

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 ነጻ፣ ለእርስዎ ይገኛሉ። ወደ **1-855-364-3184** ይደውሉ (TTY: 711)።

العربية (Arabic) ملحوظة: إذا لقيت صعوبة في فهم الخدمات من عدة لغات غير قوت وفلر لالبال مجان بتاصل لبوقم **1-855-364-3184** (TTY: 711).

Bàsò ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké ò Bàsò-ò-wùdù-po-nyò jũ ní, níí, à wudù kà kò dò po-poò béin ò gbo kpáa. Đá **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، خدماتتسهرالت نیل بصورت رایگان برای شما فراهم میشود. **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, dijiri gi. Kpọọ **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 nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hól'ó, koj j' hódíłnih **1-855-364-3184** (TTY: **711**).

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

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		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Nivel 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 2 mg (Quit 2)</i>	Nivel 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg (Quit 4)</i>	Nivel 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg (Quit 2)</i>	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg (Quit 4)</i>	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg (Nicorette)</i>	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr (Nicoderm CQ)</i>	Nivel 5	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Nivel 5	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL INHALATION CARTRIDGE 10 MG	Nivel 5	\$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (168 EA per 10 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Nivel 5	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	Nivel 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	Nivel 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	Nivel 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>varenicline oral tablet 0.5 mg</i>	Nivel 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	Nivel 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	Nivel 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)
Agentes Misceláneos		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Nivel 4	MO
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Nivel 3	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 3	QL (2 EA per 365 days)
<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
<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)
EVRYSOI ORAL RECON SOLN 0.75 MG/ML	Nivel 4	MO
GALAFOLD ORAL CAPSULE 123 MG	Nivel 4	PA; MO
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Nivel 3	MO
JAVYGTOR ORAL TABLET, SOLUBLE 100 MG (sapropterin)	Nivel 3	MO
JOENJA ORAL TABLET 70 MG	Nivel 4	PA; MO
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Nivel 3	MO
KUVAN ORAL TABLET, SOLUBLE 100 MG (sapropterin)	Nivel 3	MO
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Nivel 3	
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
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Nivel 1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Nivel 4	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Nivel 4	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QBREXZA TOPICAL TOWELETTE 2.4 %	Nivel 2	PA
<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
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Nivel 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Nivel 2	QL (4 EA per 1 FILL)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Nivel 4	PA; MO
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Nivel 4	PA; MO
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Nivel 4	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Nivel 4	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Nivel 4	PA; MO
Alergia		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Nivel 1	MO; QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Nivel 1	MO; QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Nivel 1	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Nivel 1	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 tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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; QL (2 EA per 1 day)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Nivel 1	
<i>clemastine oral tablet 2.68 mg</i>	Nivel 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Nivel 1	
<i>cyproheptadine oral tablet 4 mg</i>	Nivel 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Nivel 1	MO; QL (1 EA per 1 day)
<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; QL (1 EA per 1 day)
<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>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; QL (16 GM per 30 days)
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Nivel 2	PA; MO
<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, 50 mg</i>	Nivel 1	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	Nivel 1	
KARBINAL ER ORAL 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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Nivel 1	MO
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex 24hr Allergy)	Nivel 1	MO; QL (17 GM per 30 days)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Nivel 2	PA; MO
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Nivel 1	QL (30.5 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Nivel 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY	Nivel 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Nivel 3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Nivel 2	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
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 X 1)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 DOSE 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
<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	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Nivel 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl 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: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Nivel 2	PA; MO
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Nivel 3	QL (29 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 any of the following requirements: Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy in 120 days; QL (32 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
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 IN APPLICATOR 2 % (lidocaine hcl)	Nivel 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Nivel 3	
<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	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	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 0.15 %, 0.2 %</i>	Nivel 1	
Anticonceptivo/Ocitóxicos		
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad) Nivel 5	MO
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Nivel 5	MO; QL (1 EA per 365 days)
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; QL (91 EA per 84 days)
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
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Nivel 5	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad) Nivel 5	MO
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad) Nivel 5	MO
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol) Nivel 5	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron) Nivel 5	MO
BLISOVI 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
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Nivel 5	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Nivel 5	MO
CAMILA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO; QL (91 EA per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Nivel 5	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Nivel 5	MO
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Nivel 3	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
CHATEAL (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Nivel 5	MO
CYRED EQ ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Nivel 5	MO
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; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Nivel 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>desog-e.estradiol/e.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5	Nivel 5	MO
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Nivel 5	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	Nivel 5	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	Nivel 5	MO
<i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28)) 3-0.02 mg	Nivel 5	MO
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	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	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO; QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Nivel 5	MO; QL (4 EA per 1 FILL)
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 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	Nivel 5	MO
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28)) 1-50 mg-mcg	Nivel 5	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i> (EluRyng) 0.12-0.015 mg/24 hr	Nivel 5	MO; QL (1 EA per 28 days)
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Nivel 5	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
GEMMILY ORAL CAPSULE 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
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
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Nivel 5	MO; QL (1 EA per 28 days)
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; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	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; QL (91 EA per 84 days)
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; QL (91 EA per 84 days)
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Nivel 5	MO; QL (28 EA per 28 days)
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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; QL (91 EA per 84 days)
<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; QL (91 EA per 84 days)
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
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Nivel 5	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron) 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	(levonorgestrel-ethinyl estrad) Nivel 5	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic) Nivel 5	MO
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux) Nivel 5	MO; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill) Nivel 5	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	Nivel 5	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	Nivel 5	MO; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	Nivel 5	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Nivel 5	MO
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Nivel 5	MO
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Nivel 5	MO; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
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
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Nivel 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	Nivel 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Nivel 5	MO
<i>methylegonovine oral tablet 0.2 mg</i>	Nivel 1	QL (28 EA per 30 days)
MIBELAS 24 FE ORAL TABLET,CHEWABLE 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
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 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	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 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (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	
NEXPLANON SUBDERMAL IMPLANT 68 MG	Nivel 3	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
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>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	Nivel 5	MO; QL (3 EA per 28 days)
<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> (Kaitlib Fe)	Nivel 5	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>norethindrone ac-eth estradiol oral tablet</i> (Aurovela 1.5/30 (21)) 1.5-30 mg-mcg	Nivel 5	MO
<i>norethindrone ac-eth estradiol oral tablet</i> (Aurovela 1/20 (21)) 1-20 mg-mcg	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral capsule</i> 1 mg-20 mcg (24)/75 mg (4) (Gemmyly)	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet</i> (Aurovela Fe 1-20 (28)) 1 mg-20 mcg (21)/75 mg (7)	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet</i> (Aurovela Fe 1.5/30 (28)) 1.5 mg-30 mcg (21)/75 mg (7)	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet</i> (Tilia Fe) 1-20(5)/1-30(7) /1mg-35mcg (9)	Nivel 5	MO
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i> 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Estarylla) 0.18/0.215/0.25 mg-35 mcg (28)	Nivel 5	MO
<i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla) 0.25-35 mg-mcg	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
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Nivel 5	MO
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Nivel 5	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Nivel 5	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso	
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
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Nivel 5	MO
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Nivel 3	
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
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Nivel 5	MO; QL (91 EA per 84 days)
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; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Nivel 5	MO; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(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
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Nivel 5	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Nivel 5	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Nivel 5	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Nivel 5	MO
TULANA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Nivel 5	MO
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	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) (drospirenone-e.estradiol-lm.fa)	Nivel 5	MO
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Nivel 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Nivel 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Nivel 5	
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Nivel 5	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Nivel 5	MO
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	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol-iron)	Nivel 5	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Nivel 5	MO; QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Nivel 5	MO; QL (3 EA per 28 days)
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
Antiemesis/Antivertigo		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Nivel 2	QL (1 EA per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ANZEMET ORAL TABLET 50 MG	Nivel 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 1 FILL)
<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)
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	Nivel 3	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Nivel 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Nivel 1	QL (120 EA per 30 days)
<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)
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 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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
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	
SYNDROS ORAL SOLUTION 5 MG/ML	Nivel 3	ST: Must meet any of the following requirements: Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
<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		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	Nivel 2	MO; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	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)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil 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>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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Nivel 2	MO; QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Nivel 1	MO; ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Nivel 2	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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Nivel 2	MO; QL (25.8 GM 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)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Nivel 2	MO; QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Nivel 1	MO; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Nivel 1	MO; QL (60 ML 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)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Nivel 1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Nivel 2	MO
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Nivel 1	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Nivel 1	
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)
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)
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
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Nivel 3	PA; MO
<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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	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)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Nivel 1	MO; QL (120 ML per 30 days)
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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Nivel 1	MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 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
<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
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Nivel 3	PA; MO
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Nivel 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
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)
QVAR REDIHALER 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)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Nivel 1	MO; QL (1 EA per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Nivel 2	MO; QL (60 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 (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Nivel 1	MO; QL (30 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Nivel 2	MO; QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Nivel 2	MO; QL (4 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Nivel 1	MO
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Nivel 3	PA; 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> (Elixophyllin)	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Nivel 1	MO
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)
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)
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)
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
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Nivel 3	MO; ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Nivel 1	MO
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Nivel 1	MO; ST: Must meet the following requirements: Montelukast Sodium 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 Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
Deficiencia Vitamínica Y/O Mineral		
ACCRUFER ORAL CAPSULE 30 MG	Nivel 3	PA
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Nivel 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Nivel 1	MO
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Nivel 1	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
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Nivel 3	MO
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
<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
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Nivel 1	MO
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Nivel 1	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Nivel 1	MO
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	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>	Nivel 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS
<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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Nivel 3	MO
<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, 800 mcg</i>	Nivel 5	MO
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Nivel 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Nivel 3	MO
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Nivel 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Nivel 1	MO
MYNATAL ORAL TABLET 90-1-50 MG	Nivel 1	MO
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Nivel 1	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 1	MO
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Nivel 3	MO
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Nivel 3	MO
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Nivel 1	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
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Nivel 1	
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> (Fluoridex Sensitivity Relief)	Nivel 1	MO
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Nivel 1	MO
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Nivel 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Nivel 3	MO
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Nivel 3	MO
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Nivel 3	MO
