel 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Nivel 3	
DENVITA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Nivel 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Nivel 3	
<i>econazole nitrate topical cream 1 %</i>	Nivel 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ERTACZO TOPICAL CREAM 2 %	Nivel 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Nivel 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Nivel 2	
EXODERM TOPICAL LOTION 25-1 %	Nivel 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Nivel 3	
FERVINA TOPICAL LOTION 3-5-20 %	Nivel 3	
FIDILA TOPICAL SHAMPOO 2-2 %	Nivel 3	
FILOMA TOPICAL SOLUTION 8-1-1 %	Nivel 3	
FRIVO TOPICAL CREAM 1-4 % (econazole-niacinamide)	Nivel 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Nivel 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Nivel 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Nivel 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Nivel 3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Nivel 3	PA
<i>ketoconazole topical cream 2 %</i>	Nivel 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Nivel 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical shampoo 2 %</i>	Nivel 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Nivel 3	
KETODAN TOPICAL FOAM 2 % (ketoconazole)	Nivel 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Nivel 1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	Nivel 3	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	Nivel 3	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Nivel 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>luliconazole topical cream 1 %</i> (Luzu)	Nivel 1	ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Nivel 3	ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Nivel 1	
<i>naftifine topical cream 1 %</i>	Nivel 1	
<i>naftifine topical cream 2 %</i>	Nivel 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Nivel 1	
NAFTIN TOPICAL GEL 2 % (naftifine)	Nivel 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Nivel 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Nivel 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Nivel 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Nivel 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Nivel 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Nivel 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Nivel 1	
<i>oxiconazole topical cream 1 %</i>	Nivel 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Nivel 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Nivel 3	
<i>PHEOXIA TOPICAL CREAM 2-4 %</i> (ketoconazole-niacinamide)	Nivel 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Nivel 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Nivel 1	
<i>tavaborole topical solution with applicator 5 %</i>	Nivel 1	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XOLEGEL TOPICAL GEL 2 %	Nivel 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Antiparásicos Tópicos		
CROTAN TOPICAL LOTION 10 %	Nivel 3	
ELIMITE TOPICAL CREAM 5 % (permethrin)	Nivel 3	
EURAX TOPICAL CREAM 10 %	Nivel 3	
EURAX TOPICAL LOTION 10 %	Nivel 3	
malathion topical lotion 0.5 % (Ovide)	Nivel 1	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Nivel 3	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Nivel 3	
permethrin topical cream 5 % (Elimite)	Nivel 1	
PRURADIK TOPICAL LOTION 10 %	Nivel 3	
spinosad topical suspension 0.9 % (Natroba)	Nivel 1	
ULESFIA TOPICAL LOTION 5 %	Nivel 3	
Antivirales Tópicos		
acyclovir topical cream 5 % (Zovirax)	Nivel 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
acyclovir topical ointment 5 % (Zovirax)	Nivel 1	
penciclovir topical cream 1 % (Denavir)	Nivel 1	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Nivel 3	
Derivados De Pleuromutilina Tópica		
ALTABAX TOPICAL OINTMENT 1 %	Nivel 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Sulfomanidas Tópicas		
ABENOR HP TOPICAL LOTION 15-4 %	Nivel 3	
ABENOR TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Nivel 3	
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium-sulfur)	Nivel 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Nivel 3	QL (1419 GM per 1 FILL)
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Nivel 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Nivel 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Nivel 1	
OXIAICE TOPICAL LOTION 15-4 %	Nivel 3	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium-sulfur)	Nivel 3	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium-sulfur)	Nivel 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Nivel 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Nivel 3	
SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)	Nivel 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Nivel 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Nivel 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Nivel 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Nivel 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Nivel 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Nivel 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical suspension 9-4.25 %</i> (Clenia Plus)	Nivel 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Nivel 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Nivel 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Nivel 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Nivel 3	
SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium-sulfur)	Nivel 3	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Nivel 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Nivel 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Nivel 3	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium-sulfur)	Nivel 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Nivel 1	
Dermatología - Antiinflamatorio		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Nivel 3	PA; MO
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Nivel 3	PA; MO
ANZUPGO TOPICAL CREAM 2 %	Nivel 3	PA; QL (60 GM per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Nivel 3	PA; MO
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Nivel 3	PA; MO
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Nivel 4	PA; MO
OPZELURA TOPICAL CREAM 1.5 %	Nivel 2	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antibióticos Tópicos/Antiinflamatorio, Esteroides		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Nivel 3	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Nivel 3	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
Antiinflamatorio Esteroides Tópico		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Nivel 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Nivel 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Nivel 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Nivel 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>alclometasone topical cream 0.05 %</i>	Nivel 1	
<i>alclometasone topical ointment 0.05 %</i>	Nivel 1	
<i>amcinonide topical cream 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
<i>amcinonide topical ointment 0.1 %</i>	Nivel 1	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APEXICON E TOPICAL CREAM 0.05 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Nivel 3	
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Nivel 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Nivel 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Nivel 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Nivel 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Nivel 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Nivel 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Nivel 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Nivel 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Nivel 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Nivel 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Nivel 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BRYHALI TOPICAL LOTION 0.01 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Nivel 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Nivel 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Nivel 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Nivel 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Nivel 3	
<i>clobetasol scalp solution 0.05 %</i>	Nivel 1	
<i>clobetasol topical cream 0.025 %</i> (Impoyz)	Nivel 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
<i>clobetasol topical cream 0.05 %</i>	Nivel 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Nivel 1	
<i>clobetasol topical gel 0.05 %</i>	Nivel 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Nivel 1	
<i>clobetasol topical ointment 0.05 %</i>	Nivel 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Nivel 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	Nivel 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Nivel 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Nivel 1	
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	Nivel 3	
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol)	Nivel 3	
<i>clocortolone pivalate topical cream 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Nivel 3	
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Nivel 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Nivel 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Nivel 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Nivel 3	
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Nivel 3	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone and shower cap)	Nivel 3	
desonide topical cream 0.05 % (DesOwen)	Nivel 1	
desonide topical gel 0.05 %	Nivel 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
desonide topical lotion 0.05 %	Nivel 1	
desonide topical ointment 0.05 %	Nivel 1	
DESOWEN TOPICAL CREAM 0.05 % (desonide)	Nivel 3	
desoximetasone topical cream 0.05 %, 0.25 % (Topicort)	Nivel 1	
desoximetasone topical gel 0.05 % (Topicort)	Nivel 1	
desoximetasone topical ointment 0.05 %, 0.25 % (Topicort)	Nivel 1	
desoximetasone topical spray, non-aerosol 0.25 % (Topicort)	Nivel 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
diflorasone topical cream 0.05 %	Nivel 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>diflorasone topical ointment 0.05 %</i>	Nivel 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (180 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Nivel 3
DIVINIX TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Nivel 3
DIVINIX TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Nivel 3
DIVINIX TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Nivel 3
DOMELA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Nivel 3
DYNOMA TOPICAL CREAM 0.05-4 %		Nivel 3
ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 %		Nivel 1
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	(Derma-Smoothe/FS Scalp Oil)	Nivel 1
<i>fluocinolone topical cream 0.01 %</i>		Nivel 1
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	Nivel 1
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	Nivel 1
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	Nivel 1
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	Nivel 1
<i>fluocinonide topical cream 0.05 %</i>		Nivel 1
<i>fluocinonide topical cream 0.1 %</i>	(Vanos)	Nivel 1
<i>fluocinonide topical gel 0.05 %</i>		Nivel 1
<i>fluocinonide topical ointment 0.05 %</i>		Nivel 1
<i>fluocinonide topical solution 0.05 %</i>		Nivel 1
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Nivel 1
<i>fluocinonide-emollient topical cream 0.05 %</i>	(Fluocinonide-E)	Nivel 1
FLUOPAR TOPICAL KIT 0.1-5 %		Nivel 3
FLUOVIX PLUS TOPICAL KIT 0.1 %		Nivel 3
FLUOVIX TOPICAL KIT 0.1 %		Nivel 3
FLUOXIA TOPICAL CREAM 0.05-4 %		Nivel 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>flurandrenolide topical cream 0.05 %</i>	Nivel 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>flurandrenolide topical lotion 0.05 %</i>	Nivel 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Nivel 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Nivel 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Nivel 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Nivel 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Nivel 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Nivel 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Nivel 1	ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Nivel 1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL OINTMENT 0.1 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i> (MiCort-HC)	Nivel 1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Nivel 1	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	Nivel 3	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Nivel 1	
<i>hydrocortisone topical cream 2.5 %</i>	Nivel 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Nivel 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Nivel 1	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Nivel 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Nivel 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Nivel 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Nivel 1	
<i>hydrocortisone topical solution 2.5 %</i> (Texacort)	Nivel 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>hydrocortisone valerate topical cream 0.2 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Nivel 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %	Nivel 3	
ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Nivel 3	
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Nivel 3	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Nivel 3	
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Nivel 3	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)	Nivel 1	
<i>mometasone topical cream 0.1 %</i>	Nivel 1	
<i>mometasone topical ointment 0.1 %</i>	Nivel 1	
<i>mometasone topical solution 0.1 %</i>	Nivel 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Nivel 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-alo vera)	Nivel 3	
OLUX TOPICAL FOAM 0.05 % (clobetasol)	Nivel 3	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol-emollient)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PANDEL TOPICAL CREAM 0.1 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Nivel 1	
<i>prednicarbate topical ointment 0.1 %</i>	Nivel 1	
PROCTOCORT TOPICAL CREAM 1 % (hydrocortisone)	Nivel 3	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Nivel 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Nivel 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Nivel 1	
QUINIXIL TOPICAL CREAM 0.1-5 %	Nivel 3	
SANADERMRX TOPICAL KIT 0.1-5 %	Nivel 1	QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Nivel 2	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Nivel 3	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Nivel 3	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Nivel 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Nivel 3	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)	Nivel 3	
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)	Nivel 3	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)	Nivel 3	
SYNALAR TS TOPICAL KIT 0.01 %	Nivel 3	
TELIORA TOPICAL GEL 0.1-0.5 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Nivel 3	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Nivel 3	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)	Nivel 3	
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	Nivel 3	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	Nivel 3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Nivel 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)	Nivel 3	
TOVET KIT TOPICAL COMBO PACK 0.05 %	Nivel 3	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Nivel 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Nivel 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Nivel 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Nivel 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Nivel 1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	Nivel 1	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	Nivel 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	Nivel 3	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Nivel 1	QL (454 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTRAVATE TOPICAL LOTION 0.05 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Nivel 3	
VERDESO TOPICAL FOAM 0.05 %	Nivel 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDELM TDKAK TOPICAL KIT 0.1-2 %	Nivel 3	
WHYTEDELM TRILASIL PAK TOPICAL KIT 0.1-2 %	Nivel 3	
XILAPAK TOPICAL KIT 0.01 %	Nivel 3	
Antiinflamatorio Tópico, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Nivel 3	
CAPSINAC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
DERMACINRX LEXITRAL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Nivel 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Nivel 1	MO
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Nivel 1	MO
<i>diclofenac sodium topical solution in metered-dose pump</i> 20 mg/gram /actuation(2 %) (Pennsaid)	Nivel 1	
DICLOFEX DC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Nivel 3	
DICLOGEN TOPICAL KIT 1.5-10-4 %	Nivel 3	
DICLOPR TOPICAL COMBO PACK, CREAM AND GEL 1-30-10 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Nivel 3	
DIMENTHO TOPICAL KIT 1.5-10 %	Nivel 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %	Nivel 3	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Nivel 3	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	Nivel 3	
FROTEK TOPICAL CREAM IN PACKET 10 %	Nivel 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Nivel 3	
KERAXA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Nivel 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Nivel 3	ST: Must meet the following requirement: generic Flector patch in 120 days; QL (1 EA per 1 day)
ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Nivel 3	
PROFINAC TOPICAL KIT 1.5 %	Nivel 3	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Nivel 3	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Nivel 3	
VENNGEL II TOPICAL KIT 1 %	Nivel 3	
VENNGEL ONE TOPICAL KIT 1 %	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Nivel 3	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Nivel 3	
ZICLOPRO TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
Top. Antiinflamatorio, Inhib De Fosfodiesterasa-4 (Pde4)		
EUCRISA TOPICAL OINTMENT 2 %	Nivel 2	ST: Must meet the following requirement: Topical Corticosteroid or Calcineurin Inhibitor in 120 days
ZORYVE TOPICAL CREAM 0.15 %	Nivel 3	PA
ZORYVE TOPICAL FOAM 0.3 %	Nivel 3	PA
Dermatología - Medicamentos Antipruriginosos		
Antiprurítico, Tópico		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Nivel 3	
Dermatología - Misceláneo		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Nivel 3	
Agentes Antiseborreico		
LOUTREX TOPICAL CREAM	Nivel 1	
MICURADERM TOPICAL EMULSION	Nivel 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Nivel 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Nivel 3	
OVACE PLUS TOPICAL CREAM 10 %	Nivel 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Nivel 3	ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Nivel 3	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Nivel 3	
PROMISEB TOPICAL CREAM	Nivel 3	
selenium sulfide topical lotion 2.5 %	Nivel 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Nivel 1	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Nivel 1	
sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)	Nivel 1	
sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)	Nivel 1	
sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)	Nivel 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Nivel 3	
Agentes Oxidantes		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Nivel 3	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %	Nivel 3	
EPICYN TOPICAL SPRAY, NON-AEROSOL	Nivel 3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %	Nivel 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Nivel 3	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %	Nivel 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Nivel 3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 %-0.023 %	Nivel 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Nivel 3	
RENOVAR TOPICAL SOLUTION	Nivel 3	
Agentes Tópicos Antineoplásicos & Lesiones Premalignas		
bexarotene topical gel 1 % (Targretin)	Nivel 3	PA
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Nivel 3	PA
diclofenac sodium topical gel 3 %	Nivel 1	QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Nivel 3	
fluorouracil topical cream 0.5 % (Carac)	Nivel 1	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluorouracil topical cream 5 %</i> (Efudex)	Nivel 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Nivel 1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Nivel 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Nivel 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Nivel 4	QL (60 GM per 28 days)
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Nivel 4	PA
TOLAK TOPICAL CREAM 4 %	Nivel 2	
VALCHLOR TOPICAL GEL 0.016 %	Nivel 3	PA; MO
Anestésico Local Antiinflamatorio		
Esteroides Tópicos		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Nivel 2	
EPIFOAM TOPICAL FOAM 1-1 %	Nivel 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>hydrocortisone-pramoxine topical cream 2.35-1 %, 2.5-1 %</i>	Nivel 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Nivel 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Nivel 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Nivel 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Nivel 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Nivel 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Nivel 2	
Anestésicos Locales Tópicos		
ANACAINE TOPICAL OINTMENT 10 %	Nivel 3	
ANASTIA TOPICAL LOTION 2.75 %	Nivel 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ASTERO TOPICAL GEL WITH PUMP 4 %	Nivel 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Nivel 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Nivel 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Nivel 3	
DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH,MEDICATED 5 %	Nivel 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Nivel 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Nivel 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Nivel 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Nivel 3	
DERMALID TOPICAL COMBO PACK 5 %	Nivel 1	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	Nivel 3	
DYCLOPRO TOPICAL SOLUTION 0.5 %	Nivel 1	
ELEMAR TOPICAL KIT 5-6 %	Nivel 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Nivel 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Nivel 1	
HURRI-FREEZE TOPICAL AEROSOL,SPRAY	Nivel 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL	Nivel 3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Nivel 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Nivel 1	(lidocaine-racepinep-tetracaine)
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Nivel 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Nivel 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Nivel 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Nivel 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Nivel 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Nivel 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Nivel 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (Anodyne LPT)	Nivel 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Nivel 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Nivel 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Nivel 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Nivel 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Nivel 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Nivel 3	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Nivel 3	
LIDOPIN TOPICAL CREAM 3.25 %	Nivel 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Nivel 1	
LIDORX TOPICAL GEL WITH PUMP 3 %	Nivel 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Nivel 3	
LMR PLUS TOPICAL KIT 5-6 %	Nivel 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Nivel 3	
MOXICAINE TOPICAL KIT 5 %	Nivel 1	
NOBELA TOPICAL OINTMENT 10-10-20 %	Nivel 3	
NOLIRA TOPICAL CREAM 23-7 %	Nivel 3	
NUMBONEX TOPICAL LOTION 2.75 %	Nivel 3	
NYNUTEY TOPICAL CREAM 23-7 %	Nivel 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Nivel 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %	Nivel 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Nivel 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Nivel 3	
PROXIVOL TOPICAL GEL 2 %	Nivel 3	
REGENECARE TOPICAL GEL 2 %	Nivel 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Nivel 3	
SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 %	Nivel 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY	Nivel 3	
SYNTERMA PLUS TOPICAL KIT 5-6 %	Nivel 3	
TRANZAREL TOPICAL GEL 4 %	Nivel 3	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %	Nivel 3	
XYLIDERM TOPICAL KIT 5 %	Nivel 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Nivel 3	
ZILOVAL TOPICAL KIT 5 %	Nivel 1	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	Nivel 3	ST: Must meet the following requirement: Lidoderm 5% patch in 120 days; QL (90 EA per 30 days)
Antiperspirantes		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Nivel 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Nivel 2	
Antisépticos Del Yodo		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Nivel 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Nivel 1	
Antisépticos, Misceláneos		
<i>guaiaicol liquid</i>	Nivel 3	
Emolientes		
<i>ammonium lactate topical cream 12 %</i>	Nivel 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Nivel 3	
ATRAPRO HYDROGEL TOPICAL GEL	Nivel 3	
AVO CREAM TOPICAL EMULSION	Nivel 1	
CELACYN TOPICAL GEL WITH PUMP	Nivel 3	
CERACADE TOPICAL EMULSION	Nivel 3	
CERAMAX TOPICAL CREAM	Nivel 3	
CERAMAX TOPICAL LOTION	Nivel 3	
DERMASO PLUS TOPICAL CREAM	Nivel 3	
DEXERYL TOPICAL CREAM	Nivel 3	
EMULSION SB TOPICAL EMULSION	Nivel 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL	Nivel 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Nivel 3	
HALUCORT TOPICAL GEL	Nivel 3	
HAPRODERM TOPICAL GEL	Nivel 3	
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL	Nivel 1	
HPR PLUS TOPICAL CREAM	Nivel 3	
HPR PLUS TOPICAL FOAM	Nivel 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 %	Nivel 1	
HPR TOPICAL FOAM	Nivel 3	
KERASTAT TOPICAL CREAM	Nivel 3	
KERASTAT TOPICAL GEL 5 %	Nivel 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Nivel 3	
LOYON TOPICAL SPRAY, NON-AEROSOL	Nivel 3	
LUXAMEND TOPICAL CREAM	Nivel 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL	Nivel 1	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Nivel 1	
NEOSALUS TOPICAL CREAM	Nivel 3	
NEOSALUS TOPICAL LOTION	Nivel 3	
NUTRASEB TOPICAL CREAM	Nivel 3	
PRESERA TOPICAL FOAM	Nivel 3	
PRUCLAIR TOPICAL CREAM	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRUMYX TOPICAL CREAM	Nivel 1	
SEBUDERM TOPICAL GEL	Nivel 3	
SONAFINE TOPICAL EMULSION	Nivel 1	
XCLAIR TOPICAL CREAM	Nivel 3	
Irrigantes		
<i>acetic acid irrigation solution 0.25 %</i>	Nivel 1	
<i>lactated ringers irrigation solution</i>	Nivel 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Nivel 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Nivel 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Nivel 3	
<i>ringer's irrigation solution</i>	Nivel 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Nivel 1	
<i>sorbitol irrigation solution 3 %</i>	Nivel 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Nivel 1	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Nivel 3	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Nivel 1	
Irritantes/Contraírritantes		
<i>cantharidin in acetone topical solution 0.7 %</i>	Nivel 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Nivel 1	
<i>methyl salicylate topical liquid</i>	Nivel 1	
QUTENZA TOPICAL KIT 8 %	Nivel 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Nivel 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Nivel 3	PA
Preparados Tópicos, Varios		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Nivel 3	
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Nivel 3	
Protecciones		
DERMELLE TOPICAL GEL	Nivel 3	
DERPIXA TOPICAL GEL	Nivel 3	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Nivel 3	
GENADUR TOPICAL LIQUID	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
JUVAZIN TOPICAL GEL	Nivel 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Nivel 1	
PR CREAM TOPICAL CREAM	Nivel 1	
PROSILK GEL TOPICAL GEL	Nivel 3	
RADIAPLEXRX TOPICAL GEL	Nivel 3	
RECEDO TOPICAL GEL	Nivel 3	
SAFRYCYN TOPICAL CREAM 0.2 %	Nivel 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Nivel 3	
SCARSILK GEL TOPICAL GEL	Nivel 3	
SCARTRATE TOPICAL CREAM 5-2.25 %	Nivel 3	
STRATAMARK TOPICAL GEL	Nivel 3	
STRATATRIZ TOPICAL GEL	Nivel 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Nivel 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Nivel 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Nivel 1	
<i>zinc oxide topical paste 25 %</i>	Nivel 1	
Queratolíticos		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Nivel 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Nivel 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (Pacnex)	Nivel 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Nivel 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Nivel 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Nivel 1	
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Nivel 3	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (urea)	Nivel 3	
HYDRO 40 TOPICAL FOAM 40 %	Nivel 3	
KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)	Nivel 3	
METDRAY TOPICAL GEL 17-2 %	Nivel 3	
NENDRUX TOPICAL GEL 40-5 %	Nivel 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Nivel 3	
PODOCON TOPICAL LIQUID 25 %	Nivel 1	
<i>podofilox topical gel 0.5 %</i> (Condylox)	Nivel 1	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Nivel 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Nivel 1	
PRONAL TOPICAL GEL 10-40 %	Nivel 3	
RAYASAL TOPICAL CREAM 5.9 %	Nivel 3	
RYNODERM TOPICAL CREAM 37.5 %	Nivel 3	
SALICATE TOPICAL LIQUID 10 %	Nivel 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Nivel 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Nivel 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Nivel 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Nivel 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Nivel 1	
<i>salicylic acid topical gel 6 %</i> (Salynttra)	Nivel 1	
<i>salicylic acid topical liquid 26 %</i>	Nivel 1	
<i>salicylic acid topical lotion 6 %</i>	Nivel 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Nivel 1	
<i>salicylic acid topical ointment 3 %</i>	Nivel 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Nivel 1	
<i>salicylic acid-ceramides no.1 topical kit, cleanser and cream er 6 %</i>	Nivel 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Nivel 3	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Nivel 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Nivel 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Nivel 1	
SALYCIM TOPICAL CREAM 6 % (salicylic acid)	Nivel 3	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Nivel 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>silver nitrate topical solution 10 %</i>	Nivel 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Nivel 3	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Nivel 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Nivel 3	
URAMAXIN TOPICAL CREAM 45 % (urea)	Nivel 3	
URAMAXIN TOPICAL FOAM 20 %	Nivel 3	
URAMAXIN TOPICAL GEL 45 % (urea)	Nivel 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Nivel 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Nivel 1	
<i>urea topical cream 39 %</i> (Xurea)	Nivel 1	
<i>urea topical cream 39.5 %, 40 %, 41 %, 47 %</i>	Nivel 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Nivel 1	
<i>urea topical cream 50 %</i> (Ure-K)	Nivel 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Nivel 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Nivel 1	
<i>urea topical lotion 40 %</i>	Nivel 1	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Nivel 3	
WAYZEN TOPICAL GEL 40-5 %	Nivel 3	
WELERIS TOPICAL GEL 17-2 %	Nivel 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Nivel 3	
XIRUN TOPICAL GEL 10-40 %	Nivel 3	
XUREA TOPICAL CREAM 39 % (urea)	Nivel 3	
Tópico/Membrana Mucosa/Subcut. Enzimas		
NEXOBRID TOPICAL GEL 8.8 %	Nivel 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Nivel 3	PA
Dermatología - Soriasis/Eccema		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Nivel 3	PA; MO
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Nivel 3	PA; MO
TREMIFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Nivel 3	PA; MO
TREMIFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Nivel 3	PA; MO
TREMIFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Nivel 3	PA; MO
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Nivel 3	PA; MO
Agentes Antipsoriásicos		
<i>calcipotriene scalp solution 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Nivel 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Nivel 2	ST: Must meet the following requirement: Topical Corticosteroid in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DUOBRII TOPICAL LOTION 0.01-0.045 %	Nivel 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %	Nivel 3	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Nivel 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Nivel 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Nivel 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Nivel 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Nivel 3	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Nivel 3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Nivel 3	Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 %	Nivel 3	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Nivel 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
VTAMA TOPICAL CREAM 1 %	Nivel 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Nivel 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Nivel 3	PA
Agentes Antipsoriáticos, Sistémicos		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Nivel 3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Nivel 3	PA; MO
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Nivel 3	PA; MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Nivel 3	
ELYZIA TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Nivel 3	
HOVYN TOPICAL SOLUTION 0.1 %	Nivel 3	
HYFTOR TOPICAL GEL 0.2 %	Nivel 4	PA; MO
NUJO TOPICAL SOLUTION 0.1 %	Nivel 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Nivel 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Nivel 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Nivel 3	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Nivel 1	ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
VEVEN TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Nivel 3	
Agentes Tópicos, Varios		
COLLATYL TOPICAL GEL 1 %	Nivel 3	
L-MESITRAN SOFT TOPICAL GEL 40 %	Nivel 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Nivel 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Nivel 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OCM TOPICAL OINTMENT IN PACKET	Nivel 3	
OMEZA TOPICAL OINTMENT IN PACKET	Nivel 3	
<i>urea topical cream 20 %</i> (Gormel)	Nivel 1	
Vit D Tópica Análoga/Antiinflamatorio, Steroideo		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Nivel 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Nivel 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Nivel 2	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Nivel 3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)	Nivel 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Nivel 3	ST: Must meet the following requirement: generic Taclonex ointment in 120 days
Dermatología - Trastornos De Pigmentación		
Agentes De Hipopigmentación		
BLANCHE TOPICAL CREAM 4 % (hydroquinone)	Nivel 3	
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Nivel 1	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Nivel 3	
KATARVIA TOPICAL EMULSION 4-0.025 %	Nivel 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Nivel 3	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %	Nivel 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %	Nivel 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Nivel 3	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone-hydrocortisone)	Nivel 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %	Nivel 3	
KUTAR TOPICAL EMULSION 8-0.025 %	Nivel 3	
KUTARVIA TOPICAL EMULSION 8-0.025 %	Nivel 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Nivel 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Nivel 3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 %	Nivel 3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 %	Nivel 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 %	Nivel 3	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MECORIX TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MEDORFA HP PLUS TOPICAL EMULSION 8 % (hydroquinone)	Nivel 3	
MEDORFA HP TOPICAL EMULSION 8 % (hydroquinone)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MEDORFA LP TOPICAL EMULSION 4 % (hydroquinone)	Nivel 3	
MEDORFA PLUS TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Nivel 3	
MEDORFA TOPICAL EMULSION 6 % (hydroquinone)	Nivel 3	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MEKAM TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MELIDU TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MIMORA TOPICAL EMULSION 6-0.5 % (hydroquinone-hydrocortisone)	Nivel 3	
MOKURA LP TOPICAL EMULSION 4-0.025 %	Nivel 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 %	Nivel 3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 %	Nivel 3	
MOKURA TOPICAL EMULSION 8-0.025 %	Nivel 3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 %	Nivel 3	
MYTHIUS TOPICAL EMULSION 8-0.05-1 % (hydroquin-tretinoin-hydrocort)	Nivel 3	
MYVORI TOPICAL CREAM 10-4 % (lactic acid-niacinamide)	Nivel 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Nivel 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Nivel 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Nivel 1	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15	Nivel 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %	Nivel 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %	Nivel 3	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Nivel 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Nivel 3
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %	Nivel 3	
Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Nivel 2	PA; MO; QL (0.5 ML per 7 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Nivel 2	PA; QL (0.5 ML per 7 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Nivel 2	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Nivel 2	MO; QL (2 EA per 1 day)
Antihiperoglucémicos - Agonistas De Receptor De Dopamina		
CYCLOSET ORAL TABLET 0.8 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Glipizide/metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER in 180 days
Antihiperoglucémicos, De Tipo Análogo De Amilina		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Nivel 3	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Nivel 3	MO
Antihiperoglucémicos, Estimulante De Liberación De Insulina & Cmb De Biguanida		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Nivel 1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihiperoglucémicos, Inhib. De Alfa-Glucosidasa (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Nivel 1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Nivel 3	MO
Antihiperoglucémicos, Inhibidor (Dpp-4) & Comb. De Biguanida		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Nivel 2	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Nivel 2	MO; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Nivel 2	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihiperoglucémicos, Inhibidores Dpp-4		
<i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>alogliptin oral tablet 6.25 mg</i>	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Nivel 2	MO; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihiperoglucémicos, Miméticos De Incretina (Glp-1 Agonistas De Recep.)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Nivel 3	PA; MO; QL (0.85 ML per 7 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Nivel 1	PA; MO; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Nivel 1	PA; MO; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Nivel 3	PA; MO; QL (9 ML 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)	Nivel 2	PA; MO; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 3 MG	Nivel 2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 4 MG, 7 MG, 9 MG	Nivel 2	PA; MO; QL (1 EA per 1 day)
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	Nivel 2	PA; MO; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Nivel 3	PA; MO; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Nivel 3	PA; MO; QL (9 ML per 30 days)
Antihiperoglucémicos, Potenciador De Resp.-Insul & Cmb Biguanida		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)	Nivel 3	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Nivel 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihiperoglucémicos, Potenciador De Respuestas De Insulina (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Nivel 3	MO
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Nivel 1	MO
Antihiperoglucémicos, Respuesta-Insulina & Comb. De Liberación		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)	Nivel 3	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Nivel 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihiperoglucémicos, Tipo De Biguanida (No-Sulfonilurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Nivel 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Nivel 1	MO
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 750 mg, 850 mg</i>	Nivel 1	MO
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Nivel 1	MO
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Nivel 3	MO
Antihiperoglucémicos, Tipo De Estimulante De Liberación De Insulina		
<i>glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i>	Nivel 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Nivel 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide)	Nivel 3	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Nivel 1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Nivel 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
Antihiperoglucémicos, Agonistas De Receptor De Insulina & Glp-1		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Nivel 2	MO; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Nivel 2	MO; QL (15 ML per 28 days)
Antihiperoglucémicos, Dpp-4 Inhib De Enzima & Tiazolidinediona		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)	Nivel 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihiperoglucémicos-Bloqueador De Receptor De Glucocorticoides		
KORLYM ORAL TABLET 300 MG (mifepristone)	Nivel 3	PA; MO
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Nivel 3	PA; MO
Antihiperoglucémicos-Sod/Gluc Cotransport2(SglT2)Inhib		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Nivel 2	MO; QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Nivel 2	MO; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Comb. De Inhibidor De Antihiperoglucémicos, Sglit-2 & Dpp-4		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Nivel 2	MO; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
Diagnósticos De Azúcar En Sangre		
ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ACCU-TREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLEVER CHOICE MICRO TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY STEP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASYMAX STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE G2 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EZ SMART TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORA G20 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA V10 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORACARE GD20 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FREESTYLE PRECISION NEO STRIPS (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GM100 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GOJJI BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

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MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ONETOUGH ULTRA TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ONETOUGH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
OPTIUM EZ STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

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PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

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QUINTET AC STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
Equipod Médicos Duraderos, Misc. (Grupo 1)		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Nivel 6	MO; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
Hiperglucémicos		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Nivel 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLUCAGON (HCL) EMERGENCY KIT (glucagon hcl) INJECTION RECON SOLN 1 MG	Nivel 3	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Nivel 1	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Nivel 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Nivel 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Nivel 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Nivel 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Nivel 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Nivel 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Nivel 2	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 (diazoxide) MG/ML	Nivel 3	MO
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Nivel 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Nivel 2	QL (2.4 ML per 1 FILL)
Inhibidor De Antihiper glucémicos-SglT2 & Comb De Biguanida		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Nivel 2	MO; QL (2 EA per 1 day)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Nivel 2	MO; QL (1 EA per 1 day)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Nivel 2	MO; QL (2 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Nivel 2	MO; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Nivel 2	MO; QL (1 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Nivel 2	MO; QL (2 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Nivel 2	MO; QL (2 EA per 1 day)
Insulinas			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Nivel 3	PA; MO	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Nivel 3	MO; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Nivel 3	MO; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Nivel 2	MO; QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Nivel 2	MO; QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin-lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Nivel 3	MO; QL (30 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Nivel 2	MO; QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Nivel 2	MO; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Nivel 2	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Nivel 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Nivel 2	MO; QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insulin)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Nivel 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Nivel 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Nivel 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Nivel 1	MO; QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Nivel 2	MO; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Nivel 2	MO; QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Nivel 3	MO; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Nivel 3	MO; ST: Must meet any of the following requirements: Humulin 70-30 in 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Nivel 3	MO; ST: Must meet any of the following requirements: Humulin 70-30 in 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Humulin N in 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Humulin N in 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet the following requirement: Humulin R in 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet the following requirement: Humulin R in 120 days; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100) Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) Nivel 3	MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) Nivel 3	MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100) Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100) Nivel 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Nivel 2	MO; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Nivel 2	MO; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Nivel 2	MO; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 2	MO; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Nivel 2	MO; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 2	MO; QL (40 ML per 28 days)
Preparados Para Úlcera Diabetica, Tópicos		
REGANEX TOPICAL GEL 0.01 %	Nivel 2	
Suministros Diabeticos		
2TEK GLUCOSE/BLOOD PRESSURE KIT	Nivel 6	MO
ACCU-CHEK GUIDE GLUCOSE (blood-glucose meter) METER	Nivel 6	MO
ACCU-CHEK GUIDE ME GLUCOSE (blood-glucose meter) MTR	Nivel 6	MO
ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)	Nivel 6	MO
ADVANCED GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Nivel 6	MO
AGAMATRIX JAZZ WIRELESS 2 MNTR (blood-glucose meter) KIT	Nivel 6	MO
AGAMATRIX PRESTO SYSTEM (blood-glucose meter)	Nivel 6	MO
ALKALINE BATTERIES	Nivel 6	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ASSURE PRISM MULTI METER (blood-glucose meter)	Nivel 6	MO
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
BIGFOOT UNITY KIT	Nivel 3	MO
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP- TOUJEOMX DEVICE	Nivel 3	MO
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Nivel 3	MO
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Nivel 6	MO
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Nivel 6	MO
<i>blood-glucose meter</i> (Accu-Chek Guide Glucose Meter)	Nivel 6	MO

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<i>blood-glucose meter kit</i> (Advanced All-in-One Meter)	Nivel 6	MO
BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Nivel 6	MO
BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)	Nivel 6	MO
CARESENS N (blood-glucose meter)	Nivel 6	MO
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Nivel 6	MO
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
CARESENS N PLUS BT KIT (blood-glucose meter)	Nivel 6	MO
CARESENS N VOICE (blood-glucose meter)	Nivel 6	MO
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Nivel 6	MO
CEQUR SIMPLICITY INSERTER	Nivel 6	PA
CHEMSTRIP BG LOG BOOK	Nivel 6	
CHOICEDM CLARUS (blood-glucose meter)	Nivel 6	MO
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Nivel 6	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE MICRO (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE PRO (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Nivel 6	MO
CONTOUR METER (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT EZ METER (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT GEN METER (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT LINK 2.4 KIT	Nivel 6	MO
CONTOUR NEXT LINK KIT	Nivel 6	MO
CONTOUR NEXT METER (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT ONE METER (blood-glucose meter)	Nivel 6	MO
CONTOUR PLUS BLUE METER (blood-glucose meter)	Nivel 6	MO
DEXCOM G6 RECEIVER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DEXCOM G6 SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Nivel 6	MO
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Nivel 6	MO
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Nivel 6	MO
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
EASYGLUCO METER KIT (blood-glucose meter)	Nivel 6	MO
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
EASYMAX NG (blood-glucose meter)	Nivel 6	MO
EASYMAX NG KIT (blood-glucose meter)	Nivel 6	MO
EASYMAX T1 KIT (blood-glucose meter)	Nivel 6	MO
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Nivel 6	MO
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Nivel 6	MO
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Nivel 6	MO
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Nivel 6	MO
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
EVENCARE G2 (blood-glucose meter)	Nivel 6	MO
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
EVENCARE KIT (blood-glucose meter)	Nivel 6	MO
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Nivel 6	MO
EVENCARE SOLUTION	Nivel 6	MO
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Nivel 6	PA
EVERSENSE 365 TRANSMITTER DEVICE	Nivel 6	PA; MO
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Nivel 6	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Nivel 6	PA; MO
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
EZ SMART SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
FORA D40D GLUCOSE-BP MONITOR DEVICE	Nivel 6	MO
FORA D40G GLUCOSE-BP MONITOR DEVICE	Nivel 6	MO
FORA G20 KIT (blood-glucose meter)	Nivel 6	MO
FORA G30A (blood-glucose meter)	Nivel 6	MO
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORA TEST N'GO VOICE METER (blood-glucose meter)	Nivel 6	MO
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Nivel 6	MO
FORA TN'G ADVANCE PRO MONITOR DEVICE	Nivel 6	MO
FORA TN'G VOICE METER (blood-glucose meter)	Nivel 6	MO
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE FREEDOM KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE INSULINX (blood-glucose meter)	Nivel 6	MO
FREESTYLE LIBRE 14 DAY READER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FREESTYLE LIBRE 3 READER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Nivel 6	MO
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Nivel 6	MO
GDRIVE KIT (blood-glucose meter)	Nivel 6	MO
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCARD 01 METER KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCARD EXPRESSION (blood-glucose meter)	Nivel 6	MO
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Nivel 6	MO
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Nivel 6	MO
GLUCOCARD SHINE METER (blood-glucose meter)	Nivel 6	MO
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCARD SHINE XL METER (blood-glucose meter)	Nivel 6	MO
GLUCOCARD VITAL KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCOM AUTOLINK	Nivel 6	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Nivel 6	MO
GM100 KIT (blood-glucose meter)	Nivel 6	MO
GOJJI MULTI-FUNCTIONAL METER DEVICE	Nivel 6	MO
GOJJI MULTI-FUNCTIONAL METER KIT	Nivel 6	MO
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Nivel 6	PA; MO
GUARDIAN 4 TRANSMITTER DEVICE	Nivel 6	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GUARDIAN CONNECT TRANSMITTER DEVICE	Nivel 6	PA; MO
GUARDIAN LINK 3 TRANSMITTER DEVICE	Nivel 6	PA; MO
GUARDIAN SENSOR 3 DEVICE	Nivel 6	PA; MO
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Nivel 6	MO
ILET INFUSION KIT-INSET 23" COMBO PACK	Nivel 3	MO
ILET INFUSION KIT-INSET 32" COMBO PACK	Nivel 3	MO
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Nivel 3	MO
ILET STARTER KIT CONTACT KIT	Nivel 3	
ILET STARTER KIT-INSET KIT	Nivel 3	
INFINITY METER KIT KIT (blood-glucose meter)	Nivel 6	MO
INFINITY STARTER KIT KIT (blood-glucose meter)	Nivel 6	MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INSUL-CAP	Nivel 6	
INSUL-EZE	Nivel 6	
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Nivel 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
MINIMED QUICK-SERTER (MMT-395)	Nivel 6	
MODD1 PATIENT WELCOME KIT KIT	Nivel 3	
MODD1 SUPPLY KIT COMBO PACK	Nivel 3	MO
MYGLUCOHEALTH KIT (blood-glucose meter)	Nivel 6	MO
NOVA MAX PLUS GLUC-KETON METER DEVICE	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOVA MAX PLUS GLUC-KETON METER KIT	Nivel 6	MO
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Nivel 2	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Nivel 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Nivel 2	MO
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Nivel 2	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Nivel 2	QL (1 EA per 365 days)
ON CALL EXPRESS METER (blood-glucose meter)	Nivel 6	MO
ON CALL EXPRESS METER KIT (blood-glucose meter)	Nivel 6	MO
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose control, normal)	Nivel 6	MO
ONETOUCH ULTRA2 METER (blood-glucose meter)	Nivel 6	MO
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Nivel 6	MO
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Nivel 6	MO
OVAL TAPE	Nivel 6	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Nivel 6	MO
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
PRECISION (blood-glucose meter)	Nivel 6	MO
PRECISION XTRA KETONE-GLUCOSE KIT	Nivel 6	MO
PRECISION XTRA MONITOR (blood-glucose meter)	Nivel 6	MO
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
PREMIUM V10 (blood-glucose meter)	Nivel 6	MO
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Nivel 6	MO
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Nivel 6	MO
PRODIGY POCKET METER KIT (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
QUINTET AC (blood-glucose meter)	Nivel 6	MO
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Nivel 6	MO
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Nivel 6	MO
RELION CONFIRM KIT (blood-glucose meter)	Nivel 6	MO
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Nivel 6	MO
RELION PRIME METER (blood-glucose meter)	Nivel 6	MO
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
SIMPLERA SENSOR DEVICE	Nivel 6	PA; MO
SIMPLERA SYNC SENSOR DEVICE	Nivel 6	PA; MO
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Nivel 6	MO
SMARTEST EJECT KIT (blood-glucose meter)	Nivel 6	MO
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Nivel 6	MO
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Nivel 6	MO
SMARTEST PROTEGE KIT (blood-glucose meter)	Nivel 6	MO
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Nivel 6	MO
SMARTEST TALKING METER KIT (blood-glucose meter)	Nivel 6	MO
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Nivel 6	MO
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Nivel 6	MO
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Nivel 6	MO
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Nivel 3	MO
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Nivel 3	MO
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Nivel 3	MO
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Nivel 3	MO
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Nivel 3	MO
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Nivel 3	MO
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Nivel 3	MO
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Nivel 3	MO
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Nivel 3	MO
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Nivel 3	MO
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Nivel 3	MO
TEMPO SMART BUTTON DEVICE	Nivel 3	MO
TEMPO WELCOME KIT KIT	Nivel 3	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
TRUERESULT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
TWIIST REFILL KT(CSST-NDL-SYR) KIT	Nivel 6	MO
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	Nivel 3	MO
TWIIST STARTER KIT KIT	Nivel 3	
ULTIMA MONITOR (blood-glucose meter)	Nivel 6	MO
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
ULTRATRAK ULTIMATE (blood-glucose meter)	Nivel 6	MO
UNISTIK 2 DEVICE KIT (lancing device with lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Nivel 6	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Nivel 6	MO
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Nivel 6	MO
Enfermedad Cardiovascular - Agentes Misceláneos		
ATTRUBY ORAL TABLET 356 MG	Nivel 4	PA; MO
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Nivel 4	PA; MO
LODOCO ORAL TABLET 0.5 MG	Nivel 3	MO
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Nivel 3	PA; MO
VYNDAMAX ORAL CAPSULE 61 MG	Nivel 4	PA; MO
VYNDAQEL ORAL CAPSULE 20 MG	Nivel 4	PA; MO
Agentes Antianginas & Anti-Isquémicos, No Hemodinámicos		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	Nivel 3	PA; MO
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Nivel 1	MO; QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Nivel 1	MO; QL (120 EA per 30 days)
Agentes Vasopresores Adrenérgicos		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Nivel 3	PA; MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Nivel 4	PA; MO
Antihiperlip - Hmg-Coa & Bloqueador Cb De Canal Da Calcio		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Nivel 1	MO; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	Nivel 3	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inhibidor Antianginas, Reductor De Ritmo Cardíaco, I(F)		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Nivel 2	MO; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	Nivel 3	MO; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Nivel 1	MO; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
Recept De Angiotensina-Comb De Inhibidor De Neprilisina(Arni)		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Nivel 2	MO; QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)	Nivel 2	MO; QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Nivel 2	MO; QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Nivel 1	MO; QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Nivel 1	MO; QL (2 EA per 1 day)
Enfermedad Cardiovascular - Arritmia		
Antiarrítmicos		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	Nivel 1	MO
<i>amiodarone oral tablet 400 mg</i>	Nivel 1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Nivel 1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Nivel 1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Nivel 1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Nivel 1	MO
MULTAQ ORAL TABLET 400 MG	Nivel 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Nivel 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Nivel 2	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Nivel 3	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Nivel 1	MO
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Nivel 1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Nivel 1	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Nivel 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Nivel 1	MO
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Nivel 3	MO
Enfermedad Cardiovascular - Estimulante Cardíaco		
Agentes Adrenérgicos, Catecolaminas		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Nivel 1	
Glucósidos Digitálicos		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Nivel 1	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Nivel 3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Nivel 1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Nivel 1	PA; MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Nivel 3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Nivel 3	PA; MO
Enfermedad Cardiovascular - Hipertensión		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Nivel 3	PA; MO
TRYVIO ORAL TABLET 12.5 MG	Nivel 4	PA; MO
VANRAFIA ORAL TABLET 0.75 MG	Nivel 4	PA; MO
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Nivel 3	MO
Agentes Bloqueadores Alfa/Beta-Adrenérgicos		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Nivel 1	MO; QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Nivel 3	MO; QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Nivel 3	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Nivel 1	MO
Agentes Bloqueadores Alfa-Adrenérgicos		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Nivel 3	MO
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Nivel 3	MO
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)	Nivel 4	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Nivel 1	MO
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzylina)	Nivel 3	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Nivel 1	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO
TEZRULY ORAL SOLUTION 1 MG/ML	Nivel 3	PA; MO
Agentes Bloqueadores Beta-Adrenérgicos		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Nivel 1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Nivel 1	MO
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Nivel 3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Nivel 3	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Nivel 1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Nivel 3	ST: Must meet the following requirement: Propranolol solution in 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL (propranolol) CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Nivel 3	MO
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Nivel 3	MO; ST: Must meet the following requirement: Inderal LA in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Nivel 3	MO; ST: Must meet the following requirement: Inderal LA in 120 days
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Nivel 3	MO
LOPRESSOR ORAL SOLUTION 10 MG/ML	Nivel 3	PA; MO
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	Nivel 3	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Nivel 1	MO
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Nivel 1	MO
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Nivel 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Nivel 1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Nivel 1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Nivel 1	MO
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Nivel 1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Nivel 1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Nivel 1	MO
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Nivel 1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Nivel 1	MO
<i>sotalol oral tablet 240 mg</i> (Betapace)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SOTYLIZE ORAL SOLUTION 5 MG/ML	Nivel 3	MO; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Nivel 3	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Nivel 3	MO
Agentes Bloqueadores Beta-Adrenérgicos/Tiazidas & Relacionados		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Nivel 1	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Nivel 1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Nivel 1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Nivel 1	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Nivel 1	MO
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	Nivel 3	MO
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	Nivel 3	MO
Agentes Bloqueadores De Canal De Calcio		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Nivel 1	MO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Nivel 3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Nivel 3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	Nivel 3	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine)	Nivel 3	PA; MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Nivel 1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Nivel 1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER)	Nivel 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Nivel 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Nivel 1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Nivel 1	MO
<i>diltiazem hcl oral tablet 90 mg</i>	Nivel 1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Nivel 1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Nivel 1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Nivel 1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Nivel 1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Nivel 3	PA; MO
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Nivel 1	PA; MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Nivel 1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Nivel 1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Nivel 1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Nivel 1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Nivel 1	MO
<i>nimodipine oral capsule 30 mg</i>	Nivel 1	
<i>nimodipine oral solution 60 mg/20 ml</i>	Nivel 3	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Nivel 1	MO
NORLIQVA ORAL SOLUTION 1 MG/ML	Nivel 3	PA; MO
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	Nivel 3	MO
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Nivel 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Nivel 4	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Nivel 3	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Nivel 3	MO
TIADYL ER ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Nivel 1	MO
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Nivel 3	MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Nivel 1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Nivel 1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Nivel 1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Nivel 1	MO
Antag. De Receptores De Angiotensina/Comb. De Diurético Tiazídico		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)	Nivel 3	MO
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	Nivel 3	MO
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)	Nivel 3	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Nivel 1	MO
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Nivel 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Nivel 3	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	(Avalide)	Nivel 1
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	(Hyzaar)	Nivel 1
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Nivel 3
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	(Benicar HCT)	Nivel 1
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	(Micardis HCT)	Nivel 1
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	(Diovan HCT)	Nivel 1
Antag. De Receptr. Angioten./Bloq. De Canal De Cal./Cb De Tiazidas		
<i>amlodipine-valsartan-hcthiiazid 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)	Nivel 1
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	(amlodipine-valsartan-hcthiiazid)	Nivel 3
<i>olmesartan-amlodipin-hcthiiazid 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)	Nivel 1
TRIBENZOR 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	(olmesartan-amlodipin-hcthiiazid)	Nivel 3
Antgnst De Receptor De Angiotensina & Bloq. De Canal De Calcio		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	(Azor)	Nivel 1
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	(Exforge)	Nivel 1
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	(amlodipine-olmesartan)	Nivel 3
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	(amlodipine-valsartan)	Nivel 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Nivel 1	MO
Antihipertensivos Pulmonares, Prostaciclina-Tipo		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Nivel 3	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Nivel 3	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Nivel 3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Nivel 3	PA; MO
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Nivel 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Nivel 3	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Nivel 3	PA; MO
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)- 32(112) -48(28) MCG	Nivel 3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Nivel 3	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Nivel 3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Nivel 3	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Nivel 3	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Nivel 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Nivel 4	PA; MO
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Nivel 4	PA; MO
Antihipertensivos, Antagonistas De Receptores De Angiotensina		
ARBLI ORAL SUSPENSION 10 MG/ML	Nivel 3	PA; MO
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	Nivel 3	MO
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Nivel 3	MO
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	Nivel 3	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Nivel 1	MO
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	Nivel 3	MO
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Nivel 3	MO
EDARBI ORAL TABLET 40 MG, 80 MG	Nivel 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>eprosartan oral tablet 600 mg</i>	Nivel 1	MO
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	Nivel 1	MO
<i>irbesartan oral tablet 75 mg</i>	Nivel 1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Nivel 1	MO
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Nivel 3	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Nivel 1	MO
<i>telmisartan oral tablet 20 mg</i>	Nivel 1	MO
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	Nivel 1	MO
<i>valsartan oral solution 4 mg/ml</i>	Nivel 1	MO; ST: Must meet the following requirement: Valsartan tablets in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Nivel 1	MO
Antihipertensivos, Bloqueadores Ganglionar		
VECAMYL ORAL TABLET 2.5 MG	Nivel 4	PA
Antihipertensivos, Inhibidores Eca		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	Nivel 3	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Nivel 3	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Nivel 1	MO
<i>benazepril oral tablet 5 mg</i>	Nivel 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Nivel 1	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days unless 11 years of age or younger; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Nivel 1	MO
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Nivel 3	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days unless 11 years of age or younger; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Nivel 1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Nivel 1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	Nivel 3	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Nivel 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Nivel 1	MO
QBRELIS ORAL SOLUTION 1 MG/ML	Nivel 3	MO; ST: Must meet the following requirement: Lisinopril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Nivel 1	MO
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	Nivel 1	MO
<i>ramipril oral capsule 10 mg</i>	Nivel 1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Nivel 1	MO
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Nivel 3	MO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Nivel 3	MO
Antihipertensivos, Misceláneos		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Nivel 4	PA
<i>metyrosine oral capsule 250 mg</i> (Demser)	Nivel 3	PA
Antihipertensivos, Simpatolíticos		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Nivel 3	MO
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Nivel 3	MO
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Nivel 3	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Nivel 1	MO
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i> (Nexiclon XR)	Nivel 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Nivel 1	MO
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Nivel 1	MO
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Nivel 1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Nivel 1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Nivel 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Nivel 1	MO
Antihipertensivos, Vasodilatadores		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Nivel 1	MO
Anti-Htn Pulmonar, Antagonistas De Receptor De Endotelina		
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Nivel 3	PA; MO
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>bosentan oral tablet for suspension 32 mg</i> (Tracleer)	Nivel 3	PA; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Nivel 4	PA; MO
OPSUMIT ORAL TABLET 10 MG	Nivel 3	PA; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Nivel 4	PA; MO
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Nivel 3	PA; MO
Diurético De Asa		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
EDECRIIN ORAL TABLET 25 MG (ethacrynic acid)	Nivel 3	PA; MO
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Nivel 1	PA; MO
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Nivel 4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Nivel 1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Nivel 1	MO
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Nivel 3	MO
SOAANZ ORAL TABLET 40 MG	Nivel 3	PA; MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Nivel 1	MO
Diuréticos Ahorradores De Potasio		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Nivel 3	MO
<i>amiloride oral tablet 5 mg</i>	Nivel 1	MO
CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)	Nivel 3	PA; MO
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	Nivel 3	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Nivel 1	MO
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Nivel 3	MO
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Nivel 3	PA; MO
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Nivel 1	PA; MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Nivel 1	MO
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Diuréticos Ahorradores De Potasio En Combinación		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Nivel 1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Nivel 1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Nivel 1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Nivel 1	MO
Inhibidor De Renina, Directo		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Nivel 1	MO
TEKTRUNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Nivel 3	MO
Inhibidor Eca/Tiazidas & Diuréticos Tiazídicos		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	Nivel 3	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Nivel 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Nivel 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Nivel 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Nivel 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Nivel 1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Nivel 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Nivel 1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	Nivel 3	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Nivel 1	MO
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	Nivel 3	MO
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inhibidores Eca/Combinación De Bloqueador De Canal De Calcio		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Nivel 1	MO
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Nivel 1	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	Nivel 3	MO
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Nivel 3	MO; ST: Must meet the following requirements: Amlodipine and an ACE Inhibitor in 365 days; QL (1 EA per 1 day)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Nivel 1	MO
Pulm Anti-Htn, Estimulante De Ciclasa De Guanilato Soluble		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Nivel 3	PA; MO
Pulm. Anti-Htn, Sel. C-Gmp Inhib. De Fosfodiesterasa T5		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Nivel 4	PA; MO
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Nivel 3	PA; MO
LIQREV ORAL SUSPENSION 10 MG/ML	Nivel 4	PA; MO
REVATIO ORAL TABLET 20 MG (sildenafil (pulm. hypertension))	Nivel 3	PA; MO
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i>	Nivel 1	PA; MO