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Nivel 1	MO
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Nivel 1	MO
Deficiencia Hormonal		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Nivel 1	MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Nivel 3	PA; MO
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Nivel 3	MO
BIJUVA ORAL CAPSULE 0.5-100 MG	Nivel 3	MO; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Nivel 3	MO; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	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)
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
CRINONE VAGINAL GEL 4 %	Nivel 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Nivel 3
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)
DUAVEE ORAL TABLET 0.45-20 MG	Nivel 2	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
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Nivel 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	Nivel 1 MO
<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; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	(Divigel)	Nivel 1 MO; 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; 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)
<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, 40 mg/ml</i>	(Delestrogen)	Nivel 1

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>estradiol-norethindrone acet oral tablet</i> (Amabelz) 0.5-0.1 mg, 1-0.5 mg	Nivel 1	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Nivel 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol in 120 days
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Nivel 1	MO
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Nivel 1	MO
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Nivel 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol 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 1	MO
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Nivel 3	PA; MO
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol) Nivel 1	MO
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Nivel 3	PA; MO
LYLLANA 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 1	MO; QL (2 EA per 7 days)
<i>medroxyprogesterone oral tablet</i> 10 mg, 2.5 mg, 5 mg	(Provera) Nivel 1	MO
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)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Nivel 3	PA; MO
<i>methyltestosterone oral capsule</i> 10 mg	Nivel 1	PA; MO
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Nivel 1	MO
NATESTO NASAL GEL IN METERED- DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Nivel 3	PA; MO
<i>norethindrone acetate oral tablet</i> 5 mg	Nivel 1	MO
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Nivel 1	MO

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 HCL in 120 days; QL (1 EA per 1 day)
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
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
<i>progesterone intramuscular oil 50 mg/ml</i>	Nivel 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Nivel 1	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 %)</i> (Testim)	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Nivel 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Nivel 1	PA; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Nivel 1	PA; MO
<i>testosterone transdermal solution in metered pump w/app 30 mg/lactuation (1.5 ml)</i>	Nivel 1	PA; MO
TLANDO ORAL CAPSULE 112.5 MG	Nivel 3	PA; MO
VEOZAH ORAL TABLET 45 MG	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Dermatología - Acné		
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	
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Nivel 3	
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)	Nivel 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Nivel 3	
<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)
<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	
AKLIEF TOPICAL CREAM 0.005 %	Nivel 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Nivel 3	
ALTRENO TOPICAL LOTION 0.05 %	Nivel 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Nivel 1	

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: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
AVEIDA TOPICAL GEL 1-1 %	Nivel 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Nivel 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Nivel 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Nivel 1	
AZADROX TOPICAL GEL IN PACKET	Nivel 3	
<i>azelaic acid topical gel 15 %</i>	Nivel 1	
AZELEX TOPICAL CREAM 20 %	Nivel 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
BASADROX TOPICAL GEL IN PACKET	Nivel 3	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Nivel 1	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Nivel 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	Nivel 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Nivel 1	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Nivel 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Nivel 1	ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
<i>dapsone topical gel 5 %</i> (Aczone)	Nivel 1	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Nivel 1	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Nivel 3	
DAZOMON TOPICAL GEL 0.25 %	Nivel 3	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Nivel 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Nivel 3	
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	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Nivel 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Nivel 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)	Nivel 3	
DIAOXIA TOPICAL CREAM 6-4 %	Nivel 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Nivel 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 % (dapsonespiro-nolactone-niacin)	Nivel 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Nivel 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsoneniacinamide)	Nivel 3	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Nivel 3	Age (Max 39 Years)
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Nivel 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Nivel 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Nivel 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	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)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Nivel 3	
FINACEA TOPICAL FOAM 15 %	Nivel 2	
<i>hydrocortisone-iodoquinl-aloel 2-1-1 % topical gel</i> (Alcortin A)	Nivel 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Nivel 1	
<i>hydrocortisone-iodoquinol-aloel topical cream in packet 1.9-1 %</i> (Vytone)	Nivel 1	
IDARAN TOPICAL OINTMENT 1-2 %	Nivel 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Nivel 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clindamycin)	Nivel 3	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %	Nivel 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Nivel 3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Nivel 3	
IODOSORB TOPICAL GEL 0.9 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Nivel 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Nivel 1	
<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	
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	
NORITATE TOPICAL CREAM 1 %	Nivel 3	ST: Must meet the following requirement: Generic Metronidazole 0.75% gel, lotion or cream in 120 days
NORMLGEL AG TOPICAL GEL 0.11 %	Nivel 3	
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50	Nivel 3	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50	Nivel 3	
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	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	
QUINJA TOPICAL GEL 1.25-1 %	Nivel 3	
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)
RHOFADÉ TOPICAL CREAM 1 %	Nivel 3	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Nivel 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Nivel 3	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Nivel 3	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Nivel 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Nivel 1	
<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	Nivel 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Nivel 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Nivel 1	
<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-spironolact-niacin)	Nivel 3	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)	Nivel 3	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Nivel 1	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
<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	
TWYNEO TOPICAL CREAM 0.1-3 %	Nivel 3	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Nivel 2	
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	
WINLEVI TOPICAL CREAM 1 %	Nivel 3	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Nivel 1	
Dermatología - Antiinfecciosos		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Nivel 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Nivel 1	
ALTABAX TOPICAL OINTMENT 1 %	Nivel 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AMZEEQ TOPICAL FOAM 4 %	Nivel 3	ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Nivel 1	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Nivel 3	
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Nivel 3	
<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)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Nivel 1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (sulfacetamide sodium-sulfur)	Nivel 3	
CLINDACIN ETZ TOPICAL KIT 1 %	Nivel 3	
CLINDACIN PAC TOPICAL KIT 1 %	Nivel 3	
<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> (Cleocin T)	Nivel 1	QL (180 ML per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Nivel 1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Nivel 1	
<i>clotrimazole topical solution 1 %</i>	Nivel 1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Nivel 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Nivel 1	
CROTAN TOPICAL LOTION 10 %	Nivel 3	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Nivel 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Nivel 3	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Nivel 3	
<i>econazole topical cream 1 %</i>	Nivel 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Nivel 3	
ERTACZO TOPICAL CREAM 2 %	Nivel 3	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Nivel 1	
<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)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Nivel 1	
EURAX TOPICAL CREAM 10 %	Nivel 3	
EURAX TOPICAL LOTION 10 %	Nivel 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Nivel 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Nivel 2	
EXODERM TOPICAL LOTION 25-1 %	Nivel 1	
<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)
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Nivel 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	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	
MIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 KIT TOPICAL COMBO PACK 0.77 %	Nivel 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Nivel 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Nivel 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Nivel 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Nivel 1	
MENTAX TOPICAL CREAM 1 % (butenafine)	Nivel 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Nivel 1	
<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)
<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	
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
OXIAICE TOPICAL LOTION 15-4 %	Nivel 3	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Nivel 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Nivel 3	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %	Nivel 3	
<i>penciclovir topical cream 1 %</i> (Denavir)	Nivel 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Nivel 1	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Nivel 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Nivel 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Nivel 3	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Nivel 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Nivel 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Nivel 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Nivel 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	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>sulconazole topical cream 1 %</i> (Exelderm)	Nivel 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	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	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Nivel 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	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 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	
<i>tavorole topical solution with applicator 5 %</i> (Kerydin)	Nivel 1	PA
ULESFIA TOPICAL LOTION 5 %	Nivel 3	
VEREGEN TOPICAL OINTMENT 15 %	Nivel 3	ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XEPI TOPICAL CREAM 1 %	Nivel 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
XERESE TOPICAL CREAM 5-1 %	Nivel 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)
XOLEGEL TOPICAL GEL 2 %	Nivel 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo 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)
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Nivel 1	
Dermatología - Antiinflamatorio		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Nivel 3	
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Nivel 4	PA; MO
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Nivel 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Nivel 1	
ALA-SCALP TOPICAL LOTION 2 %	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 ointment 0.1 %</i>	Nivel 1	
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	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	
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	
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	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Nivel 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 0.05 %</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> (Temovate)	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	
<i>clocortolone pivalate topical cream 0.1 %</i>	Nivel 1	ST: Must meet the following requirement: 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	
CLOFENAX TOPICAL KIT 1.5 %	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 Anti-inflammatory Steroidal in 120 days
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>desonide topical gel 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>desonide topical lotion 0.05 %</i>	Nivel 1	
<i>desonide topical ointment 0.05 %</i>	Nivel 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Nivel 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Nivel 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Nivel 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (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
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Nivel 3	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Nivel 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Nivel 1	MO
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Nivel 1	MO
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	Nivel 1	PA
DICLOFEX DC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Nivel 3	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	Nivel 3	
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 II TOPICAL KIT 1.5-10-4 %	Nivel 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Nivel 3	
<i>diflorasone topical cream 0.05 %</i>	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)
<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)
DIMENTHO TOPICAL KIT 1.5-10 %	Nivel 3	
DITHOL TOPICAL COMBO PACK 1.5- 10 %	Nivel 3	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	Nivel 1	
EUCRISA TOPICAL OINTMENT 2 %	Nivel 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Nivel 3	
<i>fluocinolone and shower cap scalp oil</i> (Derma-Smoothe/FS Scalp 0.01 % Oil)	Nivel 1	
<i>fluocinolone topical cream 0.01 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	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> (Cordran)	Nivel 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Nivel 1	ST: Must meet the following requirement: 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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FROTEK TOPICAL CREAM IN PACKET 10 %	Nivel 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	
<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>halobetasol propionate topical cream 0.05 %</i>	Nivel 1	
<i>halobetasol propionate topical foam 0.05 %</i>	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 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 %	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 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> (Locoid)	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	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	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 2.5 %</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 valerate topical cream 0.2 %</i>	Nivel 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Nivel 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
IMPOYZ TOPICAL CREAM 0.025 %	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)
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Nivel 3	
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Nivel 3	ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; QL (1 EA per 1 day)
MOMETACURE TOPICAL KIT 0.1-5 %	Nivel 3	
<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	
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
NOXIPAK TOPICAL KIT 0.01-20 %	Nivel 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Nivel 3	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Nivel 3	
OPZELURA TOPICAL CREAM 1.5 %	Nivel 2	PA

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)
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Nivel 3	PA
<i>prednicarbate topical cream 0.1 %</i>	Nivel 1	
<i>prednicarbate topical ointment 0.1 %</i>	Nivel 1	
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	
PROFINAC TOPICAL KIT 1.5 %	Nivel 3	
QUINIXIL TOPICAL CREAM 0.1-5 %	Nivel 3	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	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	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Nivel 3	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Nivel 3	
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 TS TOPICAL KIT 0.01 %	Nivel 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TEXACORT TOPICAL SOLUTION 2.5 %	Nivel 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOVET KIT TOPICAL COMBO PACK 0.05 %	Nivel 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Nivel 1	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Nivel 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %	Nivel 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Nivel 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Nivel 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Nivel 1	
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	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 0.1 % (triamcinolone acetonide)	Nivel 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Nivel 1	QL (454 GM per 30 days)
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)
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Nivel 3	
VENNGEL ONE TOPICAL KIT 1 %	Nivel 1	
VERDESO TOPICAL FOAM 0.05 %	Nivel 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDESK TDKAK TOPICAL KIT 0.1-2 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	Nivel 3	
XILAPAK TOPICAL KIT 0.01 %	Nivel 3	
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	
ZORYVE TOPICAL FOAM 0.3 %	Nivel 3	PA
Dermatología - Medicamentos		
Antipruriginosos		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Nivel 3	
Dermatología - Misceláneo		
<i>acetic acid irrigation solution 0.25 %</i>	Nivel 1	
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL	Nivel 1	
<i>ammonium lactate topical cream 12 %</i>	Nivel 1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Nivel 1	
ANACAINE TOPICAL OINTMENT 10 %	Nivel 3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Nivel 2	
ANASTIA TOPICAL LOTION 2.75 %	Nivel 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Nivel 1	
ASTERO TOPICAL GEL WITH PUMP 4 %	Nivel 3	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Nivel 3	
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Nivel 3	
ATRAPRO HYDROGEL TOPICAL GEL	Nivel 3	
AVO CREAM TOPICAL EMULSION	Nivel 1	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Nivel 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Nivel 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Nivel 1	
<i>bexarotene topical gel 1 %</i> (Targretin)	Nivel 3	PA
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Nivel 1	
<i>cantharidin in acetone topical solution 0.7 %</i>	Nivel 1	
CELACYN TOPICAL GEL WITH PUMP	Nivel 3	
CEM-UREA TOPICAL GEL 45 % (urea)	Nivel 1	
CERACADE TOPICAL EMULSION	Nivel 3	
CERAMAX TOPICAL CREAM	Nivel 3	
CERAMAX TOPICAL LOTION	Nivel 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	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	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %	Nivel 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	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	