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Nivel 1	PA; MO
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Nivel 3	PA; MO
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Nivel 4	PA; MO
Tiazidas Y Diuréticos Relacionados		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Nivel 1	MO
DIURIL ORAL SUSPENSION 250 MG/5 ML	Nivel 3	MO
HEMICLOR ORAL TABLET 12.5 MG	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Nivel 1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Nivel 1	MO
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Nivel 3	PA; MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
THALITONE ORAL TABLET 15 MG	Nivel 3	MO
Vasodilatadores, Combinación		
BIDIL ORAL TABLET 20-37.5 MG (isosorbide-hydralazine)	Nivel 3	MO
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Nivel 1	MO
Enfermedad Cardiovascular - Irregularidad De Lípidos		
NEXLETOL ORAL TABLET 180 MG	Nivel 2	MO; ST: Must meet the following requirement: generic statin in 120 days
NEXLIZET ORAL TABLET 180-10 MG	Nivel 2	MO; ST: Must meet the following requirement: generic statin in 120 days
Antihiperlipidémicos - Inhibidor De Mtp		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Nivel 3	PA; MO
Antihiperlipidémicos - Inhibidor De Síntesis Apo B-100		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Nivel 4	PA; MO
Antihiperlipidémicos - Inhibidores De Pcsk9		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Nivel 3	MO; ST: Must meet the following requirement: Repatha in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Nivel 2	MO; ST: Must meet the following requirement: generic statin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Nivel 2	MO; ST: Must meet the following requirement: generic statin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Nivel 2	MO; ST: Must meet the following requirement: generic statin in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihiperlipidémicos - Inhibidores De Reductasa Hmg Coa		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Nivel 3	PA; MO
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Nivel 1	MO; QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Rosuvastatin in 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Nivel 3	PA; MO
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Nivel 3	PA; MO
<i>fluvastatin oral capsule 20 mg</i>	Nivel 5	MO; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluvastatin oral capsule 40 mg</i>	Nivel 5	MO; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Nivel 5	MO; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Nivel 3	MO; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Nivel 1	MO; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Nivel 1	PA; MO; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Nivel 3	MO; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihiperlipidémicos.Hmg Coa Reduct Inhib&Colest.Ab.Inhib		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i> (Roszet)	Nivel 1	MO; ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Nivel 1	MO; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Nivel 1	MO; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Nivel 1	MO; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Nivel 1	PA; MO; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	Nivel 3	MO; ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe-simvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe-simvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	Nivel 3	MO; QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	Nivel 3	PA; MO; QL (1 EA per 1 day)
Lipotrópicos		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Nivel 1	MO; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i>	Nivel 1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Nivel 1	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Nivel 1	MO
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Nivel 1	MO
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	Nivel 1	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Nivel 3	MO; ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Nivel 3	MO
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Nivel 1	MO
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Nivel 1	MO; QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Nivel 1	MO; QL (4 EA per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Nivel 3	MO; ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS
LOPID ORAL TABLET 600 MG (gemfibrozil)	Nivel 3	MO
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Nivel 3	MO; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Nivel 1	MO
NIACOR ORAL TABLET 500 MG (niacin)	Nivel 1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Nivel 1	MO; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Nivel 3	MO
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Nivel 3	MO; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Nivel 3	MO; QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Nivel 3	MO; QL (1 EA per 1 day)
Preparados De Niacina		
<i>niacin oral tablet 500 mg</i> (Niacor)	Nivel 1	MO
Secuestradores De Sales Biliares		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Nivel 1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Nivel 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Nivel 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Nivel 1	MO
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Nivel 1	MO
COLESTID ORAL GRANULES 5 GRAM (colestipol)	Nivel 3	MO
COLESTID ORAL TABLET 1 GRAM (colestipol)	Nivel 3	MO
<i>colestipol oral granules 5 gram</i> (Colestid)	Nivel 1	MO
<i>colestipol oral packet 5 gram</i>	Nivel 1	MO
<i>colestipol oral tablet 1 gram</i> (Colestid)	Nivel 1	MO
PREVALITE ORAL POWDER 4 GRAM	Nivel 1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Nivel 1	MO
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Nivel 3	MO
QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))	Nivel 3	MO
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))	Nivel 3	MO
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	Nivel 3	MO
WELCHOL ORAL TABLET 625 MG (colesevelam)	Nivel 3	MO
Enfermedad Cardiovascular - Vasodilatación		
Diagnósticos Cardiovasculares- Radiopaco		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML	Nivel 3	
Vasodilatadores, Coronario		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Nivel 3	MO; ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Nivel 3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Nivel 3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Nivel 1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Nivel 1	MO
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Nivel 1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Nivel 1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Nivel 1	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Nivel 2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	(nitroglycerin)	Nivel 3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Nivel 2	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	(Nitrostat)	Nivel 1	MO
<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)	Nivel 1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	(Nitrolingual)	Nivel 1	MO
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	(nitroglycerin)	Nivel 3	MO
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	(nitroglycerin)	Nivel 3	MO
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	(nitroglycerin)	Nivel 3	MO
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Nivel 1	MO
Vasodilatadores, Periféricos			
<i>ergoloid oral tablet 1 mg</i>		Nivel 1	MO
<i>papaverine injection solution 30 mg/ml</i>		Nivel 1	
Enfermedad De Parkinson			
Inhibidores De Descarboxilasa			
<i>carbidopa oral tablet 25 mg</i>	(Lodosyn)	Nivel 1	MO
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Nivel 3	MO
Medicamentos Antiparkinson, Anticolinérgicos			
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>		Nivel 1	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>		Nivel 1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>		Nivel 1	MO
Medicamentos Antiparkinson, Otros			
<i>amantadine hcl oral capsule 100 mg</i>		Nivel 1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>		Nivel 1	MO
<i>amantadine hcl oral tablet 100 mg</i>		Nivel 1	MO
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Nivel 3	PA; MO
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	Nivel 3	MO; QL (1 EA per 1 day)
<i>bromocriptine oral capsule 5 mg</i>	Nivel 1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	Nivel 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Nivel 1	MO
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Nivel 1	MO
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Nivel 1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Nivel 1	MO
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Nivel 1	MO
<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>	Nivel 1	MO
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 52.5-210 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 70-280 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 87.5-350 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Nivel 4	PA; MO
<i>entacapone oral tablet 200 mg</i>	Nivel 1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Nivel 4	PA; MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Nivel 4	PA; MO
MIRAPEX ER ORAL TABLET (pramipexole) EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Nivel 2	MO; ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Nivel 4	PA; MO
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Nivel 4	PA; MO
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Nivel 3	PA; MO
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Nivel 3	PA; MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Nivel 1	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Nivel 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Nivel 1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	Nivel 3	MO
TASMAR ORAL TABLET 100 MG (tolcapone)	Nivel 3	MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Nivel 1	MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Nivel 4	PA; MO
XADAGO ORAL TABLET 100 MG, 50 MG	Nivel 3	MO; ST: Must meet the following requirements: Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Enfermedad Infecciosa - Bacteriana		
REBYOTA RECTAL ENEMA 150 ML	Nivel 4	PA
VOWST ORAL CAPSULE	Nivel 3	PA
XENLETA ORAL TABLET 600 MG	Nivel 3	PA
Betalactaminas		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Carbapenemas (Tienamicinas)		
ORLYNVAH ORAL TABLET 500-500 MG	Nivel 3	PA; QL (2 EA per 1 day)
Cefalosporinas - 1Era Generación		
<i>cefadroxil oral capsule 500 mg</i>	Nivel 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Nivel 1	
<i>cefadroxil oral tablet 1 gram</i>	Nivel 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Nivel 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Nivel 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Nivel 1	
Cefalosporinas - 2Da Generación		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Nivel 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Nivel 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Nivel 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Nivel 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Nivel 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Nivel 1	
Cefalosporinas - 3Ra Generación		
<i>cefdinir oral capsule 300 mg</i>	Nivel 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Nivel 1	
<i>cefixime oral capsule 400 mg</i>	Nivel 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Nivel 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Nivel 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Nivel 1	
SPECTRACEF ORAL TABLET 400 MG	Nivel 3	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Nivel 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Nivel 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Nivel 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Nivel 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Derivados De Nitrofuranos		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Nivel 3	PA
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd/m-cryst)	Nivel 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Nivel 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Nivel 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Nivel 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Nivel 1	PA
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Nivel 1	
Macrólidos		
<i>azithromycin oral packet 1 gram</i>	Nivel 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Nivel 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Nivel 1	
<i>azithromycin oral tablet 600 mg</i>	Nivel 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Nivel 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Nivel 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Nivel 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Nivel 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Nivel 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Nivel 1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Nivel 3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Nivel 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG (erythromycin)	Nivel 3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Nivel 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Nivel 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Nivel 1	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Nivel 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Nivel 1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Nivel 1	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Nivel 3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Nivel 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Nivel 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Nivel 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Nivel 3	
Oxazolidinonas		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Nivel 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Nivel 1	
SIVEXTRO ORAL TABLET 200 MG	Nivel 2	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Nivel 3	
ZYVOX ORAL TABLET 600 MG (linezolid)	Nivel 3	
Penicilinas		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Nivel 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Nivel 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Nivel 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Nivel 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Nivel 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Nivel 1	
<i>ampicillin oral capsule 500 mg</i>	Nivel 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)	Nivel 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Nivel 3	ST: Must meet the following requirement: generic Augmentin of different strength in 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin-pot clavulanate)	Nivel 3	
AUGMENTIN ORAL TABLET 500-125 MG (amoxicillin-pot clavulanate)	Nivel 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin-pot clavulanate)	Nivel 3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Nivel 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Nivel 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Nivel 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Nivel 1	
Quimioterapéuticos, Antibacterianos, Varios		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Nivel 1	
<i>methenamine hippurate oral tablet 1 gram</i>	Nivel 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogestic-Blue)	Nivel 1	
MONUROL ORAL PACKET 3 GRAM (fosfomicin tromethamine)	Nivel 3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Nivel 2	
<i>trimethoprim oral tablet 100 mg</i>	Nivel 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Nivel 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Nivel 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Nivel 3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	Nivel 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Nivel 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	Nivel 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Nivel 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Nivel 1	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG	Nivel 3	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Nivel 3	
Quinolonas		
BAXDELA ORAL TABLET 450 MG	Nivel 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Nivel 2	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	Nivel 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Nivel 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Nivel 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Nivel 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Nivel 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Nivel 1	
<i>moxifloxacin oral tablet 400 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Nivel 1	
Sulfonamidas Absorbibles		
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Nivel 3
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Nivel 3
<i>sulfadiazine oral tablet 500 mg</i>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfatrim)	Nivel 1
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim)	Nivel 1
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim DS)	Nivel 1
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Nivel 1
Tetraciclinas		
AVIDOXY DK KIT 100 MG-2 % -SPF 30		Nivel 3
AVIDOXY ORAL TABLET 100 MG	(doxycycline monohydrate)	Nivel 3
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%		Nivel 3
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%		Nivel 3
<i>demeclocycline oral tablet 150 mg, 300 mg</i>		
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG		Nivel 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DORYX ORAL TABLET,DELAYED (doxycycline hyclate) RELEASE (DR/EC) 80 MG	Nivel 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Nivel 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Nivel 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Nivel 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	Nivel 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>doxycycline hyclate oral tablet, delayed release (drlec) 50 mg</i>	Nivel 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (drlec) 75 mg</i>	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (drlec) 80 mg</i> (Doryx)	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Nivel 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>	Nivel 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i> (Oracea)	Nivel 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Nivel 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Nivel 1	
EMROSI ORAL CAPSULE, IR -EXTEND REL, BIPHASE 40 MG	Nivel 3	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Nivel 1	ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Nivel 1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Nivel 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Nivel 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Nivel 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG	Nivel 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG	Nivel 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG	Nivel 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)	Nivel 3	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Nivel 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Nivel 3	ST: Must meet any of the following requirements: generic Doxycycline or Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	Nivel 3	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Nivel 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Nivel 1	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline)	Nivel 3	ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Enfermedad Infecciosa - Fungosa		
Agentes Antifúngicos		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Nivel 3	
<i>clotrimazole mucous membrane troche 10 mg</i>	Nivel 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Nivel 3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	Nivel 3	
DIFLUCAN ORAL TABLET 100 MG (fluconazole)	Nivel 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Nivel 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Nivel 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Nivel 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Nivel 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Nivel 1	
<i>itraconazole oral solution 10 mg/ml</i>	Nivel 1	
<i>ketoconazole oral tablet 200 mg</i>	Nivel 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Nivel 3	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Nivel 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Nivel 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Nivel 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Nivel 1	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Nivel 3	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Nivel 3	
<i>terbinafine hcl oral tablet 250 mg</i>	Nivel 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Nivel 3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Nivel 3	
VFEND ORAL TABLET 50 MG (voriconazole)	Nivel 3	
VIVJOA ORAL CAPSULE 150 MG	Nivel 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Nivel 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Nivel 1	
Antibióticos Antifúngicos		
BREXAFEMME ORAL TABLET 150 MG	Nivel 3	PA
FULVICIN P/G ORAL TABLET 165 MG (griseofulvin ultramicronsize)	Nivel 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Nivel 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Nivel 1	
<i>griseofulvin ultramicronsize oral tablet 125 mg, 165 mg, 250 mg</i>	Nivel 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Nivel 1	
<i>nystatin oral tablet 500,000 unit</i>	Nivel 1	
Enfermedad Infecciosa - Miscelánea		
Agentes Antibacterianos, Misceláneos		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Nivel 3	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes Antimycobacterium		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Nivel 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Nivel 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Nivel 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Nivel 3	
<i>pyrazinamide oral tablet 500 mg</i>	Nivel 1	
<i>rifabutin oral capsule 150 mg</i>	Nivel 1	
TRECTOR ORAL TABLET 250 MG	Nivel 3	
Aminoglicósidos		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Nivel 4	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Nivel 4	PA; MO
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	Nivel 4	PA; MO
<i>neomycin oral tablet 500 mg</i>	Nivel 1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)	Nivel 4	PA; MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Nivel 3	PA; MO
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Nivel 3	PA; MO
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Nivel 3	PA; MO
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Nivel 3	PA; MO
Antibióticos Antituberculosos		
<i>cycloserine oral capsule 250 mg</i>	Nivel 1	
<i>pretomanid oral tablet 200 mg</i>	Nivel 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Nivel 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Nivel 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Nivel 4	PA
Antilepróticos		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Nivel 1	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	Nivel 3	PA; MO
Lincosamidas		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Nivel 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Nivel 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Nivel 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Nivel 1	
Rifamicinas Y Antibióticos Derivados Relacionados		
XIFAXAN ORAL TABLET 200 MG	Nivel 3	PA
XIFAXAN ORAL TABLET 550 MG	Nivel 2	PA; MO
Vancomicina Y Derivados		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)	Nivel 3	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)	Nivel 3	QL (600 ML per 1 FILL)
VANCOGIN ORAL CAPSULE 125 MG (vancomycin)	Nivel 3	QL (56 EA per 1 FILL)
VANCOGIN ORAL CAPSULE 250 MG (vancomycin)	Nivel 3	QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Nivel 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Nivel 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Nivel 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Nivel 1	QL (600 ML per 1 FILL)
Enfermedad Infecciosa - Parasitaria		
2Da Gen. Anaeróbico Antiprotozoario-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Nivel 3	ST: Must meet 2 of the following requirements: Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Nivel 1	
Agentes Anaeróbicos Antiprotozoario-Antibacterianos		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Nivel 3	PA
<i>metronidazole oral capsule 375 mg</i>	Nivel 1	
<i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antihelmínticos		
<i>albendazole oral tablet 200 mg</i>	Nivel 1	
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Nivel 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Nivel 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Nivel 1	
<i>ivermectin oral tablet 6 mg</i>	Nivel 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Nivel 1	
STROMEKTOL ORAL TABLET 3 MG (ivermectin)	Nivel 3	
Antiparasitarios		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Nivel 3	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Nivel 3	QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Nivel 1	QL (2 EA per 1 day)
Mediamcentos Antipalúdicos		
ARAKODA ORAL TABLET 100 MG	Nivel 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Nivel 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Nivel 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Nivel 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Nivel 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Nivel 3	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Nivel 4	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Nivel 1	MO; QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Nivel 1	MO; QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Nivel 1	MO; QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Nivel 1	MO; QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Nivel 2	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)	Nivel 3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)	Nivel 3	
<i>mefloquine oral tablet 250 mg</i>	Nivel 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)	Nivel 3	MO; QL (100 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Nivel 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Nivel 3	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Nivel 3	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Nivel 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Nivel 2	MO; QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Nivel 3	MO; QL (60 EA per 30 days)
Medicamentos Antiprotozoarios, Misceláneos		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Nivel 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Nivel 1	
IMPAVIDO ORAL CAPSULE 50 MG	Nivel 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Nivel 3	
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Nivel 3	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	Nivel 3	MO
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Nivel 1	MO
Enfermedad Infecciosa - Viral		
DOVATO ORAL TABLET 50-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Nivel 1	QL (40 EA per 29 days); Age (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Nivel 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Nivel 2	QL (30 EA per 28 days); Age (Min 12 Years)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Nivel 2	MO
SUNLENCA ORAL TABLET 300 MG	Nivel 2	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Nivel 2	MO
YEZTUGO ORAL TABLET 300 MG	Nivel 2	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Nivel 2	MO
Agentes De Tratamiento De Hepatitis B		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Nivel 3	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Nivel 3	MO; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Nivel 4	MO; QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Nivel 3	MO; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir)	Nivel 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Nivel 3	MO; QL (1 EA per 1 day)
Agentes De Tratamiento De Hepatitis C		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Nivel 3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Nivel 3	PA
<i>ribavirin oral capsule 200 mg</i>	Nivel 1	
<i>ribavirin oral tablet 200 mg</i>	Nivel 1	
Anticuerpos Antivirales Monoclonales		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Nivel 3	
Antiretrovirales-Inhibidor De Integrasa Y Comb. Nnrti		
JULUCA ORAL TABLET 50-25 MG	Nivel 2	MO; QL (1 EA per 1 day)
Antiretrovirales-Nucleósido, Nucleótido, Proteasa, Inh.		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Nivel 2	MO; QL (1 EA per 1 day)
Antivirales, Específicos Para Vih, Inhibidores De Proteasa		
<i>atazanavir oral capsule 150 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Nivel 1	MO; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Nivel 1	MO; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Nivel 1	MO; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Nivel 2	MO; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Nivel 2	MO; QL (12 EA per 1 day)
NORVIR ORAL TABLET 100 MG (ritonavir)	Nivel 3	MO; QL (12 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG (atazanavir)	Nivel 3	MO; QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (atazanavir)	Nivel 3	MO; QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Nivel 2	MO; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Nivel 1	MO; QL (12 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VIRACEPT ORAL TABLET 250 MG, 625 MG	Nivel 2	MO
Antivirales, Específicos Para Vih, No Nucleósido, Rti		
EDURANT ORAL TABLET 25 MG	Nivel 2	MO; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Nivel 2	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Nivel 1	MO
<i>etravirine oral tablet 100 mg</i> (Intelence)	Nivel 1	MO; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Nivel 1	MO; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG (etravirine)	Nivel 3	MO; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Nivel 3	MO; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Nivel 2	MO; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Nivel 1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Nivel 3	MO; QL (2 EA per 1 day)
Antivirales, Específicos Para Vih, Nucleósido Análogos, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Nivel 1	MO; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Nivel 5	MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Nivel 3	MO; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Nivel 2	MO; QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Nivel 3	MO; QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Nivel 3	MO; QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (lamivudine)	Nivel 3	MO; QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Nivel 1	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Nivel 1	MO; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Nivel 1	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Nivel 3	MO; QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Nivel 3	MO; QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Nivel 3	MO; QL (960 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Nivel 1	MO; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Nivel 1	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
Antivirales, General		
<i>acyclovir oral capsule 200 mg</i>	Nivel 1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Nivel 1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Nivel 1	MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Nivel 1	MO
FLUMADINE ORAL TABLET 100 MG (rimantadine)	Nivel 3	
LIVTENCITY ORAL TABLET 200 MG	Nivel 3	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Nivel 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Nivel 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Nivel 1	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Nivel 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Nivel 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Nivel 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i>	Nivel 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Nivel 1	
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	Nivel 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	Nivel 3	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	Nivel 3	QL (360 ML per 180 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Nivel 2	
TEMBEXA ORAL TABLET 100 MG	Nivel 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Nivel 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)	Nivel 3	MO
VALCYTE ORAL TABLET 450 MG (valganciclovir)	Nivel 3	MO
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Nivel 1	MO
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Nivel 1	MO
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)	Nivel 3	MO
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Nivel 3	
XOFLUZA ORAL TABLET 40 MG	Nivel 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Nivel 2	QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Nivel 3	MO
Antivirales, Específico-Vih, Ccr5 Antag. Co-Receptor		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Nivel 1	MO; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Nivel 1	MO; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Nivel 2	MO; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG (maraviroc)	Nivel 3	MO; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG (maraviroc)	Nivel 3	MO; QL (4 EA per 1 day)
Antivirales, Específico-Vih, Comb De Inhibidor De Proteasa		
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	Nivel 3	MO; QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	Nivel 3	MO; QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	Nivel 3	MO; QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Nivel 1	MO; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Nivel 1	MO; QL (4 EA per 1 day)
Antivirales, Específico-Vih, Inhibidores De Fusión		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Nivel 2	MO; QL (2 EA per 1 day)
Antivirales, Específico-Vih, Nucleótido Análogo, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Nivel 5	MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/Scoop (40 MG/GRAM)	Nivel 2	MO; QL (240 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Nivel 2	MO; QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)	Nivel 3	MO; QL (1 EA per 1 day)
Antivirales, Spec-Vih, Inhib. De Proteasa No Peptídica		
APTIVUS ORAL CAPSULE 250 MG	Nivel 2	MO; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Nivel 1	MO; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Nivel 1	MO; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG	Nivel 4	MO; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Nivel 3	MO; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Nivel 2	MO; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Nivel 2	MO; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Nivel 3	MO; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Nivel 2	MO; QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Nivel 3	MO; QL (1 EA per 1 day)
Antivirales, Spec-Vih, Nucleósido Análogo, Comb Rti		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
Antivirales, Spec-Vih, Nucleósido-Nucleótido Análogo		
CIMDUO ORAL TABLET 300-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Nivel 2	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Nivel 5	MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Nivel 1	MO; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Nivel 5	MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	Nivel 3	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antivirales,Vih-1 Inhibidor De Trasnferencia De Sepa De Integrasa		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Nivel 5	MO; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Nivel 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Nivel 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Nivel 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Nivel 2	MO; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Nivel 2	MO; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Nivel 2	MO; QL (6 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Inhibidor De Integrasa		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Nivel 2	MO; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Nivel 2	MO; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
Cmb Artv De Nucleósido, Nucleótido,& No-Nucleósido Rti		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir disoproxil fumarate)	Nivel 3	MO; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Nivel 3	MO; QL (1 EA per 1 day)
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg</i> (Symfi)	Nivel 1	MO; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil oral tablet 200-25-300 mg</i> (Complera)	Nivel 1	MO; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Nivel 2	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofov disop)	Nivel 3	MO; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofov disop)	Nivel 3	MO; QL (1 EA per 1 day)
Comb. De Inhibidor De Virus De Hepatitis C - Ns5a, Ns3/4A, Ns5b		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Nivel 4	
Hep C - Ns5a, Ns3/4A, Combinación Inhibidor De Nucleótido Ns5b		
VOSEVI ORAL TABLET 400-100-100 MG	Nivel 3	PA
Hep C Virus,Nucleótido Análogo Ns5b Inh De Polimerasa		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Nivel 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Nivel 4	PA
Inhibidor De Integrasa & Arv Comb-Nrtis		
TRIUMEQ ORAL TABLET 600-50-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Nivel 2	MO; QL (6 EA per 1 day)
Inhibidores De Citocromo P450		
TYBOST ORAL TABLET 150 MG	Nivel 2	MO; QL (1 EA per 1 day)
Inhibidores De Polimerasa De Virus Hep C - Ns5a & Ns5b. Comb.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Nivel 3	PA
EPCLUSA ORAL TABLET 200-50 MG	Nivel 3	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Nivel 3	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Nivel 3	PA
HARVONI ORAL TABLET 45-200 MG	Nivel 3	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Nivel 3	PA
Virus De Hepatitis C- Comb De Inhib De Ns5a Y Ns3/4A		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Nivel 4	PA
MAVYRET ORAL TABLET 100-40 MG	Nivel 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Enfermedad Inflamatoria		
Agentes Antiartríticos Y Quelantes		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Nivel 4	PA; MO
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Nivel 4	PA; MO
D-PENAMINE ORAL TABLET 125 MG	Nivel 3	PA; MO
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Nivel 3	PA; MO
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Nivel 3	PA; MO
Agentes Antiinflamatorios/Antiartríticos, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Nivel 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Nivel 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Nivel 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Nivel 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Nivel 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Nivel 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Nivel 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Nivel 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Nivel 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Nivel 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VISCO-3 INTRA-ARTICULAR SYRINGE (sodium hyaluronate 10 MG/ML (viscosup))	Nivel 3	PA
Antagonistas De Receptor De Bradiquinina B2		
FIRAZYR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Nivel 4	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Nivel 3	PA