DERMELLE TOPICAL GEL	Nivel 3	
DERPIXA TOPICAL GEL	Nivel 3	
DEXERYL TOPICAL CREAM	Nivel 3	
<i>diclofenac sodium topical gel 3 %</i>	Nivel 1	QL (100 GM per 1 FILL)
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Nivel 3	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 %	Nivel 3	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Nivel 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Nivel 2	
ELEMAR TOPICAL KIT 5-6 %	Nivel 3	
EMULSION SB TOPICAL EMULSION	Nivel 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL	Nivel 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Nivel 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Nivel 3	
EPICYN TOPICAL SPRAY, NON-AEROSOL	Nivel 3	
EPIFOAM TOPICAL FOAM 1-1 %	Nivel 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>ethyl chloride topical aerosol, spray 100 %</i>	Nivel 1	
FLUOROPLEX TOPICAL CREAM 1 %	Nivel 3	PA
<i>fluorouracil topical cream 0.5 % (Carac)</i>	Nivel 1	PA
<i>fluorouracil topical cream 5 % (Efudex)</i>	Nivel 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Nivel 1	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Nivel 3	
GENADUR TOPICAL LIQUID	Nivel 3	
<i>guaiacol liquid</i>	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	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %	Nivel 3	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Nivel 3	
<i>hydrocortisone-pramoxine topical cream 2.35-1 %</i>	Nivel 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 % (Pramosone)</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso	
<i>hydrogen peroxide solution 3 %</i>	Nivel 1		
HYLATOPICPLUS TOPICAL CREAM	Nivel 3		
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Nivel 3		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Nivel 3	MO	
ILIDERM TOPICAL SPRAY, NON-AEROSOL	Nivel 3		
JUVAZIN TOPICAL GEL	Nivel 3		
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Nivel 3		
KERASTAT TOPICAL CREAM	Nivel 3		
KERASTAT TOPICAL GEL 5 %	Nivel 3		
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Nivel 2	QL (5 EA per 1 FILL)	
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 %	(lidocaine-racepinep-tetracaine)	Nivel 1	
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		
<i>lactated ringers irrigation solution</i>	Nivel 3		
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Nivel 3		
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Nivel 3		
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Nivel 3		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Nivel 1		
<i>lidocaine hcl topical cream 3 %</i>	(Lidopin)	Nivel 1	
<i>lidocaine hcl topical lotion 3 %</i>	(Lido-K)	Nivel 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	(Lidocort)	Nivel 1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	(DermacinRx Lidocan)	Nivel 1	QL (90 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
LIDOPIN TOPICAL CREAM 3.25 %	Nivel 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Nivel 1	
LIDORX TOPICAL GEL WITH PUMP 3 %	Nivel 3	
LIDORXKIT TOPICAL COMBO PACK, OINTMENT AND CREAM 5 %	Nivel 3	
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM	Nivel 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	
LITFULO ORAL CAPSULE 50 MG	Nivel 4	PA; MO
LMR PLUS TOPICAL KIT 5-6 %	Nivel 3	
LOUTREX TOPICAL CREAM	Nivel 1	
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	
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Nivel 3	
MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 %	Nivel 3	
METDRAY TOPICAL GEL 17-2 %	Nivel 3	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Nivel 1	
<i>methyl salicylate topical liquid</i>	Nivel 1	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 %	Nivel 3	
MOXICAINE TOPICAL KIT 5 %	Nivel 1	
NENDRUX TOPICAL GEL 40-5 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Nivel 1	
NEOSALUS TOPICAL CREAM	Nivel 3	
NEOSALUS TOPICAL FOAM	Nivel 3	
NEOSALUS TOPICAL LOTION	Nivel 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Nivel 3	
NEXOBRID TOPICAL GEL 8.8 %	Nivel 3	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Nivel 3	
NUMBONEX TOPICAL LOTION 2.75 %	Nivel 3	
NUTRASEB TOPICAL CREAM	Nivel 3	
NYNUTEY TOPICAL CREAM 23-7 %	Nivel 3	
OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %	Nivel 2	
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
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Nivel 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Nivel 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY	Nivel 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY	Nivel 3	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %	Nivel 3	
PANRETIN TOPICAL GEL 0.1 %	Nivel 4	QL (60 GM per 28 days)
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	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	
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Nivel 3	
PODOCON TOPICAL LIQUID 25 %	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Nivel 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Nivel 1	
PR CREAM TOPICAL CREAM	Nivel 1	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	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	
PRESERA TOPICAL FOAM	Nivel 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Nivel 3	
PROMISEB TOPICAL CREAM	Nivel 3	
PRONAL TOPICAL GEL 10-40 %	Nivel 3	
PROSILK GEL TOPICAL GEL	Nivel 3	
PROXIVOL TOPICAL GEL 2 %	Nivel 3	
PRUCLAIR TOPICAL CREAM	Nivel 1	
PRUMYX TOPICAL CREAM	Nivel 1	
QUTENZA TOPICAL KIT 8 %	Nivel 3	PA
RADIAPLEXRX TOPICAL GEL	Nivel 3	
RAYASAL TOPICAL CREAM 5.9 %	Nivel 3	
RECEDO TOPICAL GEL	Nivel 3	
REGENECARE TOPICAL GEL 2 %	Nivel 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ringer's irrigation solution</i>	Nivel 1	
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> (Salynta)	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	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Nivel 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Nivel 1	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Nivel 1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Nivel 3	PA
SCARCARE TOPICAL KIT 2 X 5.5 "	Nivel 3	
SCARSILK GEL TOPICAL GEL	Nivel 3	
SEBUDERM TOPICAL GEL	Nivel 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Nivel 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Nivel 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Nivel 1	
<i>silver nitrate topical solution 10 %</i>	Nivel 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Nivel 1	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Nivel 1	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Nivel 3	
SONAFINE TOPICAL EMULSION	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
sorbitol irrigation solution 3 %	Nivel 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Nivel 1	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Nivel 3	
STRATAMARK TOPICAL GEL	Nivel 3	
STRATATRIZ TOPICAL GEL	Nivel 3	
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	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Nivel 3	
TOLAK TOPICAL CREAM 4 %	Nivel 2	
TRANZAREL TOPICAL GEL 4 %	Nivel 3	
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Nivel 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Nivel 3	
URAMAXIN TOPICAL FOAM 20 %	Nivel 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Nivel 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Nivel 1	
urea topical cream 39 % (Uredeb)	Nivel 1	
urea topical cream 39.5 %, 40 %, 41 %, 47 %	Nivel 1	
urea topical cream 45 % (Uramaxin)	Nivel 1	
urea topical cream 50 % (Ure-K)	Nivel 1	
urea topical foam 35 % (Hydro 35)	Nivel 1	
urea topical gel 45 % (CEM-Urea)	Nivel 1	
urea topical lotion 40 %	Nivel 1	
VALCHLOR TOPICAL GEL 0.016 %	Nivel 3	PA; MO
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Nivel 1	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Nivel 3	MO
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Nivel 1	
WINTERGREEN OIL OIL (methyl salicylate)	Nivel 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Nivel 3	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %	Nivel 3	
XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %	Nivel 3	
XCLAIR TOPICAL CREAM	Nivel 3	
XYLIDERM TOPICAL KIT 5 %	Nivel 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Nivel 3	PA
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Nivel 3	
ZILOVAL TOPICAL KIT 5 %	Nivel 1	
<i>zinc oxide topical ointment 20 %</i>	Nivel 1	
<i>zinc oxide topical paste 25 %</i>	Nivel 1	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	Nivel 3	ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Dermatología - Soriasis/Eccema		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Nivel 3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Nivel 4	PA; MO
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Nivel 4	PA; MO
<i>calcipotriene scalp solution 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Nivel 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
COLLATYL TOPICAL GEL 1 %	Nivel 3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Nivel 4	PA; MO
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Nivel 4	PA; MO
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Nivel 4	PA; MO
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Nivel 4	PA; MO
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Nivel 4	PA; MO
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Nivel 3	
DIOOXIA TOPICAL CREAM 0.005-4 %	Nivel 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Nivel 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal 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)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Nivel 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days
HYFTOR TOPICAL GEL 0.2 %	Nivel 4	PA; MO
L-MESITRAN SOFT TOPICAL GEL 40 %	Nivel 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Nivel 3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Nivel 1	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Nivel 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Nivel 3	
NUDERMRXPAK TOPICAL KIT 0.005-5 %	Nivel 3	
NUJU TOPICAL SOLUTION 0.1 %	Nivel 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Nivel 3	
OMEZA TOPICAL OINTMENT IN PACKET	Nivel 3	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Nivel 4	PA; MO
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Nivel 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Nivel 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
PROTYL AG TOPICAL GEL 1 %	Nivel 3	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Nivel 4	PA; MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Nivel 3	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Nivel 3	PA; MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Nivel 3	PA; MO
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Nivel 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
SOTYKTU ORAL TABLET 6 MG	Nivel 4	PA; MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Nivel 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Nivel 3	PA; MO
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Nivel 3	PA; MO
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Nivel 3	PA; MO
<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 %	Nivel 3	Age (Max 39 Years)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Nivel 3	PA; MO
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Nivel 3	PA; MO
TRIONEX TOPICAL KIT 0.005 %	Nivel 3	
VTAMA TOPICAL CREAM 1 %	Nivel 3	PA
WYNZORA TOPICAL CREAM 0.005-0.064 %	Nivel 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Nivel 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Nivel 3	PA
Dermatología - Trastornos De Pigmentación		
<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	
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	

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	
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	
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			
2TEK GLUCOSE/BLOOD PRESSURE KIT		Nivel 6	MO
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ADVANCED GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Nivel 6	MO
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 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
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Nivel 6	MO
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ALKALINE BATTERIES	Nivel 6	
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg (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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 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)
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)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ASSURE PRISM MULTI METER (blood-glucose meter)	Nivel 6	MO
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Nivel 3	ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days; QL (4 EA per 1 FILL)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	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)
BIGFOOT UNITY KIT	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Nivel 6	MO
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Nivel 6	MO
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>blood-glucose meter</i> (Accu-Chek Guide Glucose Meter)	Nivel 6	MO
<i>blood-glucose meter kit</i> (Bionime Rightest Gm300 System)	Nivel 6	MO
BLU LINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Nivel 6	MO
BLU LINK GLUCOSE MONITOR SYST (blood-glucose meter)	Nivel 6	MO
BLU LINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BREEZE 2 TEST STRIPS STRIP	Nivel 6	MO; QL (200 EA per 30 days)
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)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Nivel 2	PA; MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Nivel 2	PA; MO
CARESENS N (blood-glucose meter)	Nivel 6	MO
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Nivel 6	MO
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CARESENS N VOICE (blood-glucose meter)	Nivel 6	MO
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Nivel 6	MO
CARETOUCH KETONE-GLUCOSE MONIT DEVICE	Nivel 6	MO
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CEQR SIMPLICITY INSERTER	Nivel 6	PA
CHEMSTRIP BG LOG BOOK	Nivel 6	
CHOICEDM CLARUS (blood-glucose meter)	Nivel 6	MO
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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 MICRO TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE PRO (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Nivel 6	MO
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
CONTOUR METER (blood-glucose meter)	Nivel 6	MO
CONTOUR METER KIT (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT EZ METER (blood-glucose meter)	Nivel 6	MO
CONTOUR NEXT EZ METER KIT (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 NEXT TEST STRIPS 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)
CYCLOSET ORAL TABLET 0.8 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER in 180 days
DARIO BLOOD GLUCOSE MONITOR DEVICE	Nivel 6	MO
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
DEXCOM G6 RECEIVER	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Nivel 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Nivel 1	MO
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Nivel 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Nivel 6	MO
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY STEP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY TOUCH BLU LINK GLUC SYST (blood-glucose meter)	Nivel 6	MO
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TRAK II BLOOD GLUCOSE MTR	(blood-glucose meter)	Nivel 6	MO
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASYGLUCO METER KIT	(blood-glucose meter)	Nivel 6	MO
EASYGLUCO MONITORING SYSTEM KIT	(blood-glucose meter)	Nivel 6	MO
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EASYMAX NG	(blood-glucose meter)	Nivel 6	MO
EASYMAX NG KIT	(blood-glucose meter)	Nivel 6	MO
EASYMAX STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Nivel 6	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Nivel 6	MO
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Nivel 6	MO
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Nivel 6	MO
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Nivel 6	MO
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Nivel 6	MO
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Nivel 6	MO
EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
EVENCARE G2 (blood-glucose meter)	Nivel 6	MO
EVENCARE G2 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EVENCARE KIT (blood-glucose meter)	Nivel 6	MO
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Nivel 6	MO
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EVENCARE SOLUTION	Nivel 6	MO
EVENCARE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EVERSENSE E3 SMART TRANSMITTER DEVICE	Nivel 6	PA; MO
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
EZ SMART SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
EZ SMART TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Nivel 2	MO; QL (1 EA per 1 day)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE	Nivel 6	MO
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA D10 KIT	Nivel 6	MO
FORA D15 GLUCOSE-BP MONITOR DEVICE	Nivel 6	MO
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA D20 KIT (blood-glucose meter)	Nivel 6	MO
FORA D20 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA D40D GLUCOSE-BP MONITOR DEVICE	Nivel 6	MO
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA G20 KIT (blood-glucose meter)	Nivel 6	MO
FORA G20 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA G30A (blood-glucose meter)	Nivel 6	MO
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Nivel 6	MO
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORA TEST N'GO VOICE METER (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORA TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO MONITOR DEVICE	Nivel 6	MO
FORA TN'G VOICE METER (blood-glucose meter)	Nivel 6	MO
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA V10 KIT (blood-glucose meter)	Nivel 6	MO
FORA V10 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA V20 KIT (blood-glucose meter)	Nivel 6	MO
FORA V20 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORA V30A (blood-glucose meter)	Nivel 6	MO
FORA V30A KIT (blood-glucose meter)	Nivel 6	MO
FORA V30A STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORACARE GD20 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FORTISCARE T1 BLOOD GLUC SYS (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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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 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 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 LITE STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Nivel 6	MO
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Nivel 6	MO
FREESTYLE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GDRIVE KIT (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GE100 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Nivel 6	MO
GE100 BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Nivel 6	MO
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Nivel 6	MO
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 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>	(Glucotrol XL)	Nivel 1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		Nivel 1	MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Nivel 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Nivel 2	QL (4 EA per 1 FILL)
GLUCO NAVII GLUCOSE MONITOR KIT	(blood-glucose meter)	Nivel 6	MO
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GLUCOCARD 01 METER KIT	(blood-glucose meter)	Nivel 6	MO
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION	(blood-glucose meter)	Nivel 6	MO
GLUCOCARD EXPRESSION KIT	(blood-glucose meter)	Nivel 6	MO
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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 TEST STRIPS STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GLUCOCARD SHINE XL METER	(blood-glucose meter)	Nivel 6	MO
GLUCOCARD VITAL KIT	(blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GLUCOCOM AUTOLINK	Nivel 6	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Nivel 6	MO
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Nivel 1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 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
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Nivel 2	MO; QL (1 EA per 1 day)
GM100 KIT (blood-glucose meter)	Nivel 6	MO
GM100 STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GOJJI MULTI-FUNCTIONAL METER DEVICE	Nivel 6	MO
GOJJI MULTI-FUNCTIONAL METER KIT	Nivel 6	MO
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Nivel 6	PA; MO
GUARDIAN 4 TRANSMITTER DEVICE	Nivel 6	PA; MO
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
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
HARMONY GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; QL (200 EA per 30 days)
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 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 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Nivel 2	MO; QL (40 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(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)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 INSULIN 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)
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	Nivel 6	MO
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ILET INFUSION KIT-INSET 23" COMBO PACK	Nivel 3	MO
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Nivel 3	MO
INFINITY METER KIT KIT (blood-glucose meter)	Nivel 6	MO
INFINITY STARTER KIT KIT (blood-glucose meter)	Nivel 6	MO
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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)
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
INSUL-CAP	Nivel 6	
INSUL-EZE	Nivel 6	
<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 the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro 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 the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro 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)
<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)
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)
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)
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)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Nivel 2	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Nivel 2	MO; QL (1 EA per 1 day)
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Nivel 6	MO
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)
KORLYM ORAL TABLET 300 MG (mifepristone)	Nivel 3	PA; MO
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Nivel 3	MO; ST: Must meet any of the following requirements: Semglee (yfng), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Nivel 3	MO; ST: Must meet any of the following requirements: Semglee (yfng), Toujeo, or Tresiba 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)INSULIN 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)
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Nivel 6	MO
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Nivel 1	MO
<i>metformin oral tablet 1,000 mg, 500 mg, 625 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
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Nivel 1	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Nivel 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Nivel 3	PA; MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
MINIMED QUICK-SERTER (MMT-395)	Nivel 6	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Nivel 2	PA
MYGLUCOHEALTH KIT (blood-glucose meter)	Nivel 6	MO
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Nivel 1	MO
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
NOVA MAX PLUS GLUC-KETON METER DEVICE	Nivel 6	MO
NOVA MAX PLUS GLUC-KETON METER KIT	Nivel 6	MO
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 or Humulin 70/30 Kwikpen 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 or Humulin 70/30 Kwikpen 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 or Humulin R U-500 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 or Humulin R U-500 in 120 days; QL (40 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Nivel 6	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Nivel 2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Nivel 2	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Nivel 2	QL (1 EA per 365 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Nivel 2	MO; QL (10 EA per 30 days)
ON CALL EXPRESS METER (blood-glucose meter)	Nivel 6	MO
ON CALL EXPRESS METER KIT (blood-glucose meter)	Nivel 6	MO
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ON CALL PLUS METER (blood-glucose meter)	Nivel 6	MO
ON CALL PLUS METER KIT (blood-glucose meter)	Nivel 6	MO
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ON CALL VIVID METER (blood-glucose meter)	Nivel 6	MO
ON CALL VIVID METER KIT (blood-glucose meter)	Nivel 6	MO
ON CALL VIVID PAL METER (blood-glucose meter)	Nivel 6	MO
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Nivel 6	MO
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose control, normal)	Nivel 6	MO
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ONETOUCH ULTRA2 METER (blood-glucose meter)	Nivel 6	MO
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Nivel 6	MO
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Nivel 6	MO
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
OPTIUM EZ STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
OPTUMRX (blood-glucose meter)	Nivel 6	MO
OPTUMRX KIT (blood-glucose meter)	Nivel 6	MO
OPTUMRX STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
OVAL TAPE	Nivel 6	
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
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Nivel 6	MO
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Nivel 1	MO
<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
<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
<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
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
POGO AUTOMATIC BLOOD GLUC SYS	(blood-glucose meter)	Nivel 6	MO
PRECISION	(blood-glucose meter)	Nivel 6	MO
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRECISION XTRA KETONE-GLUCOSE KIT		Nivel 6	MO
PRECISION XTRA MONITOR	(blood-glucose meter)	Nivel 6	MO
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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 TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
PREMIUM V10 STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRESTO PRO BLOOD GLUCOSE METER	(blood-glucose meter)	Nivel 6	MO
PRO VOICE V8 GLUCOSE MONITOR	(blood-glucose meter)	Nivel 6	MO
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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 NO CODING STRIP	(blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
PRODIGY POCKET METER KIT	(blood-glucose meter)	Nivel 6	MO
PRODIGY VOICE GLUCOSE METER KIT	(blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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)
QUINTET AC (blood-glucose meter)	Nivel 6	MO
QUINTET AC STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Nivel 6	MO
REFUAH PLUS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
REGRANEX TOPICAL GEL 0.01 %	Nivel 2	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Nivel 6	MO
RELION CONFIRM KIT (blood-glucose meter)	Nivel 6	MO
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	Nivel 6	MO
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Nivel 3	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days; QL (20 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG	Nivel 2	PA; MO
RYBELSUS ORAL TABLET 3 MG	Nivel 2	PA
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i> (Onglyza)	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>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i> (Kombiglyze XR)	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)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i> (Kombiglyze XR)	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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SEGLUOMET 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)
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)
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Nivel 6	MO
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
SMARTEST TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Nivel 2	MO; QL (30 ML per 28 days)
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Nivel 6	MO
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Nivel 6	MO
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
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)
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Nivel 6	MO
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Nivel 2	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Nivel 2	MO
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)
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Nivel 6	MO
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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
TEST N'GO TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	Nivel 2	MO; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	Nivel 2	MO; QL (13.5 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
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)
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)
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 GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; QL (200 EA per 30 days)
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
TRUE METRIX PRO TEST STRIP (blood sugar diagnostic) STRIP	Nivel 6	MO; QL (200 EA per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM (blood-glucose meter) KIT	Nivel 6	MO
TRUERESULT BLOOD GLUCOSE (blood-glucose meter) SYSTEM KIT	Nivel 6	MO
TRUETEST TEST STRIPS (blood sugar diagnostic) STRIP	Nivel 6	MO; QL (200 EA per 30 days)
TRUETRACK BLOOD GLUCOSE (blood-glucose meter) SYSTEM KIT	Nivel 6	MO
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Nivel 6	MO
TRUETRACK TEST STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Nivel 2	PA; MO
ULTIMA MONITOR (blood-glucose meter)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Nivel 6	MO
ULTRATRAK STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE (blood-glucose meter)	Nivel 6	MO
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
UNISTIK 2 DEVICE KIT (lancing device with lancets)	Nivel 6	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Nivel 6	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Nivel 6	MO
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Nivel 6	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Nivel 6	MO
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Nivel 3	PA; MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Nivel 3	PA; MO
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Nivel 6	MO
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Nivel 6	MO
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
WAVESENSE AMP KIT (blood-glucose meter)	Nivel 6	MO
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
WAVESENSE PRESTO (blood-glucose meter)	Nivel 6	MO
WAVESENSE PRESTO KIT (blood-glucose meter)	Nivel 6	MO
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Nivel 6	MO; QL (200 EA per 30 days)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Nivel 2	MO; QL (15 ML per 28 days)
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)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 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)
Enfermedad Cardiovascular - Agentes Misceláneos		
<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)
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Nivel 3	PA; MO
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Nivel 4	PA; MO
CORLANOR ORAL SOLUTION 5 MG/5 ML	Nivel 2	MO; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Nivel 3	PA; MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Nivel 2	MO; QL (2 EA per 1 day)
LODOCO ORAL TABLET 0.5 MG	Nivel 3	MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
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
Enfermedad Cardiovascular - Arritmia		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	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
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
Enfermedad Cardiovascular - Estimulante Cardíaco		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Nivel 1	MO
DIGOX 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 2	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
<i>epinephrine injection syringe 0.1 mg/ml</i>	Nivel 1	
Enfermedad Cardiovascular - Hipertensión		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Nivel 1	MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Nivel 3	PA; MO
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Nivel 1	MO
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Nivel 3	PA; MO
<i>ambriasant oral tablet 10 mg, 5 mg</i> (Letairis)	Nivel 3	PA; MO
<i>amiloride oral tablet 5 mg</i>	Nivel 1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Nivel 1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Nivel 1	MO
<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
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Nivel 1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Nivel 1	MO
<i>amlodipine-valsartan-hcthiamid 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	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Nivel 1	MO
<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>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>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>betaxolol oral tablet 10 mg, 20 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	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>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Nivel 3	PA; MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Nivel 1	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Nivel 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 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
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Nivel 3	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Nivel 1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Nivel 1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Nivel 1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Nivel 1	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
CONJUPRI ORAL TABLET 2.5 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Nivel 1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 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
DIURIL ORAL SUSPENSION 250 MG/5 ML	Nivel 3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Nivel 1	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
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
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Nivel 1	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Nivel 1	MO
<i>eprosartan oral tablet 600 mg</i>	Nivel 1	MO
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Nivel 1	PA; MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Nivel 1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Nivel 1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Nivel 1	MO
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Nivel 3	
<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
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Nivel 1	MO
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Nivel 3	ST: Must meet the following requirement: Propranolol HCL in 120 days if 1 year of age and older; QL (360 ML per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<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
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Nivel 3	MO; ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Nivel 3	MO; ST: Must meet the following requirement: Propranolol HCL in 120 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Nivel 1	MO
<i>isosorbide-hydralazine oral tablet</i> 20-37.5 mg (BiDil)	Nivel 1	MO
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	Nivel 1	MO
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Nivel 3	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Nivel 3	PA; MO
KERENDIA ORAL TABLET 10 MG, 20 MG	Nivel 3	PA; MO
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Nivel 1	MO
<i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)	Nivel 1	PA; MO
LIQREV ORAL SUSPENSION 10 MG/ML	Nivel 4	PA; MO
<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	Nivel 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	Nivel 1	MO
<i>losartan oral tablet</i> 100 mg, 25 mg, 50 mg (Cozaar)	Nivel 1	MO
<i>losartan-hydrochlorothiazide oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	Nivel 1	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>methyldopa oral tablet</i> 250 mg, 500 mg	Nivel 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i> 250-15 mg, 250-25 mg	Nivel 1	MO
<i>metolazone oral tablet</i> 10 mg, 2.5 mg, 5 mg	Nivel 1	MO
<i>metoprolol succinate oral tablet</i> extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Nivel 1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	Nivel 1	MO
<i>metoprolol tartrate oral tablet</i> 100 mg, 50 mg (Lopressor)	Nivel 1	MO
<i>metoprolol tartrate oral tablet</i> 25 mg, 37.5 mg, 75 mg	Nivel 1	MO
<i>metyrosine oral capsule</i> 250 mg (Demser)	Nivel 1	MO
<i>minoxidil oral tablet</i> 10 mg, 2.5 mg	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Nivel 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Nivel 1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	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>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Nivel 1	MO
<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	MO; ST: Must meet the following requirement: Amlodipine tablets in 120 days
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Nivel 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Nivel 4	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Nivel 1	MO
<i>olmesartan-amlodipin-hcthiazid 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	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Nivel 1	MO
OPSUMIT ORAL TABLET 10 MG	Nivel 3	PA; MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Nivel 1	MO
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Nivel 3	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	Nivel 1	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Nivel 1	MO
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Amlodipine Besilate, Amlodipine Besylate, Amlodipine Besylate/Benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Fosinopril Sodium, Lisinopril, Moexipril HCL, Norliqva, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
<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
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 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)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Nivel 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Nivel 1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Nivel 1	MO
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Nivel 1	PA; MO
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Nivel 1	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SOAAZ ORAL TABLET 40 MG, 60 MG	Nivel 3	PA; 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
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
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Nivel 1	MO; ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Nivel 1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Nivel 1	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
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Nivel 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Nivel 1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Nivel 1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Nivel 1	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO
THALITONE ORAL TABLET 15 MG	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
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>torse mide oral tablet 20 mg</i> (Soaanz)	Nivel 1	MO
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Nivel 3	PA; MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Nivel 1	MO
<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
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Nivel 3	PA
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	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</i> (Maxzide-25mg)	Nivel 1	MO
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Nivel 1	MO
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG	Nivel 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Nivel 4	PA; MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Nivel 4	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Nivel 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Nivel 4	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Nivel 4	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
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Nivel 3	PA
<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
<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	MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Nivel 4	PA; MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	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</i> (Calan SR)	Nivel 1	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	Nivel 1	MO
Enfermedad Cardiovascular - Irregularidad De Lípidos		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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)
<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 (cholestyramine-aspartame)	Nivel 1	MO

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Nivel 1	MO
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	(Cholestyramine Light)	Nivel 1	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	Nivel 1	MO
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	Nivel 1	MO
COLESTID FLAVORED ORAL PACKET 7.5 GRAM		Nivel 3	MO
<i>colestipol oral granules 5 gram</i>	(Colestid)	Nivel 1	MO
<i>colestipol oral packet 5 gram</i>	(Colestid)	Nivel 1	MO
<i>colestipol oral tablet 1 gram</i>	(Colestid)	Nivel 1	MO
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Nivel 3	MO; ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 120 days; QL (1 EA per 1 day)