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Nivel 3	PA
Anti Artrítico, Agentes Antagonistas De Fólico		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Nivel 2	MO; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Nivel 2	MO; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Nivel 2	MO; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Nivel 2	MO; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Nivel 2	MO; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Nivel 2	MO; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Nivel 2	MO; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Nivel 2	MO; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Nivel 2	MO; QL (0.6 ML per 28 days)
Antiinflam. Antagonista De Receptor De Interleucina-1		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Nivel 4	PA; MO
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Nivel 4	PA; MO
Antiinflamatorio, Inhibidor De Síntesis De Pirimidina		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Nivel 3	MO
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Nivel 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antiinflamatorios, Sel.Costim.Mod., Inhibidor De Célula-T		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Nivel 4	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Nivel 4	PA; MO
Ayudas Nasales, Cox No Selectiva, Analgésico Sistémico		
SPRIX NASAL SPRAY, NON-AEROSOL (ketorolac) 15.75 MG/SPRAY	Nivel 3	ST: Must meet the following requirement: generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)
Comb. De Antagonistas De Receptor De Nsaid & Histamina H2		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
Comb. De Nsaid Tópico Irritante & Anti-Irritante		
INFLAMMACIN KIT 75 MG- 0.025 %	Nivel 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Nivel 3	
NAPROTIN KIT 500 MG- 0.025 %	Nivel 3	
Crisoterapia		
<i>auranofin oral capsule 3 mg</i> (Ridaura)	Nivel 1	MO
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Nivel 3	MO
Glucocorticoides		
AGAMREE ORAL SUSPENSION 40 MG/ML	Nivel 4	PA; MO
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Nivel 4	PA; MO
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Nivel 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Nivel 1	ST: Must meet the following requirement: Balsalazide in 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cortisone oral tablet 25 mg</i>	Nivel 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Nivel 3	PA; MO
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Jaythari)	Nivel 3	PA; MO
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Nivel 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Nivel 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Nivel 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Nivel 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Nivel 1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (TaperDex)	Nivel 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Nivel 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Nivel 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Nivel 4	PA; MO
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Nivel 4	PA; MO
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Nivel 4	PA
HEMADY ORAL TABLET 20 MG	Nivel 3	QL (2 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Nivel 1	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Nivel 1	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Nivel 3	PA; MO
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetanide)	Nivel 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Nivel 3	
KHINDIVI ORAL SOLUTION 1 MG/ML	Nivel 4	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MEDROL (PAK) ORAL TABLETS,DOSE (methylprednisolone) PACK 4 MG	Nivel 3	
MEDROL ORAL TABLET 16 MG, 4 MG, (methylprednisolone) 8 MG	Nivel 3	
MEDROL ORAL TABLET 2 MG	Nivel 2	
<i>methylprednisolone oral tablet 16 mg, 4 (Medrol) mg, 8 mg</i>	Nivel 1	
<i>methylprednisolone oral tablet 32 mg</i>	Nivel 1	
<i>methylprednisolone oral tablets,dose (Medrol (Pak)) pack 4 mg</i>	Nivel 1	
ORAPRED ODT ORAL (prednisolone sodium TABLET,DISINTEGRATING 10 MG, 15 phosphate) MG, 30 MG	Nivel 3	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Nivel 3	PA
PEDIAPRED ORAL SOLUTION 5 MG (prednisolone sodium BASE/5 ML (6.7 MG/5 ML) phosphate)	Nivel 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Nivel 1	
<i>prednisolone oral tablet 5 mg (Millipred)</i>	Nivel 1	ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Nivel 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Nivel 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Nivel 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Nivel 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Nivel 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Nivel 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Nivel 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Nivel 1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Nivel 3	
TAPERDEX ORAL TABLETS,DOSE (dexamethasone) PACK 1.5 MG (21 TABS)	Nivel 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Nivel 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Nivel 4	PA
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 10 mg/ml, 40 mg/ml</i>	Nivel 1	
UCERIS ORAL TABLET,DELAYED AND (budesonide) EXT.RELEASE 9 MG	Nivel 3	ST: Must meet the following requirement: Balsalazide in 120 days
VERIPRED 20 ORAL SOLUTION 20 (prednisolone sodium MG/5 ML (4 MG/ML) phosphate)	Nivel 3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Nivel 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Inhib De Interleucina Humana- Anticuerpos Monoclonales 12/23		
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML, 90 MG/ML	Nivel 3	PA; MO
STELARA SUBCUTANEOUS (ustekinumab) SOLUTION 45 MG/0.5 ML	Nivel 3	PA; MO
STELARA SUBCUTANEOUS SYRINGE (ustekinumab) 45 MG/0.5 ML, 90 MG/ML	Nivel 3	PA; MO
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Nivel 3	PA; MO
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Nivel 3	PA; MO
Inhib. De Antiinflamatorio, Fosfodiesterasa-4(Pde4)		
OTEZLA ORAL TABLET 20 MG, 30 MG	Nivel 3	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso	
Inhibidor De Factor Antiinflamatorio De Necrosis De Tumor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Nivel 3	PA; MO
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Nivel 3	PA; MO
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Nivel 3	PA; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Nivel 4	PA; MO	CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Nivel 4	PA; MO	ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Nivel 3	PA; MO	ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Nivel 3	PA; MO	HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Nivel 3	PA; MO	HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Nivel 3	PA	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Nivel 3	PA; MO	SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	(adalimumab-ryvk)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Nivel 3	PA; MO
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (adalimumab-ryvk)	Nivel 3	PA; MO
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Nivel 4	PA; MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Nivel 4	PA; MO
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Nivel 4	PA; MO
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Nivel 4	PA; MO
Inhibidores De Esterasa C1		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Nivel 4	PA; MO
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Nivel 4	PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Nivel 4	PA; MO
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Nivel 4	PA
Inhibidores De Kallikrein De Plasma		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Nivel 4	PA; MO; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG	Nivel 4	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Nivel 4	PA; MO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Nivel 4	PA; MO
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Nivel 4	PA; MO
Inhibidores De Quinasa De Janus (Jak)		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Nivel 4	PA; MO
LEQSELVI ORAL TABLET 8 MG	Nivel 4	PA; MO
LITFULO ORAL CAPSULE 50 MG	Nivel 4	PA; MO
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Nivel 4	PA; MO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
XELJANZ ORAL SOLUTION 1 MG/ML	Nivel 3	PA; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	Nivel 3	PA; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Nivel 3	PA; MO
Inhibidores De Receptor De Interleucina-6 (Il-6)		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Nivel 4	PA; MO
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Nivel 4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Nivel 4	PA; MO
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Nivel 4	PA; MO
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Nivel 4	PA; MO
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Nivel 4	MO
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Nivel 4	MO
Inmunomodulador, Estimulante De B-Linfocito(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Nivel 4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Nivel 4	PA; MO
Mineralocorticoides		
<i>fludrocortisone oral tablet 0.1 mg</i>	Nivel 1	MO
Nsaid, Cox Inhibidor-Tipo & Comb De Inhib Fde Bomba Proton		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: generic Naproxen in 120 days
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 500-20 mg</i> (Vimovo)	Nivel 1	MO; ST: Must meet the following requirement: generic Naproxen in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Nsaids (Cox Inhib No-Specifico)& Prostaglandina Cmb		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac-misoprostol)	Nivel 3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac-misoprostol)	Nivel 3	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Nivel 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Nivel 1	
Nsaids, Inhibidor De Ciclooxygenasa 2 - Tipo		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Nivel 3	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Nivel 1	MO
Nsaids, Inhibidor De Ciclooxygenasa- Tipo		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Nivel 3	MO
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Nivel 1	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Nivel 3	
<i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)	Nivel 1	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	Nivel 1	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Nivel 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Nivel 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Nivel 1	
<i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)	Nivel 1	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EC-NAPROXEN ORAL (naproxen) TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Nivel 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	Nivel 1	MO
<i>etodolac oral tablet 400 mg</i> (Lodine)	Nivel 1	MO
<i>etodolac oral tablet 500 mg</i>	Nivel 1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Nivel 1	MO
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Nivel 3	
<i>fenoprofen oral capsule 200 mg</i>	Nivel 1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	Nivel 1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	Nivel 1	
FENOPRON ORAL CAPSULE 300 MG	Nivel 3	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Nivel 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Nivel 1	MO
IBUPAK ORAL KIT 600 MG	Nivel 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Nivel 1	MO
<i>ibuprofen oral tablet 300 mg</i>	Nivel 1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Nivel 1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Nivel 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Nivel 1	
<i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)	Nivel 1	
<i>indomethacin rectal suppository 100 mg</i>	Nivel 1	
<i>indomethacin rectal suppository 50 mg</i> (Indocin)	Nivel 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Nivel 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Nivel 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Nivel 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Nivel 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Nivel 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Nivel 1	
<i>ketorolac oral tablet 10 mg</i>	Nivel 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LODINE ORAL TABLET 400 MG (etodolac)	Nivel 3	MO
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Nivel 1	QL (8 EA per 1 day)
LURBIPR ORAL TABLET 100 MG (flurbiprofen)	Nivel 1	
LURBIRO ORAL TABLET 100 MG (flurbiprofen)	Nivel 1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Nivel 1	
<i>mefenamic acid oral capsule 250 mg</i>	Nivel 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Nivel 1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Nivel 1	MO
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Nivel 1	MO; ST: Must meet 2 of the following requirements: generic Meloxicam and Diclofenac tablets in 365 days; QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Nivel 1	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Nivel 3	MO
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Nivel 1	MO
<i>naproxen oral tablet 250 mg, 375 mg</i>	Nivel 1	MO
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Nivel 1	MO
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	Nivel 1	MO
<i>naproxen sodium oral tablet 275 mg</i>	Nivel 1	MO
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Nivel 1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR)	Nivel 1	MO
<i>oxaprozin oral capsule 300 mg</i> (Coxanto)	Nivel 1	
<i>oxaprozin oral tablet 600 mg</i>	Nivel 1	
<i>piroxicam oral capsule 10 mg</i>	Nivel 1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Nivel 1	
RELAFEN DS ORAL TABLET 1,000 MG	Nivel 3	ST: Must meet the following requirement: generic Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Nivel 1	
<i>tolmetin oral capsule 400 mg</i>	Nivel 1	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Nivel 1	
TRESNI RECTAL SUPPOSITORY 100 MG	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZORVOLEX ORAL CAPSULE 18 MG	Nivel 3	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	Nivel 3	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
Enfermedad Neoplásica		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Nivel 3	PA; MO
KRAZATI ORAL TABLET 200 MG	Nivel 3	PA; MO
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Nivel 3	PA; MO
MODEYSO ORAL CAPSULE 125 MG	Nivel 4	PA; MO; QL (20 EA per 28 days)
TAZVERIK ORAL TABLET 200 MG	Nivel 3	PA; MO
WELIREG ORAL TABLET 40 MG	Nivel 3	PA; MO
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Nivel 3	PA; MO
Agentes Alquilantes		
ALKERAN ORAL TABLET 2 MG (melphalan)	Nivel 3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Nivel 3	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Nivel 3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Nivel 4	PA
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Nivel 3	MO
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Nivel 1	MO
LEUKERAN ORAL TABLET 2 MG	Nivel 3	
MYLERAN ORAL TABLET 2 MG	Nivel 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Nivel 3	PA
Agentes Antiandrogénicos		
<i>abiraterone oral tablet 250 mg</i> (Abitrega)	Nivel 3	PA; MO
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ABIRTEGA ORAL TABLET 250 MG (abiraterone)	Nivel 3	PA; MO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Nivel 1	MO
CASODEX ORAL TABLET 50 MG (bicalutamide)	Nivel 3	MO
ERLEADA ORAL TABLET 240 MG, 60 MG	Nivel 3	PA; MO
NILANDRON ORAL TABLET 150 MG (nilutamide)	Nivel 4	MO; QL (2 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Nivel 3	MO; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Nivel 3	PA; MO
XTANDI ORAL CAPSULE 40 MG	Nivel 3	PA; MO
XTANDI ORAL TABLET 40 MG, 80 MG	Nivel 3	PA; MO
YONSA ORAL TABLET 125 MG	Nivel 4	PA; MO
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Nivel 4	PA; MO
Agentes Antineoplásico Inmunomoduladores		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Nivel 3	PA; MO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Nivel 3	PA; MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Nivel 3	PA; MO
Agentes Intrapleurales Esclerosantes, Antineoplásico. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Nivel 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Nivel 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Nivel 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Nivel 3	
Agentes Terapéuticos Radiactivos		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Nivel 1	
Agonistas De Receptor De Retinoide Selectiva X (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Nivel 3	PA; MO
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antagonistas De Antineoplásico Lhrh(Gnrh),Supresores Pituitarios		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Nivel 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Nivel 3	MO; QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Nivel 3	PA; MO
Antimetabolitos		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Nivel 3	PA
INQOVI ORAL TABLET 35-100 MG	Nivel 3	PA; MO
JYLAMVO ORAL SOLUTION 2 MG/ML	Nivel 3	PA; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Nivel 3	PA
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	Nivel 3	MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Nivel 1	MO
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Nivel 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Nivel 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Nivel 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Nivel 1	MO
ONUREG ORAL TABLET 200 MG, 300 MG	Nivel 3	PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Nivel 3	MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Nivel 3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Nivel 2	MO
XATMEP ORAL SOLUTION 2.5 MG/ML	Nivel 3	MO; ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Nivel 4	PA
Antineoplásico - Inhibidor De La Vía Hedgehog		
DAURISMO ORAL TABLET 100 MG, 25 MG	Nivel 3	PA; MO
ERIVEDGE ORAL CAPSULE 150 MG	Nivel 3	PA; MO
ODOMZO ORAL CAPSULE 200 MG	Nivel 3	PA; MO
Antineoplásico - Inhibidores De Quinasa De Braf		
BRAFTOVI ORAL CAPSULE 75 MG	Nivel 3	PA; MO
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Nivel 4	PA; MO
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Nivel 4	PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Nivel 3	PA; MO
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Nivel 3	PA; MO
ZELBORAF ORAL TABLET 240 MG	Nivel 3	PA; MO
Antineoplásico - Inhibidores De Quinasa De Janus (Jak)		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Nivel 3	PA; MO
Antineoplásico - Inhibidores De Quinasa Mek1 Y Mek2		
COTELLIC ORAL TABLET 20 MG	Nivel 3	PA; MO
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Nivel 4	PA; MO
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Nivel 4	PA; MO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Nivel 3	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Nivel 3	PA; MO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Nivel 3	PA; MO
MEKTOVI ORAL TABLET 15 MG	Nivel 3	PA; MO
Antineoplásico - Inhibidores De Quinasa Mtor		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Nivel 4	PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Nivel 3	PA; MO
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Nivel 3	PA; MO
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Nivel 3	PA; MO
Antineoplásico - Inhibidores De Topoisomerasa I		
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Nivel 3	
Antineoplásico Inhibidores De Aromatasa		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Nivel 5	MO
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Nivel 5	MO
AROMASIN ORAL TABLET 25 MG (exemestane)	Nivel 5	MO
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Nivel 5	MO
FEMARA ORAL TABLET 2.5 MG (letrozole)	Nivel 3	MO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Nivel 1	MO
Antineoplásico, Inhibidores De Histona Deacetilasa, Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Nivel 3	
Antineoplásico, Misceláneos		
<i>etoposide oral capsule 50 mg</i>	Nivel 1	
LYSODREN ORAL TABLET 500 MG	Nivel 3	MO
MATULANE ORAL CAPSULE 50 MG	Nivel 3	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Nivel 4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Nivel 3	
Antineoplásicos Antibióticos		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Nivel 4	PA
Antineoplásicos De Esteroides		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Nivel 1	
Fotoactivados, Antineopls. & Lesiones Premalignas		
AMELUZ TOPICAL GEL 10 %	Nivel 3	
LEVULAN TOPICAL SOLUTION 20 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inhibidores De Antineoplásico-B Célular De Linfoma-2 (Bcl-2)		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Nivel 3	PA; MO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Nivel 3	PA
Inhibidores De Antineoplásico-Isocitrato Deshidrogenasa		
IDHIFA ORAL TABLET 100 MG, 50 MG	Nivel 4	PA; MO
REZLIDHIA ORAL CAPSULE 150 MG	Nivel 3	PA; MO
TIBSOVO ORAL TABLET 250 MG	Nivel 3	PA; MO
VORANIGO ORAL TABLET 10 MG, 40 MG	Nivel 3	PA; MO
Inhibidores De Enzima Antineoplásico Sistémico		
ALECENSA ORAL CAPSULE 150 MG	Nivel 3	PA; MO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Nivel 4	PA; MO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Nivel 4	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Nivel 3	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Nivel 3	PA; MO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Nivel 3	PA; MO
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Nivel 3	PA; MO
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Nivel 3	PA; MO
BRUKINSA ORAL CAPSULE 80 MG	Nivel 3	PA; MO
BRUKINSA ORAL TABLET 160 MG	Nivel 3	PA; MO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Nivel 3	PA; MO
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Nivel 3	PA; MO
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Nivel 4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Nivel 4	PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	Nivel 3	PA; MO
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Nivel 3	PA; MO
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Nivel 4	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Nivel 3	PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Nivel 3	PA; MO
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Nivel 3	PA; MO
GAVRETO ORAL CAPSULE 100 MG	Nivel 3	PA; MO
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Nivel 3	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Nivel 3	PA; MO
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Nivel 4	PA; MO
HERNEXEOS ORAL TABLET 60 MG	Nivel 4	PA; MO; QL (3 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Nivel 4	PA; MO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Nivel 4	PA; MO
IBTROZI ORAL CAPSULE 200 MG	Nivel 4	PA; MO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Nivel 3	PA; MO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Nivel 3	PA; MO
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Nivel 3	PA; MO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Nivel 3	PA; MO
IMKELDI ORAL SOLUTION 80 MG/ML	Nivel 4	PA; MO
INLYTA ORAL TABLET 1 MG, 5 MG	Nivel 3	PA; MO
INREBIC ORAL CAPSULE 100 MG	Nivel 3	PA; MO
IRESSA ORAL TABLET 250 MG (gefitinib)	Nivel 4	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	Nivel 3	PA; MO
IWILFIN ORAL TABLET 192 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Nivel 3	PA; MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Nivel 3	PA; MO
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Nivel 3	PA; MO
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Nivel 4	PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Nivel 3	PA; MO
LORBRENA ORAL TABLET 100 MG, 25 MG	Nivel 3	PA; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	Nivel 3	PA; MO
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Nivel 3	PA; MO
NERLYNX ORAL TABLET 40 MG	Nivel 3	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Nivel 4	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)	Nivel 3	PA; MO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Nivel 3	PA; MO
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Nivel 4	PA; MO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Nivel 3	PA; MO
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Nivel 3	PA; MO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Nivel 3	PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Nivel 3	PA; MO
QINLOCK ORAL TABLET 50 MG	Nivel 3	PA; MO
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Nivel 3	PA; MO
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Nivel 4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Nivel 3	PA; MO
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Nivel 3	PA; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Nivel 4	PA; MO
RYDAPT ORAL CAPSULE 25 MG	Nivel 3	PA; MO
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Nivel 3	PA; MO
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Nivel 3	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Nivel 4	PA; MO
STIVARGA ORAL TABLET 40 MG	Nivel 3	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Nivel 3	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Nivel 4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Nivel 3	PA; MO
TAGRISSO ORAL TABLET 40 MG, 80 MG	Nivel 3	PA; MO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Nivel 3	PA
TARCEVA ORAL TABLET 100 MG (erlotinib)	Nivel 4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	Nivel 4	PA; MO
TEPMETKO ORAL TABLET 225 MG	Nivel 3	PA; MO
TRUQAP ORAL TABLET 160 MG, 200 MG	Nivel 3	PA; MO
TUKYSA ORAL TABLET 150 MG, 50 MG	Nivel 3	PA; MO
TURALIO ORAL CAPSULE 125 MG	Nivel 3	PA; MO
TYKERB ORAL TABLET 250 MG (lapatinib)	Nivel 4	PA; MO
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Nivel 3	PA; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Nivel 3	PA; MO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Nivel 3	PA; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
VONJO ORAL CAPSULE 100 MG	Nivel 3	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Nivel 4	PA; MO
XALKORI ORAL CAPSULE 200 MG, 250 MG	Nivel 3	PA; MO
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Nivel 3	PA; MO
XOSPATA ORAL TABLET 40 MG	Nivel 3	PA; MO
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Nivel 3	PA; MO
ZYDELIG ORAL TABLET 100 MG, 150 MG	Nivel 3	PA; MO
ZYKADIA ORAL TABLET 150 MG	Nivel 3	PA; MO
Moduladores Selectivos De Receptores De Estrógeno (Serm)		
FARESTON ORAL TABLET 60 MG (toremifene)	Nivel 4	PA; MO
ORSERDU ORAL TABLET 345 MG, 86 MG	Nivel 4	PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Nivel 5	MO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Nivel 5	MO
<i>toremifene oral tablet 60 mg</i> (Fareston)	Nivel 3	PA; MO
Rescate De Quimioterapia/Agentes Antídotos		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Nivel 1	
<i>mesna oral tablet 400 mg</i> (Mesnex)	Nivel 1	
MESNEX ORAL TABLET 400 MG (mesna)	Nivel 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Nivel 3	QL (24 EA per 14 days)
Enfermedad Neurológica - Miscelánea		
DAYBUE ORAL SOLUTION 200 MG/ML	Nivel 4	PA; MO
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Nivel 3	PA; MO
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Nivel 4	PA; MO
SKYCLARYS ORAL CAPSULE 50 MG	Nivel 4	PA; MO
VELSIPITY ORAL TABLET 2 MG	Nivel 4	PA; MO
ZEPOSIA ORAL CAPSULE 0.92 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Nivel 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Nivel 4	PA
Agentes De Efecto Pseudobulbar (Pba), Antagonistas De Nmda		
NUEDEXTA ORAL CAPSULE 20-10 MG	Nivel 3	PA
Agentes De Esclerosis Lateral Amiotrófica		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Nivel 4	MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Nivel 4	MO
RILUTEK ORAL TABLET 50 MG (riluzole)	Nivel 3	MO
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Nivel 1	MO
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Nivel 4	PA; MO
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Nivel 4	PA; MO
Agentes De Fibromialgia,Serotonina-Noradrenalina Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Nivel 3	ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes De Neuralgia Postherpética		
<i>gabapentin oral tablet extended release</i> (Gralise) 24 hr 300 mg	Nivel 1	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<i>gabapentin oral tablet extended release</i> (Gralise) 24 hr 600 mg	Nivel 1	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Nivel 3	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG	Nivel 3	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
Agentes Neuropáticos		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Nivel 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LYRICA CR ORAL TABLET EXTENDED (pregabalin) RELEASE 24 HR 330 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 165 mg, 82.5 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 330 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Agentes Para Trata Esclerosis Múltiple		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Nivel 4	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Nivel 3	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Nivel 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Nivel 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Nivel 3	PA; MO
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Nivel 4	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Nivel 3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	Nivel 4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Nivel 3	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	Nivel 3	PA
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i> (Tecfidera)	Nivel 3	PA; MO
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Nivel 3	PA; MO
GILENYA ORAL CAPSULE 0.25 MG	Nivel 4	PA; MO
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Nivel 3	PA; MO
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	Nivel 3	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Nivel 3	PA; MO
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Nivel 3	PA; MO
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Nivel 3	PA; MO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Nivel 3	PA; MO
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Nivel 3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Nivel 3	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Nivel 3	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Nivel 3	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Nivel 3	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Nivel 3	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Nivel 4	PA
PONVORY ORAL TABLET 20 MG	Nivel 4	PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Nivel 3	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Nivel 3	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Nivel 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Nivel 3	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Nivel 4	PA; MO
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Nivel 4	PA
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Nivel 4	PA; MO
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Nivel 3	PA; MO
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Nivel 3	PA; MO
Agts Tx Dis Transmisión Neuromusc,Bloq Can-Pot		
AMPYRA ORAL TABLET EXTENDED (dalfampridine) RELEASE 12 HR 10 MG	Nivel 4	PA; MO
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Nivel 3	PA; MO
FIRDAPSE ORAL TABLET 10 MG	Nivel 4	PA; MO
Trastornos De Movimiento (Terapia Con Medicamentos)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Nivel 3	PA; MO
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Nivel 3	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Gabapentin, Pramipexole IR, or Ropinirole IR in 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Gabapentin, Pramipexole IR, or Ropinirole IR in 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Nivel 3	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Nivel 3	PA; MO
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Nivel 3	PA; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Nivel 3	PA; MO
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Nivel 4	PA; MO
Inmunización		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Antisuero		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Nivel 4	PA; MO
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Nivel 4	PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Nivel 3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Nivel 4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Nivel 3	PA; MO
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Nivel 4	PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 %)	Nivel 4	PA; MO
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Nivel 4	PA; MO
Vacunas Cocos Gramnegativas		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Nivel 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Nivel 3	
Vacunas De Virus Entéricos		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Nivel 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Nivel 3	
Vacunas Gram (-) Bacilli (No-Entérica)		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Nivel 3	
Vacunas Para Bacilli Productora De Toxinas/Toxoides		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Nivel 3	
Vacunas Para Virus De Influenza		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	Nivel 5	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	Nivel 5	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Nivel 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Vacunas Virales/Tumorigénicas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Nivel 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Nivel 3	
Inmunosupresión/Modulación		
REZUROCK ORAL TABLET 200 MG	Nivel 3	PA; MO
Inmunomoduladores		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Nivel 4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Nivel 4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Nivel 4	PA; MO
<i>imiquimod topical cream in metered- dose pump 3.75 %</i> (Zyclara)	Nivel 1	
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Nivel 1	
<i>imiquimod topical cream in packet 5 %</i>	Nivel 1	QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Nivel 3	
KERIDA TOPICAL GEL 5-0.1-30 %	Nivel 3	
KYNARA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Nivel 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Nivel 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Nivel 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Nivel 3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Nivel 3	
Inmunosupresores		
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Nivel 3	MO
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Nivel 1	MO
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Nivel 1	MO
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Nivel 3	MO
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Nivel 3	MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Nivel 1	MO
<i>cyclosporine modified oral capsule 50 mg</i>	Nivel 1	MO
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Nivel 1	MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Nivel 1	MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Nivel 1	MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Nivel 1	MO
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Nivel 1	MO
IMURAN ORAL TABLET 50 MG (azathioprine)	Nivel 3	MO
LUPKYNIS ORAL CAPSULE 7.9 MG	Nivel 4	PA; MO
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Nivel 1	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Nivel 1	MO
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Nivel 1	MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Nivel 1	MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Nivel 3	MO
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Nivel 3	PA; MO
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Nivel 3	MO
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Nivel 3	MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Nivel 3	MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Nivel 2	MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sirolimus oral solution 1 mg/ml</i>	Nivel 1	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Nivel 1	MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive))	Nivel 3	MO
La Gota Y Enfermedades Relacionadas		
Agentes Uricosúricos		
<i>probenecid oral tablet 500 mg</i>	Nivel 1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Nivel 1	MO
Colchicina		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Nivel 1	MO; QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Nivel 1	MO; QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Nivel 3	MO; QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Nivel 3	MO; ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Nivel 3	MO; QL (2 EA per 1 day)
Hiperuricemia Tx - Inhibidores De Purina		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Nivel 1	MO
<i>allopurinol oral tablet 200 mg, 300 mg</i>	Nivel 1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Nivel 1	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Nivel 3	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Nivel 3	MO
Manejo De Dolor - Analgésicos		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Nivel 1	QL (8 EA per 1 day); Age (Min 12 Years)
COMBOGESIC ORAL TABLET 97.5-325 MG	Nivel 3	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Nivel 2	PA
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Nivel 3	
Agentes De Terapia De Abstinencia De Narcóticos		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Nivel 1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Nivel 1	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Nivel 1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Nivel 3	MO
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine-naloxone)	Nivel 2	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Nivel 2	MO
Analgésicos Narcóticos & Comb. De Analgésicos No Salicilatos		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Nivel 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Nivel 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Nivel 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Nivel 3	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Nivel 1	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Nivel 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Nivel 1	QL (200 ML per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	Nivel 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Nivel 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Nivel 1	QL (12 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i> (Prolate)	Nivel 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Nivel 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i> (Primlev)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Nivel 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> (Nalocet)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i> (Prolate)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Nivel 1	QL (12 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Nivel 3	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	Nivel 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Nivel 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Nivel 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgésicos Narcóticos & Salicilato, Barb.& Xantina		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgésicos, Agonistas Narcóticos Y Combinación Nsaid		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Nivel 1	
SEGLENTIS ORAL TABLET 44-56 MG	Nivel 3	
Analgésicos, Narcóticos		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Nivel 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Nivel 1	
BUTRANS TRANSDERMAL PATCH (buprenorphine) WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Nivel 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Nivel 3	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)	Nivel 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Nivel 3	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)	Nivel 3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Nivel 3	
DISKETS ORAL TABLET, SOLUBLE 40 MG (methadone)	Nivel 3	QL (1 EA per 1 day)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Nivel 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>	Nivel 1	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Nivel 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Nivel 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Nivel 1	PA
<i>fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg</i>	Nivel 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Nivel 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Nivel 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Nivel 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Nivel 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Nivel 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Nivel 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Nivel 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Nivel 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Nivel 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Nivel 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Nivel 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Nivel 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Nivel 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Nivel 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Nivel 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Nivel 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Nivel 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Nivel 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Nivel 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Nivel 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i> (Methadose)	Nivel 1	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
METHADOSE ORAL CONCENTRATE (methadone) 10 MG/ML	Nivel 3	QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	Nivel 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Nivel 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Nivel 1	PA
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Nivel 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Nivel 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Nivel 1	
<i>morphine oral tablet 15 mg</i>	Nivel 3	
<i>morphine oral tablet 30 mg</i>	Nivel 2	
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> (MS Contin)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Nivel 1	
MS CONTIN ORAL TABLET (morphine) EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Nivel 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Nivel 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Nivel 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Nivel 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Nivel 1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Nivel 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Nivel 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Nivel 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Nivel 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Nivel 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Nivel 1	
QDOLO ORAL SOLUTION 5 MG/ML (tramadol)	Nivel 3	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone)	Nivel 3	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Nivel 3	
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i> (ConZip)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Nivel 1	PA
<i>tramadol oral tablet 100 mg</i>	Nivel 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg, 75 mg</i>	Nivel 1	
<i>tramadol oral tablet 50 mg</i>	Nivel 1	QL (8 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Nivel 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Analgésicos, No Narcóticos		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Nivel 1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Nivel 1	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))	Nivel 3	
JOURNAVX ORAL TABLET 50 MG	Nivel 3	PA
Analgésicos, No Salicilato, Barbitúrico & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Nivel 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Nivel 1	
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	Nivel 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Nivel 1	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)	Nivel 3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Nivel 1	
Analgésicos, Salicilato, Barbitúrico & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Nivel 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Nivel 1	
Analgésicos/Antipiréticos, Salicilado		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Nivel 5	MO
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	Nivel 5	MO
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	Nivel 5	MO
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Nivel 5	MO
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Nivel 1	
<i>diflunisal oral tablet 500 mg</i>	Nivel 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Nivel 3	
DOLOBID ORAL TABLET 250 MG (diflunisal)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DOLOBID ORAL TABLET 375 MG	Nivel 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Nivel 5	MO
salsalate oral tablet 500 mg, 750 mg (Disalcid)	Nivel 1	
Analgésico Narcótico, No-Salicilato, Comb De Xantina		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg (Trezix)	Nivel 1	ST: Must meet the following requirement: Acetaminophen/Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Comb. De Analgésico, No-Salicilado & Barbitúrico		
butalbital-acetaminophen oral capsule 50-300 mg	Nivel 1	QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg	Nivel 1	ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg (Tencon)	Nivel 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Nivel 1	
Narc.& No-Sal.Analgésico,Barbitúrico & Xantina Cmb		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)	Nivel 3	QL (6 EA per 1 day); Age (Min 12 Years)
Preparaciones Antimigraña		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Nivel 2	PA; MO
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Nivel 2	PA; MO
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Nivel 2	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>diclofenac potassium oral powder in packet 50 mg</i>	Nivel 1	
<i>dihydroergotamine injection solution 1 mg/ml</i>	Nivel 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Nivel 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Nivel 2	PA; MO
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Nivel 2	PA; MO
ERGOMAR SUBLINGUAL TABLET 2 MG	Nivel 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Nivel 1	QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG (frovatriptan)	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)	Nivel 3	QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Nivel 3	QL (18 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
IMITREX STATDOSE REFILL (sumatriptan succinate) SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Nivel 3	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG (rizatriptan)	Nivel 3	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan)	Nivel 3	QL (27 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Nivel 3	PA
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine)	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)
MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 %	Nivel 3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Nivel 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Nivel 2	PA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Nivel 3	ST: Must meet the following requirement: generic Sumatriptan nasal spray in 180 days; QL (32 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Nivel 2	PA; MO
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan)	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Nivel 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Nivel 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Nivel 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Nivel 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Nivel 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Nivel 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Nivel 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	Nivel 1	QL (18 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Nivel 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Nivel 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Nivel 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Nivel 1	QL (18 ML per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Nivel 1	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Syntouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days)
SYMBRAVO ORAL TABLET 10-20 MG	Nivel 3	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (24 EA per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Nivel 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Nivel 3	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Nivel 3	ST: Must meet the following requirement: generic Sumatriptan injection in 120 days; QL (18 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)	Nivel 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Nivel 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)

Oído - Trastornos Generales

Preparados Antiinflamatorios Para El Oído

DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Nivel 3	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Nivel 3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Nivel 1	

Preparados Óticos,Antiinflamatorio-Antibióticos

CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Nivel 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Nivel 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Nivel 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Preparados Para El Oído, Antibióticos		
CETRALAX OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin hcl)	Nivel 3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetralax)	Nivel 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Nivel 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Nivel 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Nivel 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Nivel 1	
Preparados Para El Oído, Misc. Antiinfecciosos		
<i>acetic acid otic (ear) solution 2 %</i>	Nivel 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Nivel 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Nivel 1	
Ojo - Glaucoma		
Agentes Oftálmicos Antifibróticos		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Nivel 3	
Inhibidores De Anhidrasa Carbónica		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Nivel 1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Nivel 1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Nivel 1	MO
Midriáticos		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Nivel 1	MO
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Nivel 1	MO
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Nivel 1	MO
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (cyclopentolate)	Nivel 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Nivel 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Nivel 3	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Nivel 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Nivel 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Nivel 1	MO
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Nivel 3	
MYDRIACYL OPHTHALMIC (EYE) (tropicamide) DROPS 1 %	Nivel 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Nivel 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Nivel 1	
Mioticos/Otros Intraoc. Reductores De Presión		
ALPHAGAN P OPHTHALMIC (EYE) (brimonidine) DROPS 0.1 %, 0.15 %	Nivel 3	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	Nivel 3	MO
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Nivel 1	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Nivel 3	MO
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Nivel 3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	MO
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Nivel 1	MO; QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Nivel 1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Nivel 1	MO
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Nivel 1	MO
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>	Nivel 1	MO
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Nivel 1	MO
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Nivel 1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	Nivel 1	MO
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	Nivel 3	MO
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))	Nivel 3	MO; ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)	Nivel 3	MO
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Nivel 1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Nivel 1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Nivel 1	MO; ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Nivel 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Nivel 3	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Nivel 3	MO
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Nivel 1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Nivel 1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Nivel 2	MO; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Nivel 4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pilocarpine hcl ophthalmic (eye) drops</i> (Vuity) 1.25 %	Nivel 1	PA; MO
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Nivel 3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Nivel 3	MO; ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Nivel 3	MO; ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.1%, Simbrinza, or Travatan Z in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Nivel 2	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i> (Zioptan (PF)) 0.0015 %	Nivel 1	MO; QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops</i> 0.5 %-0.15 %- 2 %-0.01 %	Nivel 1	MO
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i> (Timoptic Ocudose (PF)) 0.25 %, 0.5 %	Nivel 1	MO; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	Nivel 1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i> (Istalol) 0.5 %	Nivel 1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 %	Nivel 1	MO
<i>timolol ophthalmic (eye) drops</i> (Betimol) 0.5 %	Nivel 1	MO
<i>timolol-bimatoprost ophthalmic (eye) drops</i> 0.5-0.01 %	Nivel 1	MO
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops</i> 0.5-0.1-2-0.01 %	Nivel 1	MO
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops</i> 0.5-0.15-2 %	Nivel 1	MO
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops</i> 0.5-0.1-2 %	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Nivel 1	MO
<i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>	Nivel 1	MO
TIMOPTIC OCUDOSE (PF) (timolol maleate (pf)) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Nivel 3	MO; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) (travoprost) DROPS 0.004 %	Nivel 3	MO; QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Nivel 1	MO; QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Nivel 3	QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS (pilocarpine hcl) 1.25 %	Nivel 3	PA; MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS (latanoprost) 0.005 %	Nivel 3	MO
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) (tafluprost (pf)) DROPPERETTE 0.0015 %	Nivel 3	MO; QL (1 EA per 1 day)
Ojo - Misceláneos		
Agentes Diagnosticos Para Los Ojos		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (fluorescein)	Nivel 1	
<i>fluorescein ophthalmic (eye) strip 1 mg</i> (BioGlo)	Nivel 1	
GLOSTRIPS OPHTHALMIC (EYE) (fluorescein) STRIP 1 MG	Nivel 1	
GREEN GLO OPHTHALMIC (EYE) (lissamine green) STRIP 1.5 MG	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes Para Entrecruzamiento Corneal De Colágeno		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Nivel 4	
Agentes Reductores De Cistina Oftálmica		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Nivel 3	PA; MO
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Nivel 3	PA; MO
Combinaciones Midriática Y Nsaid De Ojos		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-peketor-wat)	Nivel 1	
Lágrimas Artificiales		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Nivel 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Nivel 2	
Preparados Para Los Ojos, Varios (Venta Libre)		
GELFILM OPHTHALMIC (EYE) FILM	Nivel 3	
Ojo - Trastornos Generales		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Nivel 3	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Nivel 4	PA
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Nivel 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Nivel 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Nivel 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Nivel 1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Nivel 2	PA; MO
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes Antiinflamatorios Para Los Ojos		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Nivel 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	Nivel 3	QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Nivel 3	ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Nivel 1	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Nivel 1	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Nivel 1	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac)	Nivel 3	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Nivel 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Nivel 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Nivel 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Nivel 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Nivel 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Nivel 3	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Nivel 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Nivel 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Nivel 3	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Nivel 2	QL (3.4 ML per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Nivel 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Nivel 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Nivel 3	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Nivel 3	QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Nivel 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Nivel 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Nivel 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Nivel 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Nivel 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (9 ML per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Nivel 3	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Nivel 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Nivel 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Nivel 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Nivel 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Nivel 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Nivel 1	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) (bromfenac) DROPS 0.07 %	Nivel 3	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)
Anestesia Local Para Los Ojos		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Nivel 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Nivel 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Nivel 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Nivel 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Nivel 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Nivel 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Nivel 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Nivel 1	
Antibióticos Oftálmicos		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Nivel 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Nivel 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Nivel 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Nivel 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Nivel 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Nivel 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Nivel 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Nivel 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Nivel 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Nivel 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Nivel 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Nivel 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Nivel 1	
NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Nivel 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Nivel 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Nivel 1	
POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Nivel 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Nivel 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Nivel 1	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 %	Nivel 2	
VIGAMOX OPHTHALMIC (EYE) (moxifloxacin) DROPS 0.5 %	Nivel 3	
Antihistamínicos Para Ojos		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Nivel 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Nivel 1	ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) (bepotastine besilate) DROPS 1.5 %	Nivel 3	ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Nivel 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Nivel 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Nivel 1	QL (3 ML per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Nivel 3	QL (60 EA per 30 days)
Antivirales Para Los Ojos		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Nivel 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Nivel 3	ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days
Combinaciones Antibióticos-Corticoides Para Los Ojos		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML- 10,000 UNIT/ML-0.1 % (neomycin-polymyxin b-dexameth)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Nivel 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Nivel 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Nivel 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Nivel 1	
NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Nivel 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Nivel 3	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Nivel 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Nivel 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Nivel 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Nivel 3	ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Nivel 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Nivel 3	
Estabilizadores De Mastocitos Oftálmicos		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Nivel 1	QL (50 ML per 30 days)
Inmunomodulador Antiinflamatorio Oftálmico-Tipo		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Nivel 3	MO; ST: Must meet two of the following requirements: Miebo, Restasis/Cyclosporine, Tyrvaya, or Xiidra in 365 days; QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 %	Nivel 1	MO
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Nivel 1	MO; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	Nivel 2	MO; QL (5.5 ML per 30 days)
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Nivel 1	MO; QL (60 EA per 30 days)
VERKAZIA OPTHALMIC (EYE) DROPPERETTE 0.1 %	Nivel 4	PA; MO
VEVYE OPTHALMIC (EYE) DROPS 0.1 %	Nivel 3	PA; MO
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	Nivel 2	MO; QL (60 EA per 30 days)
Preparados Oftálmicos, Varios		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Nivel 3	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Nivel 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Nivel 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Nivel 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Nivel 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Nivel 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Nivel 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Nivel 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Nivel 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Nivel 3	
Sulfomanidas Para Los Ojos		
BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT 10-0.2 %	Nivel 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Nivel 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Nivel 1	
Vasoconstrictores Para Los Ojos (Rx Solamente)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Nivel 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Nivel 3	PA
Otros Medicamentos		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Nivel 4	PA; MO
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Nivel 4	PA; MO
BD VERITOR SARS-COV-2, FLU A-B KIT	Nivel 5	
BD VERITOR SYSTEM SARS-COV-2 KIT	Nivel 5	
BINAXNOW COVID-19 AG CARD KIT	Nivel 5	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Nivel 4	MO; ST: Must meet the following requirements: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	Nivel 3	MO; ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY ORAL CAPSULE 50-20 MG	Nivel 3	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Nivel 3	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CORDX TYFAST FLU-COVID-19 TEST KIT	Nivel 5	
COVID-19 AT-HOME TEST KIT	Nivel 5	
<i>covid19 test adm.by pharmacist</i>	Nivel 5	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Nivel 4	PA; MO
<i>eua patient assessment</i>	Nivel 5	
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	Nivel 3	
FASTEP COVID-19 AG HOME TEST KIT	Nivel 5	
FLOWFLEX PLUS COVID-19 AND FLU KIT	Nivel 5	
GLEOLAN ORAL RECON SOLN 30 MG/ML	Nivel 3	
ID NOW COVID-19 TEST KIT KIT	Nivel 5	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Nivel 1	
<i>midazolam injection solution 5 mg/ml</i>	Nivel 1	
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Nivel 1	
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Nivel 5	
QUICKVUE SARS ANTIGEN KIT	Nivel 5	
RAPIDGO FLU AND COVID-19 TEST KIT	Nivel 5	
SOFIA SARS ANTIGEN FIA KIT	Nivel 5	
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Nivel 5	
SPEEDYSWAB COVID-19 AND FLU KIT	Nivel 5	
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Nivel 3	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	Nivel 3	PA; MO
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Nivel 4	PA; MO
ZELSUVMI TOPICAL GEL 10.3 %	Nivel 3	PA
Adhesivos De Tejido/Herida		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Nivel 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Nivel 3	
Agentes Colorantes Y Tintes		
<i>methylene blue (bulk-solid) powder</i>	Nivel 3	
Agentes Criopreservativos		
CRYOSERV SOLUTION 99 %	Nivel 3	
Agentes De Deficiencia Metabólica		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Nivel 3	PA; MO
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Nivel 3	MO
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Nivel 3	MO
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Nivel 3	MO
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)	Nivel 4	PA; MO
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Nivel 1	MO
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Nivel 1	MO
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Nivel 1	MO
Agentes De Mucositis Oral/Estomatitis		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Nivel 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Nivel 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Nivel 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Nivel 3	
Agentes De Suspensión		
GELFILM IMPLANT FILM	Nivel 3	
<i>hydroxypropyl cellulose powder</i>	Nivel 3	
Agentes Estimulantes De Saliva		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Nivel 3	
Agentes Generales De Inhalación		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Nivel 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)	Nivel 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Nivel 3	
PULMOSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 7 %	Nivel 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Nivel 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Nivel 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Nivel 1	
Agentes Para Uso Estomatológico		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Nivel 3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Nivel 3	
Agentes Sanadores De Heridas, Locales		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Nivel 1	
<i>balsam peru-castor oil topical ointment in packet</i> (Venelex)	Nivel 1	
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Nivel 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %	Nivel 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %	Nivel 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %	Nivel 3	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Nivel 3	
FILSUVEZ TOPICAL GEL 10 %	Nivel 4	PA; MO
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Nivel 3	
VENELEX TOPICAL OINTMENT IN PACKET (balsam peru-castor oil)	Nivel 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %	Nivel 3	
Agentes Somatostáticos		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Nivel 4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Nivel 3	MO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Nivel 3	MO
SANDOSTATIN INJECTION SOLUTION (octreotide acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Nivel 4	MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Nivel 4	PA; MO
Agentes Sustitutos De Saliva		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Nivel 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Nivel 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Nivel 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Nivel 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Nivel 3	
Anestesia General, Inhalante		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Nivel 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Nivel 3	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Nivel 1	
<i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)	Nivel 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Nivel 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Nivel 1	
ULTANE INHALATION LIQUID 99.97 % (sevoflurane)	Nivel 3	
Antagonista De Receptor De Abortivos, Progesterona		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Nivel 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Nivel 1	
Antagonistas De Receptor Muscarínico		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Nivel 3	
Antivenenos		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Nivel 3	
Condomes		
AIMSCO LATEX CONDOM DEVICE	Nivel 5	
DUREX AVANTI BARE REAL FEEL	Nivel 5	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DUREX EXTRA SENSITIVE CONDOM DEVICE	Nivel 5	
DUREX TROPICAL CONDOM DEVICE	Nivel 5	
FANTASY CONDOM DEVICE	Nivel 5	
FC2 FEMALE CONDOM	Nivel 5	
KIMONO LUBRICATED CONDOMS DEVICE	Nivel 5	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Nivel 5	
KIMONO MICROTHIN CONDOMS DEVICE	Nivel 5	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Nivel 5	
KIMONO TEXTURED CONDOMS DEVICE	Nivel 5	
KIMONO THIN LUBRICATED CONDOMS DEVICE	Nivel 5	
TROJAN ULTRA RIBBED CONDOM DEVICE	Nivel 5	
TRUE COVER CONDOM DEVICE	Nivel 5	
TRUSTEX LATEX CONDOM DEVICE	Nivel 5	
TRUSTEX LUBRICATED CONDOMS DEVICE	Nivel 5	
TRUSTEX NON-LUB CONDOMS DEVICE	Nivel 5	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Nivel 5	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Nivel 5	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Nivel 5	
Diagnósticos De Función Metabólica		
METOPIRONE ORAL CAPSULE 250 MG	Nivel 4	
Diagnósticos De Radiopaco Del Tracto Urinario		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Nivel 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Nivel 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Diagnósticos Radiactivos, General		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)	Nivel 3	
Diagnósticos Radiopaco Gastrointestinal		
<i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i> (MD-Gastroview)	Nivel 1	
ENTERO VU ORAL SUSPENSION 24 %	Nivel 3	
E-Z DISK ORAL TABLET 700 MG	Nivel 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	Nivel 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	Nivel 3	
E-Z-PASTE ORAL CREAM 60 %	Nivel 3	
GASTROGRAFIN ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)	Nivel 3	
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON	Nivel 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	Nivel 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	Nivel 3	
MD-GASTROVIEW ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)	Nivel 1	
NEULUMEX ORAL SUSPENSION 0.1 %	Nivel 3	
POLIBAR ACB RECTAL ENEMA 96 %	Nivel 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)	Nivel 3	
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS	Nivel 3	
SITZMARKS ORAL CAPSULE 24 MARKERS	Nivel 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	Nivel 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	Nivel 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	Nivel 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)	Nivel 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	Nivel 3	
Dispositivos Con Aguja/Sin Aguja		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
1ST TIER UNIFINE PENTIPS PLUS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
ADVOCATE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO
AQINJECT PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE (pen needle, diabetic, safety) 31 GAUGE X 3/16"	Nivel 6	MO
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Nivel 6	MO
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Nivel 6	MO
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Nivel 6	MO
CAREFINE PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
CARETOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
CLICKFINE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Nivel 6	MO
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Nivel 6	MO
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Nivel 6	MO
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Nivel 6	MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Nivel 6	MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Nivel 6	MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32"	Nivel 6	MO
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Nivel 6	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Nivel 6	MO
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Nivel 6	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Nivel 6	MO
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"</i> (1st Tier Unifine Pentips)	Nivel 6	MO
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Nivel 6	MO
<i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)	Nivel 6	MO
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16"</i> (CareFine Pen Needle)	Nivel 6	MO
<i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)	Nivel 6	MO
<i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> (Comfort EZ Pen Needles)	Nivel 6	MO
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Nivel 6	MO
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)	Nivel 6	MO
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> (Comfort EZ PRO Safety Pen Ndl)	Nivel 6	MO
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Nivel 6	MO
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Nivel 6	MO
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Nivel 6	MO
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Nivel 6	MO
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Nivel 6	MO
ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Nivel 6	MO
ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO
ULTRA THIN PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Nivel 6	MO
ULTRACARE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO
ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Nivel 6	MO
ULTRA-THIN II (SHORT) PEN NDL (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Nivel 6	MO
ULTRA-THIN II INS PEN NEEDLES (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Nivel 6	MO
UNIFINE OTC PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
UNIFINE PENTIPS MAXFLOW NEEDLE (pen needle, diabetic) 30 GAUGE X 3/16"	Nivel 6	MO
UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic) X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO
UNIFINE PENTIPS PLUS MAXFLOW (pen needle, diabetic) NEEDLE 30 GAUGE X 3/16"	Nivel 6	MO
UNIFINE PENTIPS PLUS NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Nivel 6	MO
Elementos Radiofarmacéuticos		
INDICLOR SOLUTION 5 MCI/0.5 ML (185 MBQ) (indium-111 chloride)	Nivel 3	
Envenenamiento Por Metales,Agentes Para Tratar		
CHEMET ORAL CAPSULE 100 MG	Nivel 3	
CUVRIOR ORAL TABLET 300 MG	Nivel 4	PA; MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Nivel 3	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Nivel 3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Nivel 3	PA; MO
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Nivel 3	PA; MO
<i>deferoxamine injection recon soln 2 gram</i>	Nivel 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Nivel 1	PA
DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine)	Nivel 3	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Nivel 4	PA; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	Nivel 4	PA; MO
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Nivel 4	PA; MO
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Nivel 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Nivel 4	PA; MO
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Nivel 4	PA; MO
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Nivel 3	
SYPRINE ORAL CAPSULE 250 MG (trientine)	Nivel 4	PA; MO
<i>trientine oral capsule 250 mg</i> (Syprine)	Nivel 3	PA; MO
<i>trientine oral capsule 500 mg</i>	Nivel 3	PA; MO
Estimulante De Apetito Para Anorexia, Caquexia, Sind. De Desperdicios		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Nivel 1	MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Nivel 1	MO; ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
Mediamcentos Para Tratar Tirosinemia Hereditaria		
HARLIKU ORAL TABLET 2 MG	Nivel 4	PA; MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Nivel 3	PA; MO
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Nivel 3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Nivel 3	PA; MO
ORFADIN ORAL SUSPENSION 4 MG/ML	Nivel 3	PA; MO
Medicamentos Homeopáticos		
AURUMHEEL ORAL DROPS	Nivel 3	
CANTHARIS COMPOSITUM ORAL DROPS	Nivel 3	
CRALONIN ORAL DROPS	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EYE ORAL TABLET,SOLUBLE	Nivel 3	
LAMIOFLUR ORAL DROPS	Nivel 3	
PLANTAGO-HOMACCORD ORAL DROPS	Nivel 3	
POPULUS COMPOSITUM ORAL DROPS	Nivel 3	
PSORINOHEEL ORAL DROPS	Nivel 3	
RENEEL ORAL TABLET,SOLUBLE	Nivel 3	
SABAL-HOMACCORD ORAL DROPS	Nivel 3	
SYZYGIIUM COMPOSITUM ORAL DROPS	Nivel 3	
VERTIGOHEEL ORAL DROPS	Nivel 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Nivel 3	
Medicamentos Para Tratar Gaucher Dx-Tipo 1, Reductor De Sustratos		
CERDELGA ORAL CAPSULE 84 MG	Nivel 3	MO
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Nivel 3	PA; MO
OPFOLDA ORAL CAPSULE 65 MG	Nivel 4	PA; MO
YARGESA ORAL CAPSULE 100 MG (miglustat)	Nivel 3	PA; MO
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Nivel 4	PA; MO
Preparados Diagnósticos, Misc.		