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	Nivel 1	MO; QL (1 EA per 1 day)
<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 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium 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)
<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, 40 mg</i>	(Fenoglide)	Nivel 1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Nivel 1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	(Trilipix)	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
FLOLIPID ORAL SUSPENSION 20 (simvastatin) MG/5 ML (4 MG/ML)	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: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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)
<i>fluvastatin oral capsule 40 mg</i>	Nivel 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluvastatin oral tablet extended release</i> (Lescol XL) <i>24 hr 80 mg</i>	Nivel 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Nivel 1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Nivel 3	PA; MO
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	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>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)
NEXLETOL ORAL TABLET 180 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NEXLIZET ORAL TABLET 180-10 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<i>niacin oral tablet 500 mg</i> (Niacor)	Nivel 1	MO
<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: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide in 120 days; QL (4 EA per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<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)
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Nivel 1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Nivel 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<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)
ROSZET ORAL TABLET 10-10 MG, 10- 20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	Nivel 3	MO; ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; 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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Nivel 1	MO; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Nivel 1	MO; QL (4 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)
Enfermedad Cardiovascular - Vasodilatación		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Nivel 1	
<i>ergoloid oral tablet 1 mg</i>	Nivel 1	MO
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Nivel 3	MO; ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
<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
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Nivel 2	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Nivel 3	MO
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Nivel 1	MO
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML	Nivel 3	
<i>papaverine injection solution 30 mg/ml</i>	Nivel 1	
Enfermedad De Parkinson		
<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
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Nivel 3	PA; MO
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	MO
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Nivel 1	MO
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Nivel 1	MO
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	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</i> (Stalevo 50)	Nivel 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Nivel 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Nivel 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Nivel 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Nivel 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Nivel 1	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> (Comtan)	Nivel 1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Nivel 4	PA; MO
INBRIJA INHALATION CAPSULE 42 MG	Nivel 4	PA; MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Nivel 4	PA; MO
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: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	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</i> (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	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</i> (Azilect)	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
<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: Carbidopa/levodopa in 120 days; QL (10 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>selegiline hcl oral capsule 5 mg</i>	Nivel 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Nivel 1	MO
<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)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Nivel 1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Nivel 1	MO
XADAGO ORAL TABLET 100 MG, 50 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, 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: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Enfermedad Infecciosa - Bacteriana		
<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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Nivel 3	ST: Must meet the following requirement: Amoxicillin/potassium Clavulanate in 120 days; QL (150 ML per 30 days)
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Nivel 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
<i>azithromycin oral packet 1 gram</i> (Zithromax)	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	
BAXDELA ORAL TABLET 450 MG	Nivel 3	PA
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Nivel 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Nivel 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Nivel 3	PA
<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>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>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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Nivel 1	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Nivel 1	
<i>cefepodoxime oral tablet 100 mg, 200 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	
<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	
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Nivel 2	
<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>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	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Nivel 1	
<i>dicloxacillin oral capsule 250 mg, 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	Nivel 2	QL (20 EA per 10 days)
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Nivel 3	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	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, 50 mg</i> (Morgidox)	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	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> (Acticlate)	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	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Nivel 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Nivel 1	QL (2 EA per 1 day)
<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	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<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, 50 mg, 75 mg</i>	Nivel 1	QL (2 EA per 1 day)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Nivel 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Nivel 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	Nivel 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Nivel 1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Nivel 1	
erythromycin oral capsule, delayed release(dr/ec) 250 mg	Nivel 1	
erythromycin oral tablet 250 mg, 500 mg	Nivel 1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	Nivel 1	
FACTIVE ORAL TABLET 320 MG	Nivel 3	
fosfomicin tromethamine oral packet 3 gram	Nivel 1	
levofloxacin oral solution 250 mg/10 ml	Nivel 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Nivel 1	
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	Nivel 1	
linezolid oral tablet 600 mg (Zyvox)	Nivel 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Nivel 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Nivel 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Nivel 1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Nivel 1	
minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg (Ximino)	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)
minocycline oral tablet 100 mg, 50 mg, 75 mg	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>minocycline oral tablet extended release</i> (Solodyn) 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	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)
<i>minocycline oral tablet extended release</i> 24 hr 135 mg, 45 mg, 90 mg	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 (doxycycline monohydrate) MG	Nivel 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG	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)
MOXATAG ORAL TABLET, ER (amoxicillin) MULTIPHASE 24 HR 775 MG	Nivel 3	
<i>moxifloxacin oral tablet 400 mg</i>	Nivel 1	
<i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin) 100 mg, 50 mg	Nivel 1	
<i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin) 25 mg	Nivel 1	QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Nivel 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Nivel 1	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Nivel 1	
NUZYRA ORAL TABLET 150 MG	Nivel 3	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Nivel 1	
<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	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Nivel 2	
REBYOTA RECTAL ENEMA 150 ML	Nivel 4	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Nivel 3	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
SIVEXTRO ORAL TABLET 200 MG	Nivel 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
<i>sulfadiazine oral tablet 500 mg</i>	Nivel 1	
<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	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Nivel 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Nivel 1	
<i>trimethoprim oral tablet 100 mg</i>	Nivel 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Nivel 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Nivel 1	
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	
VOWST ORAL CAPSULE	Nivel 3	PA
XENLETA ORAL TABLET 600 MG	Nivel 3	PA
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline)	Nivel 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Enfermedad Infecciosa - Fungosa		
BREXAFEMME ORAL TABLET 150 MG	Nivel 3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	Nivel 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Nivel 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Nivel 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Nivel 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Nivel 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	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 ultramicrosize oral tablet 125 mg, 250 mg</i>	Nivel 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Nivel 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	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
<i>nystatin oral suspension 100,000 unit/ml</i>	Nivel 1	
<i>nystatin oral tablet 500,000 unit</i>	Nivel 1	
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 (drlec) 100 mg</i> (Noxafil)	Nivel 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Nivel 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Nivel 3	PA
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> (Vfend)	Nivel 1	
Enfermedad Infecciosa - Miscelánea		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Nivel 3	ST: Must meet any of the following requirements: Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin in 120 days; QL (12 EA per 1 FILL)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Nivel 4	PA
<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	
<i>cycloserine oral capsule 250 mg</i>	Nivel 1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Nivel 1	MO
<i>ethambutol oral tablet 100 mg</i>	Nivel 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Nivel 1	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Nivel 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Nivel 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Nivel 1	
<i>neomycin oral tablet 500 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Nivel 3	
<i>pretomanid oral tablet 200 mg</i>	Nivel 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Nivel 3	
<i>pyrazinamide oral tablet 500 mg</i>	Nivel 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Nivel 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Nivel 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Nivel 4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Nivel 3	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
TRECTOR ORAL TABLET 250 MG	Nivel 3	
<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)
XIFAXAN ORAL TABLET 200 MG	Nivel 3	PA
XIFAXAN ORAL TABLET 550 MG	Nivel 2	PA; MO
Enfermedad Infecciosa - Parasitaria		
<i>albendazole oral tablet 200 mg</i>	Nivel 1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Nivel 3	QL (50 ML per 1 day)
ARAKODA ORAL TABLET 100 MG	Nivel 3	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Nivel 1	
<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>benznidazole oral tablet 100 mg, 12.5 mg</i>	Nivel 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Nivel 1	QL (36 EA per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>chloroquine phosphate oral tablet 500 mg</i>	Nivel 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Nivel 3	
EGATEN ORAL TABLET 250 MG	Nivel 3	
EMVERM ORAL TABLET,CHEWABLE (mebendazole) 100 MG	Nivel 2	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Nivel 1	MO; QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	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)
IMPAVIDO ORAL CAPSULE 50 MG	Nivel 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Nivel 1	
KRINTAFEL ORAL TABLET 150 MG	Nivel 2	QL (2 EA per 1 FILL)
LAMPIT ORAL TABLET 120 MG, 30 MG	Nivel 3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Nivel 3	PA
<i>mefloquine oral tablet 250 mg</i>	Nivel 1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Nivel 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Nivel 1	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Nivel 1	QL (2 EA per 1 day)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Nivel 1	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Nivel 1	MO
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Nivel 1	
<i>primaquine oral tablet 26.3 mg</i>	Nivel 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Nivel 3	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Nivel 1	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Nivel 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Enfermedad Infecciosa - Viral		
<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>abacavir-lamivudine oral tablet 600-300 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<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>adefovir oral tablet 10 mg</i> (Hepsera)	Nivel 3	QL (1 EA per 1 day)
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Nivel 5	MO; ST: Must meet any of the following requirements: Descovy or generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, 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)
APTIVUS ORAL CAPSULE 250 MG	Nivel 2	MO; QL (4 EA per 1 day)
<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)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Nivel 3	MO; QL (630 ML per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Nivel 3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	Nivel 5	MO; ST: Must meet any of the following requirements: Descovy or generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, 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)
CIMDUO ORAL TABLET 300-300 MG	Nivel 2	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COMPLERA ORAL TABLET 200-25-300 MG	Nivel 3	MO; QL (1 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)
DELSTRIGO ORAL TABLET 100-300-300 MG	Nivel 3	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Nivel 2	MO; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
EDURANT ORAL TABLET 25 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Nivel 1	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	Nivel 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	Nivel 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Nivel 1	MO; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; 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 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Nivel 2	MO; QL (850 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Nivel 3	MO; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
<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)
EVOTAZ ORAL TABLET 300-150 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Nivel 1	MO
<i>fosamprenavir oral tablet 700 mg</i>	Nivel 1	MO; QL (4 EA per 1 day)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Nivel 2	MO; QL (2 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Nivel 2	MO; QL (1 EA per 1 day)
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
INTELENCE ORAL TABLET 25 MG	Nivel 2	MO; QL (4 EA per 1 day)
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)
JULUCA ORAL TABLET 50-25 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)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Nivel 1	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<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)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
LIVTENCITY ORAL TABLET 200 MG	Nivel 3	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Nivel 1	MO; QL (480 ML per 30 days)
<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)
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Nivel 1	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Nivel 1	MO; QL (4 EA per 1 day)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Nivel 4	PA
MAVYRET ORAL TABLET 100-40 MG	Nivel 4	PA
<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)
NORVIR ORAL POWDER IN PACKET 100 MG	Nivel 2	MO; QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Nivel 2	MO; QL (1 EA per 1 day)
<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)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	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)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Nivel 3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Nivel 3	PA
PIFELTRO ORAL TABLET 100 MG	Nivel 3	MO; QL (2 EA per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Nivel 3	PA
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 75 MG	Nivel 2	MO; QL (16 EA per 1 day)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Nivel 3	QL (40 EA per 180 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Nivel 2	MO; QL (5 EA per 1 day)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Nivel 1	
<i>ribavirin oral capsule 200 mg</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ribavirin oral tablet 200 mg</i>	Nivel 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Nivel 1	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Nivel 1	MO; QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Nivel 2	PA; MO
SELZENTRY ORAL SOLUTION 20 MG/ML	Nivel 2	MO; QL (31 ML per 1 day)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Nivel 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Nivel 4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Nivel 2	MO; QL (1 EA per 1 day)
SUNLENCA ORAL TABLET 300 MG	Nivel 2	PA
SYM TUZA ORAL TABLET 800-150-200-10 MG	Nivel 2	MO; QL (1 EA per 1 day)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Nivel 2	
TEMBEXA ORAL TABLET 100 MG	Nivel 2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Nivel 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 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)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Nivel 2	
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)
TYBOST ORAL TABLET 150 MG	Nivel 2	MO; QL (1 EA per 1 day)
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Nivel 1	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VEMLIDY ORAL TABLET 25 MG	Nivel 3	MO; ST: Must meet the following requirement: Tenofovir 300mg in 120 days; QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Nivel 2	MO
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Nivel 2	MO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Nivel 2	MO; QL (1 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Nivel 2	QL (1 EA per 1 day); Age (Min 12 Years)
VOSEVI ORAL TABLET 400-100-100 MG	Nivel 3	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG	Nivel 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Nivel 2	QL (2 EA per 180 days)
ZEPATIER ORAL TABLET 50-100 MG	Nivel 4	PA
<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)
Enfermedad Inflamatoria		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Nivel 4	PA; MO
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Nivel 4	PA; MO
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
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i> (Idacio(CF) Pen)	Nivel 3	PA; MO
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Nivel 3	PA; MO
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Nivel 3	PA; MO
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i> (adalimumab-adbm(CF) pen Crohns)	Nivel 3	PA; MO