ADVANCED DNA MEDICATED COLLECT MUCOUS MEMBRANE KIT 2 %	Nivel 3	
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG	Nivel 3	
<i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>	Nivel 3	
<i>methacholine chloride inhalation solution for nebulization 0 to 48 mg/3 ml</i> (Provocholine)	Nivel 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %	Nivel 3	
PROVOCHOLINE INHALATION RECON SOLN 100 MG	Nivel 3	
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG	Nivel 3	
VUEBLU SOLUTION 0.5 %	Nivel 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Pruebas De Acetona En Orina		
KETONE CARE STRIP	Nivel 3	MO
KETONE URINE TEST STRIP	Nivel 3	MO
KETOSTIX STRIP	Nivel 3	MO
TRUEPLUS KETONE STRIP	Nivel 3	MO
Químicos Al Granel		
<i>alum, ammonium (bulk) powder</i>	Nivel 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Nivel 3	
<i>benzoin (bulk) topical tincture</i>	Nivel 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Nivel 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Nivel 3	
Reactiva. De Colinesterasa & Antídoto Antg. De Muscarínico		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Nivel 3	
Reactivación De Colinesterasa, Organofosforados. Antídotos		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Nivel 3	
Soluciones Cardioplégicas		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Nivel 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Nivel 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Nivel 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Nivel 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Nivel 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Nivel 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Nivel 1	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Nivel 1	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Nivel 3	
Soluciones Diluyentes		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Nivel 3	MO
Solventes		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Nivel 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Nivel 3	
MURI-LUBE OIL	Nivel 3	
Suplementos Orales Lípidos		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Nivel 4	PA; MO
Sustituto De Enzima De Enfermedad Metabólica, Hipofosfatasa		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Nivel 3	PA; MO
Sustituto De Enzima Dx Metabólica, Sev. Comb. De Inmuno Def.		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Nivel 4	PA; MO
Sustituto De Proteína		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Ungüento/Basesa De Cremas		
RADIAGEL TOPICAL GEL	Nivel 3	
Otros Trastornos Respiratorios		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Nivel 4	PA; MO; QL (1 EA per 1 day)
Comb. De Potenciadores De Fibrosis Quística & Corrector		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Nivel 3	PA; MO
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Nivel 3	PA; MO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Nivel 3	PA; MO
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Nivel 3	PA; MO
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Nivel 3	PA; MO
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Nivel 3	PA; MO
Fibrosis Pulmonar - Inhibidores De Enzima Sistémico		
OFEV ORAL CAPSULE 100 MG, 150 MG	Nivel 3	PA; MO
Mucolíticos		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Nivel 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Nivel 3	PA; MO
Potenciador De Fib. Quítica. Transmemb Conduct.Reg.(Cftr)		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Nivel 3	PA; MO
KALYDECO ORAL TABLET 150 MG	Nivel 3	PA; MO
Surfactantes De Pulmón		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Nivel 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Nivel 3	
Terapia Antifibrótica - Análogos De Piridona		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Nivel 4	PA; MO
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Nivel 4	PA; MO
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Nivel 3	PA; MO
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Nivel 3	PA; MO
<i>pirfenidone oral tablet 534 mg</i>	Nivel 3	PA; MO
Pérdida De Peso		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Nivel 2	PA; MO
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Nivel 2	PA
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Nivel 2	PA; MO
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML	Nivel 2	PA
Peptida De Tipo Glucagón Anti-Obesidad-1 Agonistas De Recep		
WEGOBY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Nivel 2	PA
WEGOBY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Nivel 2	PA; MO
Reemplazo De Fluidos		
Ácido Nucleico/Suplementos De Nucleótido		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Nivel 3	PA; MO
Regulación De Electrolitos		
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i> (Jynarque)	Nivel 3	MO; QL (60 EA per 365 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes Para La Depleción Electrolítica		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Nivel 3	MO; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Nivel 1	MO
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Nivel 1	MO
<i>ferric citrate oral tablet 210 mg iron</i> (Auryxia)	Nivel 1	MO; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Nivel 3	MO; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum)	Nivel 3	MO
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Nivel 1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Nivel 1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Nivel 2	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate)	Nivel 3	MO
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	Nivel 3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Nivel 1	MO
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Nivel 1	MO
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Nivel 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Nivel 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Nivel 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Nivel 2	MO; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Nivel 3	PA; MO
XPHOZAH ORAL TABLET 20 MG, 30 MG	Nivel 3	MO; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (2 EA per 1 day)
Antagonistas De Receptor De Arginina Vasopresina (Avp)		
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Nivel 4	MO; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Nivel 4	MO; QL (60 EA per 365 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i> (Jynarque)	Nivel 3	MO; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Nivel 3	MO; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Nivel 3	MO; QL (60 EA per 365 days)
Preparados De Sodio/Salina		
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Nivel 3	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Nivel 3	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Nivel 1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Nivel 3	

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Nivel 3	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Nivel 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Nivel 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		Nivel 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Nivel 1	
<i>sodium chloride 0.9 % injection solution</i>		Nivel 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		Nivel 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>		Nivel 1	
<i>sodium chloride injection syringe 0.9 %</i>		Nivel 1	
Reemplazo De Potasio			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Nivel 3	MO
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Nivel 1	MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Nivel 3	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Nivel 3	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Nivel 1	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Nivel 1	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Nivel 1	MO
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Nivel 3	MO
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Nivel 3	MO
POKONZA ORAL PACKET 10 MEQ		Nivel 1	MO
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		Nivel 1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		Nivel 1	MO
<i>potassium chloride oral packet 20 meq</i>	(Klor-Con)	Nivel 1	MO
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	Nivel 1	MO
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Nivel 1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Nivel 1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	Nivel 1	MO
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Nivel 1	MO
Salud Del Comportamiento - Antidepresivos		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine in 120 days
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Nivel 4	PA; MO
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Nivel 3	PA
Agonista Parcial Antidepresivo Ssri & 5Ht1a		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	Nivel 3	MO; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Nivel 1	MO; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days
Antagonistas De Serotonina-2/Inhibidores De Recaptación (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RALDESY ORAL SOLUTION 10 MG/ML	Nivel 3	PA; MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Nivel 1	MO
Antidepresivos Antagonistas Receptores Alfa-2		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Nivel 1	MO
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Nivel 1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Nivel 1	MO
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Nivel 3	MO
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Nivel 3	MO
Antidrepsivos Tricíclicos & Rel. No-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Nivel 1	MO
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)	Nivel 3	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Nivel 1	MO
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Nivel 1	MO
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Nivel 1	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Nivel 1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Nivel 1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)	Nivel 3	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Nivel 1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Nivel 1	MO
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)	Nivel 3	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
Combinaciones Tricíclicas Antidepresivas/Benzodiazepínico		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Nivel 1	MO
Combinaciones Tricíclicas Antidepresivas/Fenotiazina		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Nivel 1	MO
Inhib. De Recaptación De Noradrenalina Y Dopamina (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Nivel 3	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Nivel 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Nivel 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Nivel 1	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Nivel 1	MO
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Nivel 3	MO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)	Nivel 3	MO
Inhib. De Recaptación De Serotonina-Noradrenalina (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)	Nivel 3	MO
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Nivel 3	MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Nivel 1	MO
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4%	Nivel 3	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)	Nivel 3	MO
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Nivel 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Nivel 2	MO; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	Nivel 3	MO
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Venlafaxine HCL ER capsules in 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Nivel 1	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Nivel 1	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Nivel 1	MO
Inhibidor De Recaptación Selectivo De Serotonina (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Nivel 3	MO
<i>citalopram oral capsule 30 mg</i>	Nivel 1	MO
<i>citalopram oral solution 10 mg/5 ml</i>	Nivel 1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Nivel 1	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Nivel 1	MO
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	Nivel 1	MO
<i>fluoxetine oral capsule 40 mg</i>	Nivel 1	MO
<i>fluoxetine oral capsule, delayed release(dr/lec) 90 mg</i>	Nivel 1	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Nivel 1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Nivel 1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Nivel 3	MO
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Nivel 1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Nivel 1	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Nivel 1	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)	Nivel 3	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	Nivel 3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)	Nivel 3	MO
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	Nivel 3	MO
<i>sertraline oral capsule 150 mg, 200 mg</i>	Nivel 3	MO; QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Nivel 1	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Nivel 1	MO
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Nivel 3	MO
Inhibidores De Monoamina Oxidasa(Mao)		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Nivel 3	MO; ST: Must meet any of the following requirements: Marplan, Phenelzine, or Tranylcypromine in 120 days; QL (1 EA per 1 day)
Maois - No Selectiva & Irreversible		
MARPLAN ORAL TABLET 10 MG	Nivel 3	MO
NARDIL ORAL TABLET 15 MG (phenelzine)	Nivel 3	MO
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Nivel 3	MO
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Nivel 1	MO
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Nivel 1	MO
Modulador Antidepresivo De Receptor De Serotonina & Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Nivel 2	MO; QL (1 EA per 1 day)
Salud Del Computamiento - Otro		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Nivel 4	PA; MO
Adrenérgicos, Aromáticos, No-Catecolaminas		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Nivel 3	MO; QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Nivel 3	MO; QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)	Nivel 3	MO; QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
<i>amphetamine oral tablet,disinteg er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i> (Adzenys XR-ODT)	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Nivel 1	PA; MO
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Nivel 3	MO; QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Nivel 3	MO; QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Nivel 3	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Nivel 1	MO; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Nivel 1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Nivel 1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Nivel 1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Nivel 1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Nivel 1	MO; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Nivel 1	MO; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Nivel 1	MO; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Nivel 1	MO; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Nivel 1	MO; QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Nivel 3	PA; MO
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Nivel 1	MO; QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Nivel 1	MO; QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)	Nivel 3	MO; QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML (dextroamphetamine sulfate)	Nivel 3	MO; QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Nivel 3	MO; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Nivel 3	MO; QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate)	Nivel 3	MO; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Nivel 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG (dextroamphetamine sulfate)	Nivel 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG (dextroamphetamine sulfate)	Nivel 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate)	Nivel 3	MO; QL (4 EA per 1 day)
Agentes De Narcolepsia Y Terapia De Trastorno Del Sueño		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Nivel 1	MO; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Nivel 1	MO; QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Nivel 1	MO; QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Nivel 3	MO; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Nivel 3	MO; QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Nivel 3	MO; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Nivel 2	PA; MO
Agonistas Selectivos De Serotonina 5-Ht2a Inversa (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Nivel 4	PA; MO
NUPLAZID ORAL TABLET 10 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antagonistas Narcóticos		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Nivel 2	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Nivel 3	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Nivel 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Nivel 1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Nivel 3	
<i>naltrexone oral tablet 50 mg</i>	Nivel 1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Nivel 3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Nivel 3	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Nivel 3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Nivel 3	
Anti-Ansiedad - Benzodiacepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Nivel 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Nivel 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Nivel 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Nivel 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Nivel 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Nivel 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Nivel 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Nivel 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Nivel 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Nivel 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Nivel 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Nivel 1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	Nivel 3	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG	Nivel 3	ST: Must meet the following requirement: Lorazepam tablets in 120 days
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Nivel 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Nivel 3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Nivel 3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Nivel 3	
Anti-Narcolepsia & Anti-Cataplejia,Sedante-Tipo Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Nivel 4	PA; MO
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Nivel 4	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Nivel 3	PA; MO
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Nivel 4	PA; MO
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Nivel 3	PA; MO
Antipsicóticos, Antag. De Dopamina,Difnilbutilpiperidinas		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Nivel 1	MO
Antipsicóticos, Antagonistas De Dopamina, Butirofenonas		
HALDOL DECANOATE (haloperidol decanoate) INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Nivel 3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Nivel 1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Nivel 1	MO
Antipsicóticos, Antagonistas De Dopamina, Tiosantinas		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO
Antipsicóticos, Atípicos, Dopamina, & Antag. De Serotonina		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Nivel 1	MO; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Nivel 1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Nivel 3	MO
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Nivel 4	MO; QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	Nivel 4	MO; QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Nivel 4	MO; QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Nivel 4	MO; QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Nivel 4	MO; QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Nivel 3	MO; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Nivel 3	QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)-6 MG(2)-8 MG(2)	Nivel 3	ST: Must meet 2 of the following requirements: 2 generic atypical antipsychotics in 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Nivel 3	ST: Must meet 2 of the following requirements: 2 generic atypical antipsychotics in 365 DAYS; QL (8 EA per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Nivel 3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Nivel 3	MO; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Nivel 3	MO; QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Nivel 3	MO; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Nivel 3	MO; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Nivel 3	MO; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Nivel 3	MO; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Nivel 3	MO; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Nivel 3	MO; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Nivel 3	MO; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Nivel 3	MO; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Nivel 3	MO; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Nivel 3	MO; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Nivel 3	MO; QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone)	Nivel 3	MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone)	Nivel 3	MO; QL (60 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Nivel 1	MO; QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Nivel 1	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	Nivel 1	MO
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	Nivel 1	MO
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Nivel 1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Nivel 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Nivel 1	MO; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Nivel 3	MO; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Nivel 1	MO
<i>quetiapine oral tablet 150 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Nivel 1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	Nivel 4	MO; QL (1 EA per 14 days)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Nivel 3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Nivel 3	MO
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	Nivel 3	MO; QL (1 EA per 14 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	Nivel 3	MO; QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Nivel 1	MO
<i>risperidone oral tablet 0.25 mg</i>	Nivel 1	MO
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Nivel 1	MO
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RYKINDO INTRAMUSCULAR (risperidone microspheres) SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Nivel 3	MO; QL (1 EA per 14 days)
SAPHRIS SUBLINGUAL TABLET 10 (asenapine maleate) MG, 2.5 MG, 5 MG	Nivel 3	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Nivel 3	MO; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, (quetiapine) 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Nivel 3	MO
SEROQUEL XR ORAL TABLET (quetiapine) EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Nivel 3	MO
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Nivel 3	MO; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Nivel 3	MO; QL (0.32 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Nivel 3	MO; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Nivel 3	MO; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Nivel 3	MO; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Nivel 3	MO; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Nivel 3	MO; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Nivel 3	MO; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 (Geodon) mg, 60 mg, 80 mg</i>	Nivel 1	MO
ZYPREXA ORAL TABLET 2.5 MG, 20 (olanzapine) MG, 5 MG	Nivel 3	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Nivel 4	MO; QL (1 EA per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Nivel 4	MO; QL (1 EA per 28 days)
Antipsicóticos, Atyp, Agonistas D2 Parcial/5Ht Mezclados		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Nivel 3	MO; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Nivel 3	MO; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Nivel 3	MO; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	Nivel 3	MO; QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	Nivel 3	MO; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Nivel 3	MO; QL (2 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, (aripiprazole) 2 MG, 20 MG, 30 MG, 5 MG	Nivel 3	MO
<i>aripiprazole oral solution 1 mg/ml</i>	Nivel 1	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 (Abilify) mg, 20 mg, 30 mg, 5 mg</i>	Nivel 1	MO
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Nivel 4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Nivel 3	MO; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Nivel 3	MO; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Nivel 3	MO; QL (2.4 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Nivel 3	MO; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Nivel 2	MO; QL (1 EA per 1 day)
Antipsicóticos, Dopamina & Antagonistas De Serotonina		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Nivel 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Nivel 1	MO
Antipsicóticos, Fenotiazinas		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Nivel 1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Nivel 1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Nivel 1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Nivel 1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Nivel 1	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO
Antipsicóticos,Antagonistas De Dopamina,Dihidroindolones		
<i>molindone oral tablet 10 mg</i>	Nivel 1	MO; QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Nivel 1	MO; QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Nivel 1	MO
Antipsicóticos-Atípicos,D3/D2 Parcial Ag-5Ht Mexclados		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Nivel 2	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Barbitúricos		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Nivel 1	MO
<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>	Nivel 1	MO
Comb Antag De Dopamina & Serotonina Ssri &Antipsych,Atyp		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
Hipnoticos, Agonistas De Receptor De Melatonina Mt1/Mt2		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Nivel 4	PA; MO
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Nivel 4	PA; MO
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Nivel 1	ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days
ROZEREM ORAL TABLET 8 MG (ramelteon)	Nivel 3	ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlioze)	Nivel 3	PA; MO
Mediamcentos Antiansiedad		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	Nivel 1	MO
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Nivel 1	MO
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Nivel 1	
Mediamcentos Antimaníacos		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Nivel 3	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Nivel 1	MO
<i>lithium carbonate oral tablet 300 mg</i>	Nivel 1	MO
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lithium carbonate oral tablet extended release 450 mg</i>	Nivel 1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Nivel 1	MO
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Nivel 3	MO
Preparaciones Antialcohólicas		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Nivel 1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Nivel 1	MO
Sedantes-Hipnóticos - Benzodiacepinas		
DORAL ORAL TABLET 15 MG (quazepam)	Nivel 3	ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Nivel 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Nivel 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Nivel 3	
<i>midazolam oral syrup 2 mg/ml</i>	Nivel 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Nivel 1	ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Nivel 3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Nivel 1	
<i>triazolam oral tablet 0.125 mg</i>	Nivel 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Nivel 1	
Sedantes-Hipnóticos, No Barbiturados		
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Nivel 3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Nivel 3	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Nivel 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DAYVIGO ORAL TABLET 10 MG, 5 MG	Nivel 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Nivel 1	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Nivel 3	ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Nivel 1	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Nivel 3	PA
<i>LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG</i> (eszopiclone)	Nivel 3	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Nivel 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Nivel 3	PA
<i>SILENOR ORAL TABLET 3 MG, 6 MG</i> (doxepin)	Nivel 3	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Nivel 1	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	Nivel 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Nivel 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Nivel 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Nivel 1	QL (1 EA per 1 day)
Tx For Adhd - Selectivo Alfa-2A Agonista De Receptor		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>guanfacine oral tablet extended release</i> (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Nivel 1	MO
INTUNIV ER ORAL TABLET (guanfacine) EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Nivel 3	MO
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Nivel 3	MO; ST: Must meet the following requirement: Clonidine 0.1mg ER tablets in 120 days; QL (4 ML per 1 day)
Tx Para Deficit De Atención-Hiperact(Tdha)/Narcolepsia		
APTENSIO XR ORAL CAP,ER (methylphenidate hcl) SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Nivel 3	MO; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Nivel 2	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Nivel 3	MO; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	Nivel 3	MO; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Nivel 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DAYTRANA TRANSDERMAL PATCH (methylphenidate) 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Nivel 3	MO; ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Nivel 1	MO; QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Nivel 1	MO; QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate)	Nivel 3	MO; QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate)	Nivel 3	MO; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Nivel 2	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Nivel 3	MO; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate hcl)	Nivel 3	MO; QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Nivel 1	MO; QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)	Nivel 3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Nivel 3	MO; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Nivel 1	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Nivel 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Nivel 1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Nivel 1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Nivel 1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Nivel 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i> (Relexxii)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Nivel 1	MO; QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Nivel 1	MO; QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Nivel 1	MO; ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Nivel 3	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Nivel 3	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Nivel 3	MO; 120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (240 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 18 MG, 27 MG, 54 MG	Nivel 3	MO; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 36 MG	Nivel 3	MO; QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 72 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Nivel 3	MO; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 30 MG	Nivel 3	MO; QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, (methylphenidate hcl) 5 MG	Nivel 3	MO; QL (90 EA per 30 days)
Tx Para Deficit De Atención-Hiperact.(Adhd), Nri-Tipe		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day)
STRATTERA ORAL CAPSULE 10 MG, (atomoxetine) 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Nivel 3	MO
Sistema Nervioso Autónomo		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG- 10,000 UNIT/5 ML	Nivel 4	MO
Antag. De Recept. De Thx De Alzheimer, Nmda & Inhib. De Colinas		
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)	Nivel 1	MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NAMZARIC ORAL (memantine-donepezil) CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	Nivel 3	MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Nivel 2	MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
Inhibidores De Colinesterasa		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Nivel 3	PA; MO
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	Nivel 3	MO
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Nivel 1	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Nivel 1	MO
EXELON PATCH TRANSDERMAL (rivastigmine) PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Nivel 3	MO; QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Nivel 1	MO; QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Nivel 1	MO; QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Nivel 1	MO; QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Nivel 3	MO
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Nivel 3	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Nivel 3	MO
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Nivel 1	MO
<i>pyridostigmine bromide oral tablet 30 mg</i>	Nivel 1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Nivel 1	MO
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Nivel 3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Nivel 1	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>rivastigmine transdermal patch 24 hour</i> (Exelon Patch) 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Nivel 1	MO; QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Nivel 3	MO; ST: Must meet the following requirement: generic Galantamine tablets or Galantamine ER capsules in 120 days; QL (2 EA per 1 day)
Terapia De Alzheimer, Antagonistas De Receptor Nmda		
<i>memantine oral capsule,sprinkle,er 24hr</i> 14 mg, 21 mg, 28 mg	Nivel 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr</i> (Namenda XR) 7 mg	Nivel 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Nivel 1	MO; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Nivel 1	MO; QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Nivel 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine)	Nivel 3	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Nivel 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG (memantine)	Nivel 3	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
Suministros Médicos		
Equipod Médicos Duraderos, Misc. (Grupo 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Nivel 6	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Nivel 6	MO
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Nivel 6	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Nivel 6	MO
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Nivel 6	MO
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Nivel 6	MO
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
ADVOCATE LANCET 23 GAUGE	Nivel 6	MO
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Nivel 6	MO
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Nivel 6	MO
ASSURE LANCE 25 GAUGE	Nivel 6	MO
ASSURE LANCE 28 GAUGE (lancets)	Nivel 6	MO
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
ASSURE LANCE PLUS 25 GAUGE	Nivel 6	MO
BD MICROTAINER LANCET 1.5 X 2 MM	Nivel 6	MO
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Nivel 6	MO
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Nivel 6	MO
CAREONE ULTRA THIN LANCET (lancets)	Nivel 6	MO
CARESENS LANCETS 30 GAUGE (lancets)	Nivel 6	MO
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
CHOSEN LANCET 30 GAUGE (lancets)	Nivel 6	MO
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Nivel 6	MO
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Nivel 6	MO
COAGUCHEK LANCETS (lancets)	Nivel 6	MO
COLOR LANCETS 21 GAUGE (lancets)	Nivel 6	MO
COMFORT EZ LANCETS 23 GAUGE	Nivel 6	MO
COMFORT EZ LANCETS 28 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Nivel 6	MO
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Nivel 6	MO
DROPLET LANCETS 30 GAUGE (lancets)	Nivel 6	MO
DROPSAFE ACTI-LANCE 23 GAUGE	Nivel 6	MO
EASY COMFORT LANCETS 30 GAUGE (lancets)	Nivel 6	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
EASY TOUCH LANCETS 32 GAUGE	Nivel 6	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Nivel 6	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
EASY TOUCH TWIST LANCETS 32 GAUGE	Nivel 6	MO
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Nivel 6	MO
EMBRACE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
E-Z JECT LANCETS 32 GAUGE	Nivel 6	MO
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Nivel 6	MO
EZ SMART LANCETS 28 GAUGE (lancets)	Nivel 6	MO
FINGERSTIX LANCETS (lancets)	Nivel 6	MO
FORACARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
FREESTYLE LANCETS 28 GAUGE (lancets)	Nivel 6	MO
FREESTYLE UNISTIK 2 (lancets)	Nivel 6	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
GOJJI LANCETS 30 GAUGE (lancets)	Nivel 6	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Nivel 6	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Nivel 6	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INVACARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Nivel 6	MO
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Nivel 6	MO
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Nivel 6	MO
<i>lancets 33 gauge</i> (AgaMatrix Ultra-Thin Lancet)	Nivel 6	MO
LANCETS, SUPER THIN (lancets)	Nivel 6	MO
LANCETS, THIN , 28 GAUGE (lancets)	Nivel 6	MO
LANCETS, ULTRA THIN (lancets)	Nivel 6	MO
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Nivel 6	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
MEDLANCE PLUS LANCETS 25 GAUGE	Nivel 6	MO
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Nivel 6	MO
MICRO THIN LANCETS 33 GAUGE (lancets)	Nivel 6	MO
MICROLET LANCET (lancets)	Nivel 6	MO
MOBILE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
MONOLET LANCETS 21 GAUGE (lancets)	Nivel 6	MO
MONOLET THIN LANCETS 28 GAUGE (lancets)	Nivel 6	MO
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Nivel 6	MO
NOVA SAFETY LANCETS 23 GAUGE	Nivel 6	MO
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Nivel 6	MO
NOVA SUREFLEX LANCETS (lancets)	Nivel 6	MO
ON CALL LANCET 30 GAUGE (lancets)	Nivel 6	MO
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Nivel 6	MO
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Nivel 6	MO
ON-THE-GO LANCETS 30 GAUGE (lancets)	Nivel 6	MO
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
PRO COMFORT LANCET 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRO COMFORT LANCET 31 GAUGE	Nivel 6	MO
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Nivel 6	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Nivel 6	MO
PURE COMFORT LANCETS 30 GAUGE (lancets)	Nivel 6	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Nivel 6	MO
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Nivel 6	MO
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Nivel 6	MO
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
SAFETY-LET LANCETS 30 GAUGE (lancets)	Nivel 6	MO
SINGLE-LET (lancets)	Nivel 6	MO
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
SMARTEST LANCET (lancets)	Nivel 6	MO
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
STERILANCE TL 30 GAUGE (lancets)	Nivel 6	MO
STERILANCE TL 32 GAUGE	Nivel 6	MO
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Nivel 6	MO
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Nivel 6	MO
SURE-TOUCH LANCET (lancets)	Nivel 6	MO
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TELCARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
TEMPO REFILL KIT WITH GAUZE KIT	Nivel 6	MO
THIN LANCETS 26 GAUGE (lancets)	Nivel 6	MO
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Nivel 6	MO
TRUE COMFORT LANCET 30 GAUGE (lancets)	Nivel 6	MO
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
TWIST LANCETS 30 GAUGE (lancets)	Nivel 6	MO
TWIST LANCETS 32 GAUGE	Nivel 6	MO
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Nivel 6	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
ULTILET SAFETY LANCETS 23 GAUGE	Nivel 6	MO
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Nivel 6	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
ULTRA THIN LANCETS 31 GAUGE	Nivel 6	MO
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Nivel 6	MO
ULTRA TLC LANCETS (lancets)	Nivel 6	MO
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Nivel 6	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Nivel 6	MO
UNILET GP LANCET (lancets)	Nivel 6	MO
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
UNILET LANCETS 30 GAUGE (lancets)	Nivel 6	MO
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Nivel 6	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Nivel 6	MO
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Nivel 6	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Nivel 6	MO
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UNISTIK CZT LANCET 23 GAUGE	Nivel 6	MO
UNISTIK CZT LANCET 28 GAUGE (lancets)	Nivel 6	MO
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Nivel 6	MO
UNISTIK NORMAL LANCETS 23 GAUGE	Nivel 6	MO
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
UNISTIK PRO LANCET 25 GAUGE	Nivel 6	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
UNISTIK TOUCH LANCETS 23 GAUGE	Nivel 6	MO
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
VERIFINE SAFETY LANCET MINI 23 GAUGE	Nivel 6	MO
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
VIVAGUARD LANCET 30 GAUGE (lancets)	Nivel 6	MO
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Nivel 6	MO
Implantes Que Abultan El Tejido		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML	Nivel 3	PA
Jeringas Y Accesorios		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Nivel 6	MO
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Nivel 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Nivel 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Nivel 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Nivel 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Nivel 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Nivel 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Nivel 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Nivel 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Nivel 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe (disposable))	Nivel 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe (disposable))	Nivel 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"	Nivel 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1" (syringe with needle)	Nivel 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Nivel 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Nivel 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Nivel 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Nivel 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Nivel 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Nivel 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML (syringe (disposable))	Nivel 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe (disposable))	Nivel 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Nivel 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Nivel 3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 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 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Nivel 6	MO
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Nivel 3	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	Nivel 6	MO
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)	Nivel 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Nivel 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Nivel 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Nivel 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 50 ML	Nivel 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))	Nivel 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))	Nivel 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	Nivel 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML	Nivel 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML (syringe (disposable))	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML	Nivel 3	
BD SYRINGE LUER-LOK STERILE (syringe (disposable)) SYRINGE 10 ML	Nivel 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML	Nivel 3	
BD SYRINGE SLIP TIP NONSTERILE (syringe (disposable)) SYRINGE 10 ML, 20 ML	Nivel 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML	Nivel 3	
BD SYRINGE SYRINGE 1 ML	Nivel 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Nivel 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML, 1 ML 27 GAUGE X 3/8"	Nivel 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Nivel 3	
BD TUBERCULIN SYRINGE SYRINGE (tuberculin-allergy syringes) 1 ML 26 GAUGE X 3/8"	Nivel 3	
CAREPOINT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Nivel 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Nivel 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Nivel 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Nivel 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Nivel 3	
CAREPOINT PRECISION LUER LOCK (syringe (disposable)) SYRINGE 3 ML	Nivel 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1"	Nivel 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CARETOUCH INSULIN SYRINGE SYRINGE 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Nivel 6	MO
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Nivel 6	MO
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Nivel 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable)) Nivel 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Nivel 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	(syringe with needle) Nivel 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML	Nivel 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML, 3 ML, 5 ML	(syringe (disposable)) Nivel 3	
COMFORT EZ INSULIN SYRINGE 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", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 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 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) Nivel 6	MO
DAVOL IRRIGATION SYRINGE SYRINGE	Nivel 3	
DAVOL PISTON IRRIGATION SYRINGE	Nivel 3	
DOVER BULB SYRINGE SYRINGE 60 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DROPLET INSULIN SYR(HALF UNIT) 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", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Nivel 6	MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	Nivel 6	MO
DROPLET INSULIN SYRINGE 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", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 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 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 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	Nivel 6	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Nivel 6	MO
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Nivel 6	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X5/16 " (insulin syringe-needle u-100)	Nivel 6	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 29 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Nivel 6	MO
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe (disposable))	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Nivel 6	MO
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML	Nivel 3	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 10 ML, 3 ML, 60 ML	Nivel 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Nivel 3	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 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"	Nivel 6	MO
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Nivel 3	
EASY TOUCH FLIPLOCK SYRINGE (syringe with needle, safety) SYRINGE 3 ML 22 GAUGE X 1"	Nivel 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"	Nivel 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Nivel 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	Nivel 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Nivel 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Nivel 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	Nivel 3	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Nivel 6	MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 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", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	Nivel 6	MO
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Nivel 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML, 60 ML (syringe (disposable))	Nivel 3	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 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"	Nivel 6	MO
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Nivel 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))	Nivel 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Nivel 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Nivel 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Nivel 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Nivel 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Nivel 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Nivel 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Nivel 6	MO
EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML (syringe (disposable))	Nivel 3	MO
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Nivel 3	
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML, 60 ML (syringe, enfit, non-sterile)	Nivel 3	
ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)	Nivel 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)	Nivel 3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
EXEL SYRINGE SYRINGE 10 ML, 30 ML (syringe (disposable))	Nivel 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EXEL SYRINGE SYRINGE 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Nivel 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Nivel 6	MO
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Nivel 6	MO
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(Droplet Insulin Syr(half unit)) Nivel 6	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 1/2", 0.3 ml 31 gauge x 15/64", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 15/64", 1/2 ml 28 gauge x 1/2", 1/2 ml 31 gauge x 15/64"</i>	(Comfort EZ Insulin Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>	(Ultilet Insulin Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 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 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	(Advocate Syringes) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i>	(Ultra Comfort Insulin Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch Insulin Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8"</i>	(BD SafetyGlide Syringe) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 29 gauge x 7/16"</i>	Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	(BD Eclipse Luer-Lok) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	(Thinpro Insulin Syringe) Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>insulin syringe-needle u-100 syringe 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Droplet Insulin Syringe)	Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)	Nivel 6	MO
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Nivel 6	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Nivel 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Nivel 3	
IRRIGATION SYRINGE SYRINGE	Nivel 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Nivel 3	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe (disposable))	Nivel 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Nivel 3	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Nivel 3	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Nivel 6	MO
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Nivel 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Nivel 6	MO
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Nivel 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Nivel 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
MONOJECT 140CC PISTON SYRINGE SYRINGE	Nivel 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Nivel 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"	Nivel 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"	Nivel 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Nivel 3	
MONOJECT DISPOSABLE SYRINGE (syringe (disposable)) SYRINGE 20 ML	Nivel 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML, 35 ML	Nivel 3	
MONOJECT ENFIT STERILE SYRINGE (syringe, enfit, sterile) SYRINGE 1 ML, 35 ML, 60 ML	Nivel 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML	Nivel 3	
MONOJECT ENFIT SYRINGE CAP (syringe cap, enfit, non-sterile)	Nivel 3	
MONOJECT ENFIT SYRINGE (syringe, enfit, non-sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Nivel 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML, 6 ML	Nivel 3	
MONOJECT INSULIN SAFETY SYRING (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Nivel 6	MO
MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2"	Nivel 6	MO
MONOJECT INSULIN SYRINGE (insulin syringe-needle u-100) 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 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Nivel 6	MO
MONOJECT INSULIN SYRINGE (insulin syringes (disposable)) SYRINGE 1 ML	Nivel 6	MO
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Nivel 3	
MONOJECT LUER-LOCK TIP (syringe (disposable)) SYRINGE 3 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Nivel 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety) Nivel 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML	Nivel 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML, 3 ML, 60 ML	(syringe (disposable)) Nivel 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Nivel 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML	Nivel 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML, 3 ML	(syringe (disposable)) Nivel 3	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Nivel 3	
MONOJECT REGULAR LUER SYRINGE 3 ML	(syringe (disposable)) Nivel 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML	(syringe (disposable)) Nivel 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML	Nivel 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety) Nivel 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Nivel 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML	Nivel 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML	(syringe (disposable)) Nivel 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML	(syringe (disposable)) Nivel 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Nivel 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Nivel 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 X 1"	Nivel 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe (disposable))	Nivel 3	
MONOJECT TB LUER LOK SYRINGE 1 ML	Nivel 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Nivel 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Nivel 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Nivel 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Nivel 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Nivel 3	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Nivel 6	MO
NORM-JECT SYRINGE 10 ML, 20 ML (syringe (disposable))	Nivel 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Nivel 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (syringe, enfit, non-sterile)	Nivel 3	
PRO COMFORT INSULIN SYRINGE 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 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)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRODIGY INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Nivel 6	MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Nivel 6	MO
SAFESNAP SYRINGE SYRINGE 1 ML (syringe-needle,safety,disp 25 GAUGE X 5/8" unt)	Nivel 3	
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Nivel 3	
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Nivel 6	MO
SURE COMFORT INS. SYR. U-100 (insulin syringe-needle u- SYRINGE 0.5 ML 29 GAUGE X 1/2" 100)	Nivel 6	MO
SURE COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 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 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 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SURE-JECT INSULIN SYRINGE (insulin syringe-needle u-100) 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Nivel 6	MO
SURGUARD2 SAFETY SYRINGE 1 ML (syringe with needle, 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" safety)	Nivel 3	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Nivel 3	
syringe (disposable) syringe 10 ml (BD Eccentric Tip Syringe)	Nivel 3	
syringe (disposable) syringe 20 ml (B-D Slip Tip Syringe)	Nivel 3	
syringe (disposable) syringe 3 ml (BD Luer-Lok Syringe)	Nivel 3	
syringe (disposable) syringe 30 ml (Exel Syringe)	Nivel 3	
syringe (disposable) syringe 5 ml (BD Bulk Syringe Slip Tip)	Nivel 3	
syringe (disposable) syringe 60 ml (Easy Glide Catheter Tip Syringe)	Nivel 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Nivel 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Nivel 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Nivel 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Nivel 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Nivel 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Nivel 3	
syringe cap, enfit, non-sterile (Monoject ENFit Syringe Cap)	Nivel 3	
syringe with needle syringe 1 ml 25 gauge x 1" (Easy Touch)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>syringe with needle syringe 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)	Nivel 3	
<i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)	Nivel 3	
<i>syringe with needle syringe 3 ml 23 x 1"</i> (BD Eclipse Luer-Lok)	Nivel 3	
SYRINGE WITHOUT NEEDLE SYRINGE	Nivel 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 20 ml</i> (NeoMed ENFit Syringe)	Nivel 3	
<i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)	Nivel 3	
<i>syringe, enfit, non-sterile syringe 10 ml, 60 ml</i> (ENFit MultiFil Syringe)	Nivel 3	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Nivel 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i> (Monoject ENFit Sterile Syringe)	Nivel 3	
<i>syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml</i>	Nivel 3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Nivel 6	MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Nivel 6	MO
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Nivel 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Nivel 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Nivel 6	MO
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Nivel 3	
TERUMO SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Nivel 3	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
THINPRO INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Nivel 6	MO
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Nivel 6	MO
TOOMEY SYRINGE SYRINGE 70 ML	Nivel 3	
TOPCARE ULTRA COMFORT (insulin syringe-needle u-100) 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	Nivel 6	MO
TRUE COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Nivel 6	MO
TRUE COMFORT PRO INS SYRINGE (insulin syringe-needle u-100) 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Nivel 6	MO
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Nivel 6	MO
TRUE COMFORT SAFE INSULIN SYRG 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16"	Nivel 6	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML (insulin syringe-needle u-100) 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Nivel 3	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Nivel 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i> (Allergist Tray Intradermal Bev)	Nivel 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	Nivel 6	MO
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	Nivel 6	MO
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"	Nivel 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle)	Nivel 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Nivel 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Nivel 3	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Nivel 6	MO
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Nivel 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Nivel 3	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTILET INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 0.3 ML 29 GAUGE, 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, 1/2 ML 29	Nivel 6	MO
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Nivel 6	MO
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Nivel 6	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Nivel 6	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Nivel 6	MO
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Nivel 6	MO
ULTRA FLO INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 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"	Nivel 6	MO
ULTRACARE INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Nivel 6	MO
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Nivel 6	MO
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Nivel 6	MO
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Nivel 6	MO
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Nivel 6	MO
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Nivel 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Nivel 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Nivel 3	
VERIFINE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Nivel 6	MO
Suministros De Incontinencia		
TENSURE ITOUCH SURE VAGINAL DEVICE	Nivel 3	

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Suministros Diabeticos			
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Nivel 6	MO
Tos Y Resfriado			
Antihist.-Decongest Con Comb. De Anticolinérgicas De 1Era Gen			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Nivel 1	
Antitusivo Narcótico-Antihistamínico De 1Era Generación			
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>		Nivel 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		Nivel 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Nivel 3	ST: Must meet the following requirement: Promethazine/Codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Antitusivo Narcótico-Comb. Anticolinérgica			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Nivel 3	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	(Hydromet)	Nivel 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Nivel 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Nivel 1	QL (30 ML per 1 day); Age (Min 18 Years)
Antitusivo No Narcótico-1Era Generación Antihistamínico-Descongestivo			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Nivel 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Nivel 1	
Antitusivos, No Narcóticos			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Combinación De Antitusivo No Narcótico-Antihistamínico De 1Era Generación		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Nivel 1	
Combinaciones De Antihistamínicos Y Descongestivos De 1Era Gen		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Nivel 1	
Tracto Urinario - Trastornos Funcionales		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Nivel 4	MO
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	Nivel 3	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	Nivel 4	PA; MO
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	Nivel 3	PA; MO
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) (tolvaptan (polycys kidney dis))	Nivel 3	PA; MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Nivel 3	PA; MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Nivel 3	PA; MO
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Nivel 4	MO
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Nivel 4	MO
<i>tolvaptan (polycys kidney dis) 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)</i> (Jynarque)	Nivel 3	PA; MO
Agente Anestésico/Analgésico Del Tracto Urinario (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Nivel 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agente Antispasmódico/Antiincontinencia Del Tracto Urinario		
<i>fesoterodine oral tablet extended release</i> (Toviaz) 24 hr 4 mg, 8 mg	Nivel 1	MO; QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Nivel 1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Nivel 1	MO
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Nivel 1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Nivel 1	MO
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Nivel 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Nivel 1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Nivel 1	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)	Nivel 3	MO; QL (1 EA per 1 day)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Nivel 1	MO
<i>trospium oral tablet 20 mg</i>	Nivel 1	MO
Agentes Analgésicos Del Tracto Urinario		
ELMIRON ORAL CAPSULE 100 MG	Nivel 2	PA
Agentes Bph,5-Alfa-Rrojo Inh & Afa-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Nivel 1	MO; ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	Nivel 3	MO; ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days
Agentes De Cálculos Renales		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Nivel 3	MO
THIOLA ORAL TABLET 100 MG (tiopronin)	Nivel 4	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tiopronin oral tablet 100 mg</i>	(Thiola)	Nivel 3	MO
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	(Thiola EC)	Nivel 3	MO
VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Nivel 3	MO
Agentes De Vejiga Hiperactiva, Beta-3 Rececp Adrenérgicos			
GEMTESA ORAL TABLET 75 MG		Nivel 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML		Nivel 2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Nivel 1	MO; QL (1 EA per 1 day)
Antiespasmódico Del Tracto Urinario, M(3) Antag. Selectivo			
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>		Nivel 1	MO
<i>solifenacin oral tablet 10 mg, 5 mg</i>	(Vesicare)	Nivel 1	MO
VESICARE LS ORAL SUSPENSION 1 MG/ML		Nivel 3	PA; MO
VESICARE ORAL TABLET 10 MG, 5 MG	(solifenacin)	Nivel 3	MO
Hipertrofia Prostática Benigna/Agentes De Micción			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	(Uroxatral)	Nivel 1	MO
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Nivel 3	MO
<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	Nivel 1	MO
<i>finasteride oral tablet 5 mg</i>	(Proscar)	Nivel 1	MO
FLOMAX ORAL CAPSULE 0.4 MG	(tamsulosin)	Nivel 3	MO
PROSCAR ORAL TABLET 5 MG	(finasteride)	Nivel 3	MO
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	(silodosin)	Nivel 3	MO
<i>silodosin oral capsule 4 mg, 8 mg</i>	(Rapaflo)	Nivel 1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	Nivel 1	MO
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Modificadores De Ph Urinaria		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Nivel 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Nivel 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Nivel 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Nivel 1	MO
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Nivel 1	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Nivel 1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Nivel 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Nivel 1	
UROKIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Nivel 3	MO
UROKIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Nivel 3	MO
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Nivel 3	
Trastorno De Convulsiones		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Nivel 3	MO; ST: Must meet any of the following generic anticonvulsants requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Vigabatrin, Carbamazepine, Oxcarbazepine or Valproic Acid Derivatives in 365 days
ZTALMY ORAL SUSPENSION 50 MG/ML	Nivel 4	PA; MO
Anticonvulsivos		
APTiom ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	Nivel 3	MO; QL (1 EA per 1 day)
APTiom ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	Nivel 3	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Nivel 3	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Nivel 3	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Nivel 3	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Nivel 2	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Nivel 2	MO; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Nivel 1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Nivel 1	MO
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	Nivel 1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Nivel 1	MO
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Nivel 1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Nivel 3	MO
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Nivel 3	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Nivel 3	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Nivel 3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Nivel 3	MO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Nivel 4	PA; MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Nivel 4	PA; MO
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Nivel 3	MO
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Nivel 3	MO
DILANTIN ORAL CAPSULE 30 MG		Nivel 3	MO
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Nivel 3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Nivel 1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Nivel 1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Nivel 1	MO
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		Nivel 3	MO; ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		Nivel 3	MO; ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Nivel 1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Nivel 3	PA; MO
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	(Aptiom)	Nivel 1	MO; QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	(Aptiom)	Nivel 1	MO; QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Nivel 1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Nivel 1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>		Nivel 1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	(Felbatol)	Nivel 1	MO
FELBATOL ORAL TABLET 400 MG, 600 MG	(felbamate)	Nivel 3	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Nivel 4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Nivel 2	MO; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	Nivel 3	MO; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FYCOMPA ORAL TABLET 2 MG (perampanel)	Nivel 3	MO; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Nivel 3	MO; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Nivel 1	MO
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Nivel 1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Nivel 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Nivel 1	MO
GABARONE ORAL TABLET 100 MG, 400 MG (gabapentin)	Nivel 1	MO
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Nivel 3	MO
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Nivel 3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Nivel 3	MO
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Nivel 1	MO
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Nivel 1	MO
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	Nivel 3	MO
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Nivel 3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Nivel 3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Nivel 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Nivel 3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Nivel 3	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Nivel 3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine) Nivel 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	(lamotrigine) Nivel 3	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Nivel 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Nivel 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Nivel 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	(Lamictal) Nivel 1	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	(Lamictal ODT Starter (Blue)) Nivel 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange)) Nivel 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	(Lamictal ODT Starter (Green)) Nivel 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	(Lamictal XR) Nivel 1	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal) Nivel 1	MO
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	(Lamictal ODT) Nivel 1	MO
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	(Lamictal Starter (Blue) Kit) Nivel 1	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	(Lamictal Starter (Orange) Kit) Nivel 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	(Lamictal Starter (Green) Kit) Nivel 1	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra) Nivel 1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra) Nivel 1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR) Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Nivel 3	MO
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Nivel 3	MO
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Nivel 1	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Nivel 3	PA; MO
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Nivel 3	MO
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Nivel 3	MO
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Nivel 3	MO
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Nivel 3	MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Nivel 1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Nivel 1	MO
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OXTELLAR XR ORAL TABLET (oxcarbazepine) EXTENDED RELEASE 24 HR 150 MG, 300 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET (oxcarbazepine) EXTENDED RELEASE 24 HR 600 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	Nivel 1	MO; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	Nivel 1	MO; QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	Nivel 1	MO; QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Nivel 3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Nivel 1	MO
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Nivel 1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Nivel 1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Nivel 1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Nivel 1	MO
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Nivel 1	MO
<i>primidone oral tablet 125 mg</i>	Nivel 1	MO
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Nivel 1	MO
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG (topiramate)	Nivel 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG (topiramate)	Nivel 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG (topiramate)	Nivel 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG (topiramate)	Nivel 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG (levetiracetam)	Nivel 3	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Nivel 3	MO
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Nivel 1	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Nivel 1	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Nivel 1	MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Nivel 4	PA; MO
SABRIL ORAL TABLET 500 MG (vigabatrin)	Nivel 4	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	Nivel 3	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Nivel 3	MO
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Nivel 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Nivel 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Nivel 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Nivel 3	MO
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Nivel 3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Nivel 3	MO
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Nivel 3	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Nivel 3	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Nivel 1	MO
<i>topiramate oral capsule, sprinkle 50 mg</i>	Nivel 1	MO
<i>topiramate oral capsule,extended release 24hr 100 mg</i> (Trokendi XR)	Nivel 1	MO; QL (3 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i> (Trokendi XR)	Nivel 1	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>topiramate oral capsule,extended release 24hr 25 mg</i> (Trokendi XR)	Nivel 1	MO; QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)	Nivel 1	MO; QL (7 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 25 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 50 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	Nivel 1	PA; MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Nivel 1	MO
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Nivel 3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Nivel 3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (topiramate)	Nivel 3	MO; QL (3 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (topiramate)	Nivel 3	MO; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (topiramate)	Nivel 3	MO; QL (8 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)	Nivel 3	MO; QL (7 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Nivel 1	MO
<i>valproic acid oral capsule 250 mg</i>	Nivel 1	MO
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Nivel 3	PA; MO
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	Nivel 3	PA; MO
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Nivel 3	PA; MO
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Nivel 3	PA; MO
VIGAFYDE ORAL SOLUTION 100 MG/ML	Nivel 4	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Nivel 3	PA; MO
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Nivel 3	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Nivel 3	MO
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Nivel 2	MO; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Nivel 2	MO; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Nivel 2	MO; QL (2 EA per 1 day)
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)	Nivel 2	QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Nivel 3	MO
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Nivel 3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Nivel 3	MO
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Nivel 3	PA; MO
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Nivel 1	MO
<i>zonisamide oral capsule 50 mg</i>	Nivel 1	MO
Anticonvulsivos - Del Tipo Benzodiacepinas		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Nivel 1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Nivel 1	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Nivel 1	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Nivel 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Nivel 3	MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Nivel 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Nivel 3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Nivel 3	MO; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Nivel 3	MO; QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Nivel 3	PA; MO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Nivel 3	QL (10 EA per 30 days)
Trastorno Endocrino - Fertilidad		
Mediamcentos Para Tratar Impotencia		
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (tadalafil)	Nivel 3	PA; MO
<i>tadalafil oral tablet 10 mg, 20 mg, 5 mg</i> (Cialis)	Nivel 1	PA; MO
<i>tadalafil oral tablet 2.5 mg</i>	Nivel 1	PA; MO
Trastorno Endocrino - Otro		
ISTURISA ORAL TABLET 1 MG, 5 MG	Nivel 4	PA; MO
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Nivel 2	PA; MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Nivel 2	PA; MO
RECORLEV ORAL TABLET 150 MG	Nivel 4	PA; MO
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Nivel 3	PA; MO
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Nivel 4	PA; MO
Agentes Supresores De Pituitaria		
<i>cabergoline oral tablet 0.5 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Nivel 4	PA; MO
CRENESSITY ORAL SOLUTION 50 MG/ML	Nivel 4	PA; MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Nivel 1	
Agentes Tx Hiperparatiroides - Vitamina D Tipo Análoga		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Nivel 1	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Nivel 1	MO
<i>paricalcitol oral capsule 4 mcg</i>	Nivel 1	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Nivel 2	MO; QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Nivel 3	MO
Agonistas De Antineoplásico Lhrh(Gnrh), Supresores Pituitario		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Nivel 3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Nivel 3	PA; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Nivel 3	PA; MO
Análogos De Hormona De Leptina		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Nivel 4	MO; QL (1 EA per 1 day)
Antagonistas De Receptor De Hormona De Crecimiento		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Nivel 3	MO
Antidiuréticos Y Hormonas Vasopresoras		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)	Nivel 3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)	Nivel 3	MO
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Nivel 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Nivel 1	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Nivel 1	MO