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Cyltezo(CF))	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i> (Hulio(CF) Pen)	Nivel 3	PA; MO
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Hulio(CF))	Nivel 3	PA; MO
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
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Nivel 4	PA; MO
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Nivel 3	PA; MO
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Nivel 3	PA; MO
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	Nivel 4	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Nivel 4	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Nivel 4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Nivel 4	PA; MO
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Nivel 4	PA; MO
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	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 Disodium in 120 days
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Nivel 1	MO
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Nivel 3	PA; MO
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Nivel 3	PA; MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Nivel 3	PA; MO
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Nivel 4	PA; MO
<i>cortisone oral tablet 25 mg</i>	Nivel 1	
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Nivel 1	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Nivel 4	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Nivel 3	PA; MO
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Nivel 3	
<i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)	Nivel 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, or Pennsaid 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 any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
<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	
D-PENAMINE ORAL TABLET 125 MG	Nivel 3	PA; MO
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Nivel 3	PA
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Nivel 1	MO
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Nivel 4	PA; MO
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Nivel 4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Nivel 3	PA; MO
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)	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Nivel 3	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Nivel 4	PA; MO
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Nivel 4	PA
<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
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Nivel 2	PA
<i>fenopropfen oral capsule 200 mg</i>	Nivel 1	
<i>fenopropfen oral capsule 400 mg</i> (Nalfon)	Nivel 1	
<i>fenopropfen oral tablet 600 mg</i> (Nalfon)	Nivel 1	
<i>fludrocortisone oral tablet 0.1 mg</i>	Nivel 1	MO
<i>flurbiprofen oral tablet 100 mg</i>	Nivel 1	
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 (sodium hyaluronate SYRINGE 10 MG/ML (viscosup))	Nivel 3	PA
HADLIMA PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Nivel 4	PA; MO
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Nivel 4	PA; MO
HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Nivel 4	PA; MO
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Nivel 4	PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Nivel 4	PA; MO
HEMADY ORAL TABLET 20 MG	Nivel 3	QL (2 EA per 1 day)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Nivel 3	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Nivel 3	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Nivel 3	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Nivel 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Nivel 3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Nivel 3	PA
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	Nivel 3	PA; MO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Nivel 3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Nivel 3	PA; MO
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Nivel 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Nivel 3 PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	(Cortef)	Nivel 1 MO
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Nivel 3	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Nivel 3	PA; MO
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Nivel 3	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Nivel 3	PA; MO
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Nivel 3	PA; MO
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Nivel 3	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Nivel 3	PA; MO
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Nivel 3	PA; MO
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 400 mg, 600 mg, 800 mg</i> (IBU)	Nivel 1	MO
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	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)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Nivel 3	PA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Nivel 4	PA; MO
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Nivel 4	PA; MO
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Nivel 4	PA; MO
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Nivel 4	PA; MO
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Nivel 3	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Nivel 3	
<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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>indomethacin rectal suppository 50 mg</i> (Indocin)	Nivel 1	
INFLAMMACIN KIT 75 MG- 0.025 %	Nivel 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Nivel 3	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Nivel 1	
<i>ketoprofen oral capsule 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 nasal spray,non-aerosol 15.75 mg/spray</i> (Sprix)	Nivel 1	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)
<i>ketorolac oral tablet 10 mg</i>	Nivel 1	QL (20 EA per 5 days)
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
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Nivel 4	PA; MO
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Nivel 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Nivel 1	MO
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Nivel 1	QL (8 EA per 1 day)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Nivel 1	
MEDROL ORAL TABLET 2 MG	Nivel 2	
<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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>meloxicam submicronized oral capsule</i> (Vivlodex) 10 mg, 5 mg	Nivel 1	MO; ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Nivel 1	
<i>methylprednisolone oral tablet 32 mg</i>	Nivel 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Nivel 1	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Nivel 3	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Nivel 1	
NAPROTIN KIT 500 MG- 0.025 %	Nivel 3	
<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-Naproxen)	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>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Nivel 1	MO; ST: Must meet any of the following requirements: Generic Naproxen in 120 days
NUDICLO TABPAK KIT 75 MG- 0.025 %	Nivel 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Nivel 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Nivel 3	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 %	Nivel 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 %	Nivel 3	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %	Nivel 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Nivel 4	PA; MO
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
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Nivel 4	PA; MO
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Nivel 3	PA
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Nivel 3	PA
OTEZLA ORAL TABLET 30 MG	Nivel 3	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Nivel 3	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Nivel 2	MO; QL (1.6 ML per 28 days)
<i>oxaprozin oral capsule 300 mg</i> (Coxanto)	Nivel 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Nivel 1	
<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
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Nivel 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Nivel 1	
<i>prednisolone oral tablet 5 mg</i> (Millipred)	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Nivel 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Nivel 3	PA
RELAFEN DS ORAL TABLET 1,000 MG	Nivel 3	ST: Must meet the following requirement: Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
RIDAURA ORAL CAPSULE 3 MG	Nivel 3	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Nivel 4	PA
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Nivel 3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Nivel 3	PA; MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Nivel 3	PA; MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Nivel 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Nivel 3	
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)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Nivel 3	PA; MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Nivel 3	PA; MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	Nivel 1	
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
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Nivel 4	PA; MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	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
TIVORBEX ORAL CAPSULE 20 MG (indomethacin submicronized)	Nivel 3	ST: Must meet the following requirement: Indomethacin capsules in 120 days; QL (3 EA per 1 day)
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
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Nivel 3	PA
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
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Nivel 4	PA; MO
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Nivel 4	PA; MO
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Nivel 4	PA; MO
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Nivel 4	PA; MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZORVOLEX ORAL CAPSULE 18 MG	Nivel 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	Nivel 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Nivel 4	PA; MO
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Nivel 4	PA; MO
Enfermedad Neoplásica		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Nivel 3	PA; MO
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Nivel 3	PA; MO
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
AMELUZ TOPICAL GEL 10 %	Nivel 3	
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Nivel 5	MO
AUGTYRO ORAL CAPSULE 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
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Nivel 3	PA; MO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Nivel 1	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
BRAFTOVI ORAL CAPSULE 75 MG	Nivel 3	PA; MO
BRUKINSA ORAL CAPSULE 80 MG	Nivel 3	PA; MO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Nivel 3	PA; MO
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Nivel 3	PA
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
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Nivel 4	PA; MO
COTELLIC ORAL TABLET 20 MG	Nivel 3	PA; MO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Nivel 3	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Nivel 3	
DAURISMO ORAL TABLET 100 MG, 25 MG	Nivel 3	PA; MO
EMCYT ORAL CAPSULE 140 MG	Nivel 3	
ERIVEDGE ORAL CAPSULE 150 MG	Nivel 3	PA; MO
ERLEADA ORAL TABLET 240 MG, 60 MG	Nivel 3	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Nivel 3	PA; MO
<i>etoposide oral capsule 50 mg</i>	Nivel 1	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Nivel 3	PA; MO
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Nivel 3	PA; MO
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Nivel 5	MO
EXKIVITY ORAL CAPSULE 40 MG	Nivel 3	PA; MO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Nivel 3	PA
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)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Nivel 3	QL (2 EA per 365 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Nivel 3	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
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	Nivel 4	PA
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Nivel 3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Nivel 3	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Nivel 1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Nivel 3	PA; MO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Nivel 3	PA; MO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
IDHIFA ORAL TABLET 100 MG, 50 MG	Nivel 4	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
INLYTA ORAL TABLET 1 MG, 5 MG	Nivel 3	PA; MO
INQOVI ORAL TABLET 35-100 MG	Nivel 3	PA; MO
INREBIC ORAL CAPSULE 100 MG	Nivel 3	PA; MO
IWILFIN ORAL TABLET 192 MG	Nivel 3	PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Nivel 3	PA; MO
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Nivel 3	PA; MO
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Nivel 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Nivel 3	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Nivel 3	PA; MO
KRAZATI ORAL TABLET 200 MG	Nivel 3	PA; MO
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Nivel 3	PA; MO
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Nivel 3	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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Nivel 1	MO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Nivel 1	
LEUKERAN ORAL TABLET 2 MG	Nivel 3	
LEVULAN TOPICAL SOLUTION 20 %	Nivel 3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Nivel 3	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Nivel 3	PA; MO
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Nivel 3	PA; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	Nivel 3	PA; MO
LYSODREN ORAL TABLET 500 MG	Nivel 3	MO
LYTGOBI ORAL TABLET 4 MG	Nivel 3	PA; MO
MATULANE ORAL CAPSULE 50 MG	Nivel 3	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Nivel 1	
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
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Nivel 1	
<i>mercaptopurine oral tablet 50 mg</i>	Nivel 1	MO
MESNEX ORAL TABLET 400 MG	Nivel 3	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
MYLERAN ORAL TABLET 2 MG	Nivel 3	
NERLYNX ORAL TABLET 40 MG	Nivel 3	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Nivel 3	MO; QL (2 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Nivel 3	PA; MO
NUBEQA ORAL TABLET 300 MG	Nivel 3	PA; MO
ODOMZO ORAL CAPSULE 200 MG	Nivel 3	PA; MO
OGSIVEO ORAL TABLET 50 MG	Nivel 4	PA; MO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Nivel 3	PA; MO
ONUREG ORAL TABLET 200 MG, 300 MG	Nivel 3	PA; MO
ORGOVYX ORAL TABLET 120 MG	Nivel 3	PA; MO
ORSERDU ORAL TABLET 345 MG, 86 MG	Nivel 4	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
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Nivel 3	PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	Nivel 3	MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
QINLOCK ORAL TABLET 50 MG	Nivel 3	PA; MO
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Nivel 3	PA; MO
REZLIDHIA ORAL CAPSULE 150 MG	Nivel 3	PA; MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RYDAPT ORAL CAPSULE 25 MG	Nivel 3	PA; MO
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Nivel 4	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Nivel 3	PA; MO
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Nivel 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Nivel 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Nivel 1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Nivel 5	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	Nivel 3	PA; MO
<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	
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
TABLOID ORAL TABLET 40 MG (thioguanine)	Nivel 3	
TABRECTA ORAL TABLET 150 MG, 200 MG	Nivel 3	PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Nivel 3	PA; MO
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Nivel 3	PA; MO
TAGRISSO ORAL TABLET 40 MG, 80 MG	Nivel 3	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Nivel 3	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Nivel 5	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Nivel 3	PA; MO
TAZVERIK ORAL TABLET 200 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Nivel 3	PA
TEPMETKO ORAL TABLET 225 MG	Nivel 3	PA; MO
TIBSOVO ORAL TABLET 250 MG	Nivel 3	PA; MO
<i>toremifene oral tablet 60 mg</i> (Fareston)	Nivel 3	PA; MO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Nivel 3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Nivel 2	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
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Nivel 3	PA; MO
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
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Nivel 3	PA; MO
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Nivel 3	QL (24 EA per 14 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Nivel 3	PA; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	Nivel 3	PA; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Nivel 3	PA; MO
VONJO ORAL CAPSULE 100 MG	Nivel 3	PA
WELIREG ORAL TABLET 40 MG	Nivel 3	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
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)
XOSPATA ORAL TABLET 40 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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
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
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Nivel 3	PA; MO
ZELBORAF ORAL TABLET 240 MG	Nivel 3	PA; MO
ZOLINZA ORAL CAPSULE 100 MG	Nivel 3	
ZYDELIG ORAL TABLET 100 MG, 150 MG	Nivel 3	PA; MO
ZYKADIA ORAL TABLET 150 MG	Nivel 3	PA; MO
Enfermedad Neurológica - Miscelánea		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Nivel 3	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Nivel 3	PA; MO
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Nivel 3	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Nivel 3	PA; MO
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Nivel 3	PA
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BETASERON SUBCUTANEOUS KIT 0.3 MG	Nivel 3	PA; MO
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Nivel 3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Nivel 3	PA; MO
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Nivel 3	PA; MO
DAYBUE ORAL SOLUTION 200 MG/ML	Nivel 4	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
EXSERVAN ORAL FILM 50 MG	Nivel 4	PA; MO
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Nivel 4	PA; MO
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Nivel 4	PA; MO
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Nivel 3	PA; MO
FIRDAPSE ORAL TABLET 10 MG	Nivel 4	PA; MO
<i>gabapentin oral tablet extended release 24 hr 300 mg</i> (Gralise)	Nivel 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i> (Gralise)	Nivel 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	Nivel 3	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Nivel 3	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Nivel 3	PA; MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Nivel 3	ST: Must meet the following requirement: 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 requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Nivel 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL 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, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Nivel 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Nivel 4	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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Nivel 3	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	Nivel 3	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Nivel 4	PA; MO
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
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
<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) 24 hr 330 mg	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)
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
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
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Nivel 4	PA; MO
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Nivel 1	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE 50 MG	Nivel 4	PA; MO
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Nivel 4	PA; MO
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Nivel 4	PA; MO
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Nivel 3	PA; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Nivel 3	PA; MO
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Nivel 4	PA; MO
VELSIPITY ORAL TABLET 2 MG	Nivel 4	PA; MO
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Nivel 3	PA; MO
ZEPOSIA ORAL CAPSULE 0.92 MG	Nivel 4	PA; MO
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
Inmunización		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Nivel 3	
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Nivel 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Nivel 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Nivel 3	
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Nivel 3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Nivel 3	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Nivel 5	QL (0.3 ML per 1 FILL); Age (Min 12 Years)
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Nivel 5	QL (0.3 ML per 1 FILL); Age (Min 12 Years)
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
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Nivel 4	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 4	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
HYQVIA IG COMPONENT 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
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
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Nivel 5	AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Nivel 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Nivel 5	QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Nivel 5	AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Nivel 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Nivel 3	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Nivel 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Nivel 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Nivel 3	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Nivel 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Nivel 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Nivel 3	
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
Inmunosupresión/Modulación		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Nivel 4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Nivel 4	
ASTAGRAF XL ORAL 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
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Nivel 1	MO
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Nivel 1	MO
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Nivel 4	PA; 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
ENVARBUS 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
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Nivel 1	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Nivel 1	PA
<i>imiquimod topical cream in packet 5 %</i>	Nivel 1	QL (2 EA per 1 day)
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 (drlec) 180 mg, 360 mg</i> (Myfortic)	Nivel 1	MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Nivel 2	MO
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Nivel 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetiriziniacin)	Nivel 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Nivel 3	
REZUROCK ORAL TABLET 200 MG	Nivel 3	PA; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Nivel 2	MO
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Nivel 1	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Nivel 1	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Nivel 3	PA
La Gota Y Enfermedades Relacionadas		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Nivel 1	MO
<i>allopurinol oral tablet 200 mg, 300 mg</i>	Nivel 1	MO
<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)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Nivel 3	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
<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)
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)
<i>probenecid oral tablet 500 mg</i>	Nivel 1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Nivel 1	MO
Manejo De Dolor - Analgésicos		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Nivel 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Nivel 1	QL (150 ML per 1 day); 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)
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 3	PA; MO
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Nivel 3	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 Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
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: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asacaff)	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Nivel 5	MO
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Aspir-Trin)	Nivel 5	MO
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (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
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	
<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: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
<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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Nivel 1	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly</i> (Butrans) <i>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>buprenorphine-naloxone sublingual film</i> (Suboxone) <i>12-3 mg, 8-2 mg</i>	Nivel 1	MO; QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) <i>2-0.5 mg, 4-1 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
BUTALBITAL COMPOUND (codeine-butalbital-asa-caff) W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i>	Nivel 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Nivel 1	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Nivel 1	ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Nivel 1	
<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> (Esgic)	Nivel 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Nivel 1	
<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	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Nivel 1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Nivel 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Nivel 1	
<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	
<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)
<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)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Nivel 3	
<i>diclofenac potassium oral powder in packet 50 mg</i> (Cambia)	Nivel 1	
<i>diflunisal oral tablet 500 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 Rizatriptan or Sumatriptan in 180 days; QL (8 ML per 28 days)
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML	Nivel 3	
DILAUDID (PF) INJECTION SYRINGE 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Nivel 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Nivel 3	PA
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Nivel 5	MO
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Nivel 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Nivel 2	PA; MO
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Nivel 2	PA; MO
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Nivel 2	PA
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Nivel 1	QL (12 EA per 1 day)
(oxycodone-acetaminophen)		
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)
<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 1.5 mcg/ml- 0.125 %, 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 500 mcg/50 ml (10 mcg/ml)</i>	Nivel 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Nivel 1	PA
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Nivel 3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Nivel 1	
frovatriptan oral tablet 2.5 mg (Frova)	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Nivel 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (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)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	Nivel 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Nivel 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Nivel 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Nivel 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Nivel 1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Nivel 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Nivel 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Nivel 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 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
LUCEMYRA ORAL TABLET 0.18 MG	Nivel 3	PA
<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)
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	Nivel 1	QL (1 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Nivel 3	PA
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %	Nivel 3	
<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 pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Nivel 1	
<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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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 1	
<i>morphine oral tablet 30 mg</i>	Nivel 2	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 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 rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Nivel 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Nivel 1	
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Nivel 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Nivel 1	QL (18 EA per 30 days)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Nivel 3	QL (6 EA per 1 day)
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 (16 EA per 30 days)
<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,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)
<i>oxycodone-acetaminophen oral solution</i> (Prolate) 10-300 mg/5 ml	Nivel 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	Nivel 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Primlev) 10-300 mg	Nivel 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Nivel 1	QL (12 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>oxycodone-acetaminophen oral tablet</i> (Nalocet) 2.5-300 mg	Nivel 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-</i> (Prolate) 300 mg, 7.5-300 mg	Nivel 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 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)
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	
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: Oxycodone HCL and Oxycodone HCL/Acetaminophen 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: Oxycodone HCL and Oxycodone HCL/Acetaminophen 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: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Nivel 2	PA; MO
REYVOW ORAL TABLET 100 MG, 50 MG	Nivel 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Nivel 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Nivel 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Nivel 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Nivel 1	QL (18 EA per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Nivel 3	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Nivel 1	
SEGLENTIS ORAL TABLET 44-56 MG	Nivel 3	
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Nivel 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Nivel 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Nivel 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Nivel 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Nivel 1	QL (4 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Nivel 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Nivel 1	QL (4 ML per 28 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 (9 EA per 30 days)
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Nivel 1	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Nivel 3	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
<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</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)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Nivel 1	QL (10 EA per 1 day); Age (Min 12 Years)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Nivel 3	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Nivel 2	PA
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
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 (8 ML per 28 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Nivel 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
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	Nivel 2	MO; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Nivel 2	MO; QL (2 EA per 1 day)
Oído - Trastornos Generales		
<i>acetic acid otic (ear) solution 2 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Nivel 3	
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) 0.2 %	Nivel 1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> 0.3-0.1 %	Nivel 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution</i> 0.3-0.025 % (0.25 ml) (Otovel)	Nivel 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Nivel 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Nivel 3	
<i>fluocinolone acetonide oil otic (ear) drops</i> 0.01 % (DermOtic Oil)	Nivel 1	
<i>hydrocortisone-acetic acid otic (ear) drops</i> 1-2 %	Nivel 1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i> 3.5-10,000-1 mg/ml-unit/ml-%	Nivel 1	
<i>neomycin-polymyxin-hc otic (ear) solution</i> 3.5-10,000-1 mg/ml-unit/ml-%	Nivel 1	
<i>ofloxacin otic (ear) drops</i> 0.3 %	Nivel 1	
Ojo - Glaucoma		
<i>acetazolamide oral capsule, extended release</i> 500 mg	Nivel 1	MO
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	Nivel 1	MO
<i>apraclonidine ophthalmic (eye) drops</i> 0.5 %	Nivel 1	
<i>atropine ophthalmic (eye) drops</i> 0.01 %, 0.025 %, 0.05 %	Nivel 1	MO
<i>atropine ophthalmic (eye) drops</i> 1 % (Isopto Atropine)	Nivel 1	MO
<i>atropine ophthalmic (eye) ointment</i> 1 %	Nivel 1	MO
<i>atropine sulfate (pf) ophthalmic (eye) dropperette</i> 1 %	Nivel 1	MO
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	Nivel 1	MO
<i>betaxolol ophthalmic (eye) drops</i> 0.5 %	Nivel 1	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Nivel 3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Nivel 1	MO; QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> , 0.15 % (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-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Nivel 1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	Nivel 1	MO
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Nivel 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Nivel 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Nivel 1	
<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	
<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 HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Nivel 1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 2.3-6.8 mg/ml</i> (Cosopt)	Nivel 1	MO
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Nivel 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Nivel 3	
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Nivel 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Nivel 1	MO
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Nivel 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Nivel 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Nivel 3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Nivel 1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 18 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost 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 0.0015 %</i> (Zioptan (PF))	Nivel 1	MO; QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Nivel 1	MO; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Nivel 1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Nivel 1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Nivel 1	MO
<i>travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)</i>	Nivel 1	MO; QL (2.5 ML per 25 days)
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>tropicamide ophthalmic (eye) drops 1 % (Mydracil)</i>	Nivel 1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Nivel 3	PA; MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Nivel 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Nivel 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)
Ojo - Misceláneos		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Nivel 1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Nivel 3	PA; MO
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Nivel 3	PA; MO
GELFILM OPHTHALMIC (EYE) FILM	Nivel 3	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG	Nivel 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (lissamine green)	Nivel 1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Nivel 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Nivel 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 %	Nivel 3	PA
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-peketor-wat)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Nivel 3	
PHOTREXA OPTHALMIC (EYE) DROPS 0.146 %	Nivel 3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Nivel 3	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-kttrlc))	Nivel 1	
Ojo - Trastornos Generales		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Nivel 3	
ACUVAIL (PF) OPTHALMIC (EYE) DROPPERETTE 0.45 %	Nivel 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	Nivel 3	
ALCAINE OPTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Nivel 1	
ALOCRILO OPTHALMIC (EYE) DROPS 2 %	Nivel 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	Nivel 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (40 ML per 30 days)
ALTACAINE OPTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Nivel 1	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Nivel 1	
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	
AZASITE OPTHALMIC (EYE) DROPS 1 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Nivel 1	QL (12 ML per 30 days)
<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	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Nivel 1	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Nivel 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Nivel 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Nivel 3	
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Nivel 1	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine 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: Diclofenac Sodium or Ketorolac Tromethamine 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: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Nivel 3	MO; ST: Must meet 2 of the following requirements: Cyclosporine, Restasis Multidose, or Xiidra in 365 days; QL (60 EA per 30 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Nivel 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Nivel 1	QL (50 ML per 30 days)
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 %	Nivel 1	MO
<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)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Nivel 1	QL (10 ML per 30 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Nivel 1	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	PA
FLAREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
<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	
<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 OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Nivel 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Nivel 1	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Nivel 3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Nivel 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Nivel 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 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)
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Nivel 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	Nivel 3	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Nivel 1	
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: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Nivel 1	QL (20 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Nivel 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Nivel 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Nivel 3	
<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-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	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-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Nivel 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Nivel 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Nivel 1	
NEO-POLYCYN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Nivel 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Nivel 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (9 ML per 16 days)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Nivel 1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Nivel 1	QL (3 ML per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Nivel 4	PA
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Nivel 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Nivel 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Nivel 1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Nivel 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Nivel 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Nivel 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Nivel 1	
<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-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Nivel 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Nivel 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Nivel 1	QL (20 ML per 14 days)
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Nivel 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Nivel 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Nivel 1	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Nivel 1	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Nivel 3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Nivel 2	MO; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Nivel 1	MO; QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Nivel 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Nivel 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Nivel 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Nivel 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</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/dexamethason e drops in 120 days