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Nivel 3	MO; QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Nivel 3	MO; QL (1 EA per 1 day)
Calcimiméticos,Potenciador De Calcio Paratiroides		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Nivel 3	MO; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Nivel 3	MO; QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Nivel 4	MO; QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Nivel 4	MO; QL (4 EA per 1 day)
Estim. De Formación Ósea Agentes - Hormona Paratiroidea		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Nivel 4	PA; MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Nivel 4	PA; MO
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	Nivel 3	PA; MO
Factor-1 De Crecimiento Tipo Insulina (Igf-1) Hormonas		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Nivel 4	PA
Hormona Liberadoras De Hormonas De Crecimiento (Ghrh) & Análogos		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Nivel 4	PA; MO
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Nivel 4	PA; MO
Hormonas Adrenocorticotrópicas		
ACTHAR INJECTION GEL 80 UNIT/ML	Nivel 4	PA; MO
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Nivel 4	PA; MO
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Nivel 4	PA; MO
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Hormonas De Crecimiento		
GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Nivel 3	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Nivel 3	PA; MO
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Nivel 4	PA; MO
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Nivel 4	PA; MO
NORDITROPIN FLEXP 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)	Nivel 3	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Nivel 4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Nivel 4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Nivel 4	PA; MO
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Nivel 4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Nivel 4	PA; MO
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Nivel 3	PA; MO
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Nivel 3	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Hormonas Paratiroides		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Nivel 4	PA; MO
Inhibidor De Resorción Ósea & Combinaciones De Vitamina D		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Nivel 2	MO
Inhibidores De Resorción Ósea		
ACTONEL ORAL TABLET 150 MG (risedronate)	Nivel 3	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate)	Nivel 3	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	Nivel 1	MO; QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Nivel 1	MO
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Nivel 1	MO
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	Nivel 3	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Nivel 3	MO; ST: Must meet the following requirement: Alendronate and Ibandronate in 365 days; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Nivel 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Nivel 1	MO
EVISTA ORAL TABLET 60 MG (raloxifene)	Nivel 5	MO
FOSAMAX ORAL TABLET 70 MG (alendronate)	Nivel 3	MO
<i>ibandronate oral tablet 150 mg</i>	Nivel 1	MO
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	Nivel 3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>risedronate oral tablet 150 mg</i> (Actonel)	Nivel 1	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Nivel 1	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Nivel 1	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i>	Nivel 1	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Nivel 1	MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
Lhrh(Gnrh) Agonista Análogo De Supresores Pituitarios		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Nivel 4	PA
Lhrh(Gnrh) Antagonista, Agentes Supresores Pituitarios		
ORILISSA ORAL TABLET 150 MG	Nivel 2	PA; MO
ORILISSA ORAL TABLET 200 MG	Nivel 2	PA
Trastorno Endocrino - Tiroides		
Agentes Que Contienen Yodo		
LUGOLS ORAL SOLUTION 5 %	Nivel 3	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Nivel 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Nivel 1	
STRONG IODINE ORAL SOLUTION 5 %	Nivel 1	
Hormonas De Tiroides		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))	Nivel 3	MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Nivel 3	MO
ADTHYZA ORAL TABLET 30 MG, 90 MG (thyroid (pork))	Nivel 3	MO
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Nivel 3	MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Nivel 3	MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Nivel 3	MO; ST: Must meet the following requirement: generic Liothyronine tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Nivel 1	PA; MO
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 1	MO; QL (2 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Nivel 1	PA; MO
<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)	Nivel 1	MO; QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Nivel 1	MO; QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Nivel 1	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	Nivel 1	MO
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Nivel 1	MO
RENTHYROID ORAL TABLET 120 MG, 15 MG (thyroid (pork))	Nivel 3	MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
RENTHYROID ORAL TABLET 30 MG, 90 MG (thyroid (pork))	Nivel 3	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Nivel 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Nivel 1	MO
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 3	PA; MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Nivel 3	PA; MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Nivel 3	PA; MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Nivel 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
Preparaciones Antitiroides		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Nivel 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Nivel 1	MO
Trastorno Musculoesquelético		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Nivel 4	PA; MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Agentes Para Trata Parálisis Periódica - Inh De Anhid De Carbon			
<i>dichlorphenamide oral tablet 50 mg</i>	(Keveyis)	Nivel 3	PA; MO
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Nivel 3	PA; MO
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Nivel 3	PA; MO
Relajantes Musculares Esqueléticos			
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	(Ozobax DS)	Nivel 1	PA; MO
<i>baclofen oral solution 5 mg/5 ml</i>	(Ozobax)	Nivel 1	PA; MO
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	(Fleqsuvy)	Nivel 1	PA; MO
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>		Nivel 1	MO
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	(Soma)	Nivel 1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>		Nivel 1	
<i>chlorzoxazone oral tablet 250 mg</i>		Nivel 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	(Lorzone)	Nivel 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>		Nivel 1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	(Amrix)	Nivel 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>		Nivel 1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	(Fexmid)	Nivel 1	
CYCLOTENS REFILL COMBO PACK 10 MG		Nivel 3	
CYCLOTENS STARTER COMBO PACK 10 MG		Nivel 3	
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Nivel 3	MO
<i>dantrolene oral capsule 100 mg, 50 mg</i>		Nivel 1	MO
<i>dantrolene oral capsule 25 mg</i>	(Dantrium)	Nivel 1	MO
FEXMID ORAL TABLET 7.5 MG	(cyclobenzaprine)	Nivel 3	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	(baclofen)	Nivel 3	PA; MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG		Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>metaxalone oral tablet 400 mg, 640 mg, 800 mg</i>	Nivel 1	
<i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)	Nivel 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Nivel 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Nivel 3	QL (4 EA per 1 day)
NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-asa-caffeine)	Nivel 3	QL (8 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Nivel 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Nivel 1	QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Nivel 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Nivel 3	PA; MO
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Nivel 3	
TANLOR ORAL TABLET 1,000 MG (methocarbamol)	Nivel 1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Nivel 1	MO
<i>tizanidine oral tablet 2 mg</i>	Nivel 1	MO
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Nivel 1	MO
VANADOM ORAL TABLET 350 MG (carisoprodol)	Nivel 3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine)	Nivel 3	MO
ZANAFLEX ORAL TABLET 4 MG (tizanidine)	Nivel 3	MO
Relajantes Musculoesqueléticos.& Tópico Irritante Anti-Irritante		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Nivel 3	
Trastornos Gastrointestinal Inferior - Inflamación De Intestino		
Agentes De Colon Irritable,Agonist De Gualinata Ciclasa		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Nivel 2	MO; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Nivel 2	MO; QL (1 EA per 1 day)
Agonistas/Antagonistas De Recep De Opiodes Mezclados, Agentes lbs		
VIBERZI ORAL TABLET 100 MG, 75 MG	Nivel 2	MO
Antagonista De Receptor De Integrina, Anticuerpos Monoclonales		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Nivel 4	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inflam. Crónica Colon Dx, 5-A-Salicilato, Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Nivel 3	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	(sfRowasa)	Nivel 1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa)	Nivel 1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	(Rowasa)	Nivel 1	MO
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Nivel 3	MO
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Nivel 3	MO
Medicamentos Tx-Infla. Crónica Colon Dx, 5-Aminosalicilatos			
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	Nivel 3	MO
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	(sulfasalazine)	Nivel 3	MO
AZULFIDINE ORAL TABLET 500 MG	(sulfasalazine)	Nivel 3	MO
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	Nivel 1	
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Nivel 3	
DIPENTUM ORAL CAPSULE 250 MG		Nivel 3	MO; ST: Must meet the following requirement: Lialda in 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Nivel 3	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>		Nivel 1	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	(Pentasa)	Nivel 1	MO
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	Nivel 1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	Nivel 1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>		Nivel 1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Nivel 2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Nivel 2	MO
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	Nivel 1	MO
Prep Hemorroidal, Anti-Infam Esteroide/Anest Local		
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (hydrocortisone-pramoxine)	Nivel 3	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Nivel 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Nivel 1	
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>	Nivel 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Nivel 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Nivel 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Nivel 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Nivel 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Nivel 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Nivel 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Nivel 3	
Prep. Rectal/Intestinal Inferior, Glucocort. (No-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Nivel 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Nivel 3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Nivel 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Nivel 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Nivel 3	
Preparados De Nitrato Local Anorectal		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Nivel 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Preparados Rectales		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Nivel 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Nivel 3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Nivel 3	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Nivel 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Nivel 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	Nivel 3	
Trastornos Gastrointestinal Inferior - Otro		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Nivel 4	PA; MO
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Nivel 4	PA; MO
IBSRELA ORAL TABLET 50 MG	Nivel 3	PA; MO
IQIRVO ORAL TABLET 80 MG	Nivel 3	PA; MO
LIVDELZI ORAL CAPSULE 10 MG	Nivel 3	PA; MO
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Nivel 4	PA; MO
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Nivel 4	PA; MO
Agonistas De Receptor De Farnesoide X (Fxr), Análogo Biliar Ac		
OCALIVA ORAL TABLET 10 MG, 5 MG	Nivel 3	PA; MO
Antagonistas Narcóticos, De Actuación Periférica		
<i>alvimopan oral capsule 12 mg</i>	Nivel 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Nivel 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Nivel 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Nivel 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Nivel 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Nivel 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Antidiarreico - G.I. Inhibidores De Canal De Cloruro		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Nivel 2	ST: Must meet the following requirement: Antiretroviral therapy in 120 days; QL (2 EA per 1 day)
Antidiarreico - Inhibidor De Triptófano De Hidroxilasa		
XERMELO ORAL TABLET 250 MG	Nivel 3	PA
Antidiarreicos		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Nivel 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Nivel 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	Nivel 3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Nivel 1	MO
MOTOFEN ORAL TABLET 1-0.025 MG	Nivel 3	ST: Must meet the following requirement: Diphenoxylate/Atropine in 120 days; QL (8 EA per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Nivel 1	
Inhibidores De Amoníacos		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Nivel 4	PA; MO
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Nivel 4	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Nivel 4	PA; MO
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Nivel 3	PA; MO
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Nivel 1	MO
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Nivel 1	MO
LITHOSTAT ORAL TABLET 250 MG	Nivel 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Nivel 4	PA; MO
PHEBURANE ORAL GRANULES 483 MG/GRAM	Nivel 4	PA; MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Nivel 3	PA; MO
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Nivel 3	PA; MO
Laxantes Y Catárticos		
AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)	Nivel 3	MO; QL (2 EA per 1 day)
AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)	Nivel 3	MO; QL (4 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Nivel 1	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Nivel 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Nivel 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	Nivel 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Nivel 3	QL (4000 ML per 1 FILL)
KRISTALOSE ORAL PACKET 20 GRAM (lactulose)	Nivel 3	MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i> (Kristalose)	Nivel 1	MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral packet 20 gram</i> (Kristalose)	Nivel 1	MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Nivel 1	MO
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	Nivel 1	MO; QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	Nivel 1	MO; QL (4 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	Nivel 3	QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	Nivel 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Nivel 5	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Nivel 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Nivel 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Nivel 5	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Nivel 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	(sodium,potassium,mag sulfates)	Nivel 3	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		Nivel 5	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
Sales Biliares			
CHENODAL ORAL TABLET 250 MG		Nivel 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Nivel 4	PA; MO
CTEXLI ORAL TABLET 250 MG		Nivel 4	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	(ursodiol)	Nivel 3	PA; MO
URSO FORTE ORAL TABLET 500 MG	(ursodiol)	Nivel 3	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	(Reltone)	Nivel 1	PA; MO
<i>ursodiol oral capsule 300 mg</i>		Nivel 1	MO
<i>ursodiol oral tablet 250 mg</i>		Nivel 1	MO
<i>ursodiol oral tablet 500 mg</i>	(URSO Forte)	Nivel 1	MO
Sbs - Péptido Similar Al Glucógeno-2 (Glp-2) Análogos			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Nivel 3	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Nivel 3	PA; MO
Síndrome De Colon Irritable Agente,Antagonistas De 5Ht-3-Tipo			
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	(Lotronex)	Nivel 1	
LOTROXEN ORAL TABLET 0.5 MG, 1 MG	(alose tron)	Nivel 3	
Trastornos Gastrointestinal Superior - Digestivos			
Enzimas Gástricas			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Nivel 4	PA; MO
Enzimas Pancreáticos			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		Nivel 2	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Nivel 3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Nivel 3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Nivel 3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Nivel 2	MO
Trastornos Gastrointestinal Superior - Enfermedad Espástica		
Alcalodes De Belladonna		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML) (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037-0.0194 MG (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Nivel 1	MO
hyoscyamine sulfate oral drops 0.125 mg/ml (Hyosyne)	Nivel 1	MO
hyoscyamine sulfate oral elixir 0.125 mg/5 ml (Hyosyne)	Nivel 1	MO
hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Nivel 1	MO
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Nivel 1	MO
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Nivel 1	MO
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Nivel 1	MO
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Nivel 1	MO
LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Nivel 3	MO
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Nivel 1	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Nivel 1	MO
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Nivel 1	MO
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> (Phenohtro)	Nivel 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	Nivel 1	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)
PHENOHTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)
PHENOHTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Nivel 3	MO
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Nivel 3	MO
Anticolinérgicos/Antiespasmódicos		
<i>dicyclomine oral capsule 10 mg</i>	Nivel 1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	Nivel 1	MO
<i>dicyclomine oral tablet 20 mg</i>	Nivel 1	MO
<i>dicyclomine oral tablet 40 mg</i>	Nivel 1	MO; QL (4 EA per 1 day)
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Nivel 3	PA
Agentes Anti-Úlcera-H. Pylori		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Nivel 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Nivel 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Nivel 3	
PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)	Nivel 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Nivel 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Nivel 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Nivel 3	PA
Anticolinérgicos, Amonio Cuaternario		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Nivel 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Nivel 3	MO
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Nivel 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Nivel 1	MO
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Nivel 1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i> (Glycate)	Nivel 1	MO; ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Nivel 1	MO
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Nivel 3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide-clidinium)	Nivel 3	
ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)	Nivel 3	MO
ROBINUL ORAL TABLET 1 MG (glycopyrrolate)	Nivel 3	MO
Estimulante De Motilidad Intestinal		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Nivel 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Nivel 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Nivel 1	
MOTTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)	Nivel 3	MO; QL (1 EA per 1 day)
<i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)	Nivel 1	MO; QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	Nivel 3	
Inhibidores De La Bomba De Protones		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Nivel 3	MO; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Nivel 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG (dexlansoprazole)	Nivel 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)	Nivel 1	MO; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Nivel 1	MO; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Nivel 1	MO; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Nivel 1	MO; QL (2 EA per 1 day)
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Nivel 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 ML per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Nivel 1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	Nivel 1	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)	Nivel 3	MO; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)	Nivel 3	MO; QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	Nivel 3	MO; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Nivel 3	MO; QL (2 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Nivel 1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Nivel 1	MO; ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Nivel 1	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG (lansoprazole)	Nivel 3	MO
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Nivel 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole)	Nivel 3	MO; ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)	Nivel 3	MO
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Nivel 1	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inhibidores De Receptor De Histamina H2		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Nivel 1	MO
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Nivel 1	MO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Nivel 1	MO
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Nivel 1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	Nivel 1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Nivel 1	MO
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	Nivel 3	MO
Preparaciones Antiúlceras		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Nivel 3	MO
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Nivel 3	MO
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Nivel 3	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Nivel 1	MO
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Nivel 1	MO
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Nivel 1	MO
Trastornos Hematológicos		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Nivel 3	PA; MO
CABLIVI INJECTION KIT 11 MG	Nivel 4	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Nivel 4	PA; MO
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Nivel 3	PA; MO
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Nivel 3	PA; MO
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Nivel 4	PA; MO
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Nivel 4	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Nivel 3	PA; MO
VAFSEO ORAL TABLET 150 MG, 300 MG	Nivel 3	PA; MO
Agentes Antifibrinolíticos		
AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)	Nivel 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	Nivel 3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Nivel 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Nivel 1	
<i>tranexamic acid oral tablet 650 mg</i>	Nivel 1	MO
Agentes De Anemia Falciforme		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Nivel 3	MO
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Nivel 4	PA; MO
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Nivel 3	PA; MO
SIKLOS ORAL TABLET 1,000 MG	Nivel 3	MO; ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days
SIKLOS ORAL TABLET 100 MG	Nivel 3	MO; QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Nivel 3	PA; MO
Agentes Hemorreológicos		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Nivel 1	MO
Agentes Reductores De Plaquetas		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide)	Nivel 3	MO
<i>anagrelide oral capsule 0.5 mg</i> (Agyrin)	Nivel 1	MO
<i>anagrelide oral capsule 1 mg</i>	Nivel 1	MO
Agonistas De Receptor De Trombopoyetina		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Nivel 4	PA; MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Nivel 3	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Nivel 3	PA
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i> (Promacta)	Nivel 3	PA; MO
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i> (Promacta)	Nivel 3	PA; MO
MULPLETA ORAL TABLET 3 MG	Nivel 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Nivel 3	PA; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Nivel 4	PA; MO
Anticoagulantes, Tipo De Cumarina		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Nivel 1	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Nivel 1	MO
Citratos Como Anticoagulantes		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Nivel 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Nivel 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Nivel 1	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Nivel 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Nivel 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Nivel 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Nivel 1	
Estimulantes De Leucocito (Wbc)		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Nivel 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Nivel 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Nivel 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Nivel 3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 3	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Nivel 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Nivel 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Nivel 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 3	PA
Factores Antihemofílicos		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Nivel 3	MO
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Nivel 3	MO
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Nivel 3	MO
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Nivel 3	MO
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Nivel 3	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Nivel 3	MO
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Nivel 3	MO
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Nivel 3	MO
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Nivel 3	MO
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Nivel 3	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Nivel 3	MO
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Nivel 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Nivel 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Nivel 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Factores De Sangre, Varios		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Nivel 4	
Hematínicos, Otros		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Nivel 4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Nivel 4	PA; MO
EPOGEN 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	Nivel 4	PA; MO
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Nivel 4	PA; MO
PROCRIT 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, 40,000 UNIT/ML	Nivel 4	PA; MO
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, 40,000 UNIT/ML	Nivel 3	PA; MO
Hemostáticos Tópicos		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Nivel 3	
AVITENE FLOUR TOPICAL POWDER	Nivel 3	
AVITENE TOPICAL POWDER IN PACKET	Nivel 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Nivel 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Nivel 3	
GEL-FLOW NT TOPICAL SYRINGE	Nivel 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Nivel 3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Nivel 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Nivel 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Nivel 3	
GELFOAM MUCOUS MEMBRANE POWDER	Nivel 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Nivel 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Nivel 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Nivel 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Nivel 3	
GELFOAM TOPICAL SPONGE 4	Nivel 3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	Nivel 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Nivel 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Nivel 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Nivel 3	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Nivel 3	
SYRINGE AVITENE TOPICAL POWDER	Nivel 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Nivel 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Nivel 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Nivel 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Nivel 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Nivel 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Nivel 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Nivel 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Nivel 3	
Heparina Y Preparados Relacionados		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux)	Nivel 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux)	Nivel 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux)	Nivel 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux)	Nivel 4	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Nivel 3	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Nivel 3	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Nivel 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Nivel 3	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Nivel 3	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Nivel 3	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Nivel 3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Nivel 3	QL (8 ML per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Nivel 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Nivel 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Nivel 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Nivel 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Nivel 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Nivel 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Nivel 3	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Nivel 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Nivel 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Nivel 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Nivel 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Nivel 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Nivel 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Nivel 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Nivel 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Nivel 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Nivel 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Nivel 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOVENOX SUBCUTANEOUS (enoxaparin) SOLUTION 300 MG/3 ML	Nivel 4	QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS (enoxaparin) SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Nivel 4	
Inhibidor De Complemento Anticuerpo Humano Monoclonal (C5)		
FABHALTA ORAL CAPSULE 200 MG	Nivel 3	PA; MO
TAVNEOS ORAL CAPSULE 10 MG	Nivel 4	PA; MO
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Nivel 4	PA; MO
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Nivel 4	PA; MO
Inhibidores De Agregación Plaquetaria		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Nivel 5	MO
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Nivel 5	MO
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	Nivel 5	MO
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Nivel 5	MO
<i>aspirin oral tablet,delayered release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Nivel 5	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Nivel 1	MO
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Nivel 5	MO
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Nivel 3	MO; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	Nivel 5	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Nivel 1	MO
<i>clopidogrel oral tablet 300 mg</i>	Nivel 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Nivel 1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Nivel 1	MO
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel hcl)	Nivel 3	MO; QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG (clopidogrel)	Nivel 3	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	Nivel 1	MO; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Nivel 5	MO
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Nivel 5	MO
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	Nivel 1	MO; QL (2 EA per 1 day)
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin-omeprazole)	Nivel 3	PA; MO
ZONTIVITY ORAL TABLET 2.08 MG	Nivel 3	MO; QL (1 EA per 1 day)
Inhibidores De Factor Xa Directo		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Nivel 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Nivel 2	MO; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Nivel 2	MO; QL (74 EA per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	Nivel 1	MO; QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	Nivel 1	MO; QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Nivel 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Nivel 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Nivel 2	MO; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Nivel 2	MO; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Nivel 2	MO; QL (2 EA per 1 day)
Inhibidores De Tirosina Quinasa De Bazo		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Inhibidores De Trombina, Selectivo, Directo, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Nivel 1	MO; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)	Nivel 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Nivel 3	PA; MO
Preparaciones De Factor Ix		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Nivel 3	MO
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
Preparaciones De Factor X		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Nivel 4	
Preparaciones De Factor Xiii		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Nivel 4	MO
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Nivel 4	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Preparados De Compuesto De Factor Ix (Pcc)		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
Preparados De Vitamina K		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Nivel 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Nivel 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Nivel 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Nivel 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Nivel 1	
Proteínas De Plasma		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Nivel 4	PA; MO
Trastornos Orales/Faríngeos		
Elementos Y Preparados Para Higiene Dental		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Nivel 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Nivel 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Nivel 3	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Nivel 1	
Q-CARE RX Q2 KIT 0.12 %	Nivel 3	
Q-CARE RX Q4 KIT 0.12 %	Nivel 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Nivel 1	
Inhibidores De Colagenasa Periodontal		
<i>doxycycline hyclate oral tablet 20 mg</i>	Nivel 1	
Preparados Para La Nariz, Misceláneos (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Nivel 1	
GOPRELTO NASAL SOLUTION 4 % (cocaine)	Nivel 3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	Nivel 1	MO
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Nivel 1	
Trastornos Vaginales		
Antibióticos Vaginales		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Nivel 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Nivel 3	ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Nivel 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Nivel 3	ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Nivel 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Nivel 3	
VANAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	Nivel 3	
XACIATO VAGINAL GEL 2 %	Nivel 3	
Antifúngicos Vaginales		
GYNAZOLE-1 VAGINAL CREAM 2 %	Nivel 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Nivel 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Nivel 1	
<i>terconazole vaginal suppository 80 mg</i>	Nivel 1	
Antisépticos Vaginales		
FEM PH VAGINAL GEL 0.9-0.025 %	Nivel 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Nivel 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Nivel 3	
Preparados Vaginales De Estrógeno		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) (estradiol)	Nivel 3	MO
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Nivel 1	MO
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Nivel 3	MO; ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Nivel 3	MO; ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Nivel 2	MO
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Nivel 3	MO
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SURE-TEST EASYPLUS MINI METER	149	SYRINGE WITHOUT NEEDLE	336	TARCEVA	220
SURE-TOUCH LANCET	318	<i>syringe, enfit, non-sterile</i>	336	TARDEOXIA	49
SURGIFOAM	386	<i>syringe, enfit, sterile</i>	336	TARDIMAXIA	49
SURGUARD2 SAFETY	335	SYZYGIUM COMPOSITUM	280	TARGADOX	187
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SYMAX-SR	375	<i>tadalafil (pulm. hypertension)</i>	166	TASCENSO ODT	227
SYMBICORT	29	TADLIQ	166	TASIGNA	220
SYMBRAVO	249	TAFINLAR	215	<i>tasimelteon</i>	305
SYMDEKO	283	<i>tafluprost (pf)</i>	254	TASMAR	177
SYMFI	199	TAGITOL V	271	<i>tavaborole</i>	58
SYMFI LO	199	TAGRISO	220	TAVALISSE	390
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SYNJARDY XR	135	TANDEM MOBI AUTOSOFT XC KIT 5"	149	TEGRETOL	353
SYNOJOYNT	200	TANDEM MOBI AUTOSOFT XC KIT 23"	149	TEGRETOL XR	353
SYNTHERMA PLUS	81	TANDEM MOBI AUTOSOFT30 14PK 23	149	TEKTURNA	165
SYNTHROID	363	TANDEM MOBI AUTOSOFTXC 14PK 23	150	TELCARE LANCETS	319
SYNVISC	200	TANDEM MOBI AUTOSOFTXC 14PK 5"	150	TELCARE TEST STRIPS	131
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SYRINGE 3CC/21GX1"	335				

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<i>temozolomide</i>	212	<i>thiamine hcl (vitamin b1)</i>	38	<i>tobramycin with nebulizer</i>	189
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<i>testosterone enanthate</i>	40	<i>timolol-brimonidi-dorzolam(pf)</i>	254	TOVIAZ	343
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<i>tetracaine hcl</i>	261	<i>timolol-dorzolamide-bimatopros</i>	255	TRACLEER	164
<i>tetracaine hcl (pf)</i>	261	TIMOPTIC OCUDOSE (PF)	255	TRADJENTA	96
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ULTILET LANCETS	319	UNIFINE SAFECONTROL PEN		VAFSEO	380
ULTILET PEN NEEDLE	277	NEEDLE	278	VAGIFEM	394
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UNIT)	339	UNILET LANCET	319	<i>valganciclovir</i>	196
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SYRINGE	339	UNILET SUPER THIN LANCETS .	319	<i>valproic acid</i>	355
ULTRA FLO INSUL SYR(HALF		UNISTIK 2 DEVICE	150	<i>valproic acid (as sodium salt)</i>	355
UNIT)	339	UNISTIK 2 EXTRA LANCET	151	<i>valsartan</i>	161, 162
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<i>varenicline tartrate</i>	3	VERQUVO	151	VIZIMPRO	221
VARIBAR HONEY	271	VERSACLOZ	302	VIZZ	255
VARIBAR NECTAR	271	VERTIGOHEEL	280	VOGELXO	41
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VAROXIA	50	VEVEN	90	VOQUEZNA DUAL PAK	375
VARUBI	25	VEVYE	264	VOQUEZNA TRIPLE PAK	375
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<i>verapamil</i>	158	VITAMIN D2	38	VYVGART HYTRULO	312
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