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Nivel 1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Nivel 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Nivel 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Nivel 2	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Nivel 3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Nivel 3	PA; MO
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Nivel 3	PA
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Nivel 1	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Nivel 4	PA; MO
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Nivel 3	PA; MO
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Nivel 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Nivel 2	MO; QL (60 EA per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Nivel 3	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Nivel 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Nivel 3	
Otros Medicamentos		
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 (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"	Nivel 6	MO
ADVOCATE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Nivel 6	MO
AIMSCO LATEX CONDOM DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
<i>alum, ammonium (bulk) powder</i>	Nivel 3	
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Nivel 3	
AQINJECT PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG	Nivel 3	
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	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Nivel 3	
ASPYRERX DIGITAL APP (90-DAY)	Nivel 3	
ASSURE ID DUO PRO SFTY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16" safety)	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
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Nivel 3	
AURUMHEEL ORAL DROPS	Nivel 3	
<i>balsam peru (bulk) liquid</i>	Nivel 3	
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Nivel 1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Nivel 6	MO
BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Nivel 6	MO
BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4"	Nivel 6	MO
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	Nivel 6	MO
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Nivel 6	MO
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Nivel 6	MO
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Nivel 6	MO
BD VERITOR SARS-COV-2, FLU A-B KIT	Nivel 5	
BD VERITOR SYSTEM SARS-COV-2 KIT	Nivel 5	
<i>benzoin (bulk) topical tincture</i>	Nivel 3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Nivel 3	PA; MO
BINAXNOW COVID-19 AG CARD KIT	Nivel 5	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Nivel 1	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Nivel 4	MO; ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solutiouon in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
CANTHARIS COMPOSITUM ORAL DROPS	Nivel 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Nivel 3	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Nivel 1	
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 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 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), 36 MEQ/500 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Nivel 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Nivel 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Nivel 3	
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	
CAREFINE PEN NEEDLE NEEDLE 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" (pen needle, diabetic)	Nivel 6	MO
CARETOUCH 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 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Nivel 6	MO
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Nivel 3	MO
CERDELGA ORAL CAPSULE 84 MG	Nivel 3	MO
CHEMET ORAL CAPSULE 100 MG	Nivel 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Nivel 3	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 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
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
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
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Nivel 3	PA; MO
COVID-19 AT-HOME TEST KIT	Nivel 5	
<i>covid19 test adm.by pharmacist</i>	Nivel 5	
CRALONIN ORAL DROPS	Nivel 3	
CRYOSERV SOLUTION 99 %	Nivel 3	
CUE COVID-19 HOME TEST KIT	Nivel 5	
CUE MPOX MOLECULAR TEST KIT	Nivel 5	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Nivel 3	
CUVRIOR ORAL TABLET 300 MG	Nivel 4	PA; MO
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Nivel 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Nivel 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Nivel 3	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Nivel 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
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	
<i>DERMULCERA TOPICAL OINTMENT</i> (balsam peru-castor oil)	Nivel 3	
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Nivel 1	
DILUENT FOR ROTARIX ORAL SYRINGE	Nivel 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Nivel 3	MO
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Nivel 4	PA; 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
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Nivel 3	
DUREX AVANTI BARE REAL FEEL	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY COMFORT PEN NEEDLES (pen needle, diabetic) 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"	Nivel 6	MO
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
EASY COMFORT SAFETY PEN (pen needle, diabetic, safety) NEEDLE 31 GAUGE X 3/16"	Nivel 6	MO
EASY GLIDE PEN NEEDLE (pen needle, diabetic) NEEDLE 33 GAUGE X 5/32"	Nivel 6	MO
EASY TOUCH 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 5/32"	Nivel 6	MO
EASY TOUCH PEN NEEDLE (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	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"	Nivel 6	MO
EMBRACE PEN NEEDLE (pen needle, diabetic) 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"	Nivel 6	MO
ENDEAVORRX	Nivel 3	
ENTERO VU ORAL SUSPENSION 24 %	Nivel 3	
<i>eua patient assessment</i>	Nivel 5	
EVERLYWELL COVID19 HOM (covid-19 test specimen collect) COLLECT	Nivel 5	
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	Nivel 3	
EYE ORAL TABLET, SOLUBLE	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FANTASY CONDOM DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FERRIPROX ORAL SOLUTION 100 MG/ML	Nivel 4	PA; MO
FILSUVEZ TOPICAL GEL 10 %	Nivel 4	PA; MO
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML	Nivel 3	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Nivel 3	
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON	Nivel 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Nivel 3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Nivel 3	
GELFILM IMPLANT FILM	Nivel 3	
GELX MUCOUS MEMBRANE GEL	Nivel 3	
GLEOLAN ORAL RECON SOLN 30 MG/ML	Nivel 3	
HALO VIAL CONVERTER DEVICE 13 MM	Nivel 3	
HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Nivel 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
<i>hydroxypropyl cellulose powder</i>	Nivel 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Nivel 3	
ID NOW COVID-19 TEST KIT KIT	Nivel 5	
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
INDICLOR SOLUTION 5 MCI/0.5 ML (185 MBQ) (indium-111 chloride)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>indium-111 chloride solution 5 mci/0.5 ml</i> (Indiclor) (185 mbq)	Nivel 1	
INSUPEN 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"	Nivel 6	MO
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Nivel 1	
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Nivel 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Nivel 3	
KETONE CARE STRIP	Nivel 3	MO
KETONE URINE TEST STRIP	Nivel 3	MO
KETOSTIX STRIP	Nivel 3	MO
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
<i>kit for tc 99m-sod thiosulfate recon soln</i> 2 mg	Nivel 3	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Nivel 5	MO
LAMIOFLUR ORAL DROPS	Nivel 3	
<i>levocarnitine (with sugar) oral solution</i> (Carnitor) 100 mg/ml	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
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	Nivel 5	MO
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	Nivel 3	
LUCIRA COVID-19 AND FLU TEST KIT	Nivel 5	
LUMINOPIA DIGITAL APP (30-DAY)	Nivel 3	
MAHANA IBS	Nivel 3	
MAXICOMFORT II PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	Nivel 6	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Nivel 6	MO
MD-GASTROVIEW ORAL SOLUTION 66-10 %	Nivel 1	
<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
<i>methacholine chloride inhalation solution (Provocholine) for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)</i>	Nivel 1	
METOPIRONE ORAL CAPSULE 250 MG	Nivel 4	
MICRODOT INSULIN PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Nivel 6	MO
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Nivel 6	MO
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Nivel 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Nivel 1	
MIDASPOT COVID19 ANTIBODY TEST KIT	Nivel 5	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Nivel 1	
<i>midazolam injection solution 5 mg/ml</i>	Nivel 1	
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Nivel 3	
<i>mifepristone oral tablet 200 mg (Mifeprex)</i>	Nivel 1	
<i>miglustat oral capsule 100 mg (Yargesa)</i>	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Nivel 6	MO
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	Nivel 5	MO
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Nivel 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Nivel 3	
MURI-LUBE OIL	Nivel 3	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Nivel 4	PA; MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Nivel 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Nivel 3	
NERIVIO DIGITAL APP (MIGRAINE)	Nivel 3	
NEULUMEX ORAL SUSPENSION 0.1 %	Nivel 3	
<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
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Nivel 6	MO
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Nivel 6	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Nivel 6	MO
NUMOISYN MUCOUS MEMBRANE LIQUID	Nivel 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Nivel 3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 %	Nivel 3	
<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
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Nivel 3	MO
OPFOLDA ORAL CAPSULE 65 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Nivel 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Nivel 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Nivel 3	
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
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Nivel 5	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
<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 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 1/4"</i> (BD Ultra-Fine Micro 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 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Nivel 5	
PLANTAGO-HOMACCORD ORAL DROPS	Nivel 3	
POLIBAR ACB RECTAL ENEMA 96 %	Nivel 3	
POPULUS COMPOSITUM ORAL DROPS	Nivel 3	
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Nivel 3	
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
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %	Nivel 1	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Nivel 3	
PROVOCHOLINE INHALATION RECON SOLN 100 MG	Nivel 3	
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Nivel 3	
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Nivel 3	
PSORINOHEEL ORAL DROPS	Nivel 3	
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
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI)	Nivel 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI)	Nivel 3	
QUICKVUE SARS ANTIGEN KIT	Nivel 5	
RADIAGEL TOPICAL GEL	Nivel 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RAYASORE KIT TOPICAL KIT 1-10 %	Nivel 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)	Nivel 3	
REGULORA IBS DIGITAL APP	Nivel 3	
RENEEL ORAL TABLET,SOLUBLE	Nivel 3	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Nivel 4	PA; MO
SABAL-HOMACCORD ORAL DROPS	Nivel 3	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Nivel 6	MO
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Nivel 3	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Nivel 6	MO
sevoflurane inhalation liquid (Ultane)	Nivel 1	
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
SITZMARKS ORAL CAPSULE 24 MARKERS	Nivel 3	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Nivel 6	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Nivel 5	MO
sodium chloride inhalation solution for nebulization 0.9 %, 10 %	Nivel 1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	Nivel 1	
sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)	Nivel 1	
SOFIA SARS ANTIGEN FIA KIT	Nivel 5	
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Nivel 5	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Nivel 3	
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
SUPRANE INHALATION LIQUID 100 % (desflurane)	Nivel 3	
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
SURE-FINE PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Nivel 6	MO
SYZYGIIUM COMPOSITUM ORAL DROPS	Nivel 3	
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Nivel 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	Nivel 3	
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
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Nivel 1	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Nivel 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Nivel 3	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Nivel 6	MO
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG	Nivel 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Nivel 3	
<i>trichloroacetic acid topical recon soln</i> 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	Nivel 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Nivel 3	PA; MO
<i>trientine oral capsule 500 mg</i>	Nivel 3	PA; 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 KETONE STRIP	Nivel 3	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRUEPLUS PEN NEEDLE 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"	Nivel 6	MO
TRUSTEX LATEX CONDOM DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Nivel 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
ULTICARE PEN NEEDLE 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 1/4", 32 GAUGE X 5/32"	Nivel 6	MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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-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 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
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16"	Nivel 6	MO
UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
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	
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	
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Nivel 3	
VENELEX TOPICAL OINTMENT IN PACKET	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VERIFINE PEN NEEDLE 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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Nivel 6	MO
VERIFINE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Nivel 6	MO
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Nivel 6	MO
VERTIGOHEEL ORAL DROPS	Nivel 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Nivel 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %	Nivel 3	
WILZIN ORAL CAPSULE 25 MG (ZINC)	Nivel 3	
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)	Nivel 3	
<i>xenon-133 in air inhalation gas 370 mbq (10 mci), 740 mbq (20 mci)</i>	Nivel 1	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML	Nivel 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML	Nivel 3	
YARGESA ORAL CAPSULE 100 MG (miglustat)	Nivel 3	PA; MO
Otros Trastornos Respiratorios		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Nivel 1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Nivel 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Nivel 3	
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
OFEV ORAL CAPSULE 100 MG, 150 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
PULMOZYME INHALATION SOLUTION 1 MG/ML	Nivel 3	PA; MO
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Nivel 3	
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
Reemplazo De Fluidos		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Nivel 3	PA; MO
Regulación De Electrolitos		
AURYXIA ORAL TABLET 210 MG IRON	Nivel 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (12 EA per 1 day)
BD POSIFLUSH NORMAL SALINE 0.9 (sodium chloride 0.9 % INJECTION SYRINGE (flush))	Nivel 1	
<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
CLEARSHIELD SODIUM CHLOR (sodium chloride 0.9 % FLUSH INJECTION SYRINGE (flush))	Nivel 1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Nivel 3	MO
EFFER-K ORAL TABLET, (potassium bicarb-citric EFFERVESCENT 25 MEQ acid)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (3 EA per 1 day)
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
Lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)	Nivel 1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Nivel 2	MO
Normal Saline Flush Injection Syringe (sodium chloride 0.9 % flush)	Nivel 1	
POKONZA ORAL PACKET 10 MEQ	Nivel 1	MO
Potassium chloride oral capsule, extended release 10 meq, 8 meq	Nivel 1	MO
Potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Nivel 1	MO
Potassium chloride oral packet 20 meq (Klor-Con)	Nivel 1	MO
Potassium chloride oral tablet extended release 10 meq (Klor-Con 10)	Nivel 1	MO
Potassium chloride oral tablet extended release 20 meq (K-Tab)	Nivel 1	MO
Potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	Nivel 1	MO
Potassium chloride oral tablet, ER particles/crystals 10 meq (Klor-Con M10)	Nivel 1	MO
Potassium chloride oral tablet, ER particles/crystals 15 meq (Klor-Con M15)	Nivel 1	MO
Potassium chloride oral tablet, ER particles/crystals 20 meq (Klor-Con M20)	Nivel 1	MO
Sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Nivel 1	MO
Sevelamer carbonate oral tablet 800 mg (Renvela)	Nivel 1	MO
Sevelamer HCL oral tablet 400 mg, 800 mg	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
<i>sodium polystyrene sulfonate oral powder</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	
<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)
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Nivel 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Nivel 2	MO; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Nivel 3	PA; MO
XPHOZAH ORAL TABLET 20 MG, 30 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (2 EA per 1 day)
Salud Del Comportamiento - Antidepresivos		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 1	MO
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Nivel 1	MO
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)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Nivel 3	PA; MO
<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
<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>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>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; 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
<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
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Nivel 3	PA; MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
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 Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Nivel 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Nivel 1	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Nivel 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Nivel 2	MO; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Nivel 1	MO
<i>fluoxetine oral capsule, delayed release(drlec) 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	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)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Nivel 1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Nivel 1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Nivel 1	MO
MARPLAN ORAL TABLET 10 MG	Nivel 3	MO
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Nivel 1	MO
mirtazapine oral tablet 45 mg, 7.5 mg	Nivel 1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	Nivel 1	MO
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Nivel 1	MO
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	Nivel 1	MO
nortriptyline oral solution 10 mg/5 ml	Nivel 1	MO
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	Nivel 1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Nivel 1	MO
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	Nivel 1	MO
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Nivel 1	MO
phenelzine oral tablet 15 mg (Nardil)	Nivel 1	MO
protriptyline oral tablet 10 mg, 5 mg	Nivel 1	MO
sertraline oral capsule 150 mg, 200 mg	Nivel 1	MO; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml (Zoloft)	Nivel 1	MO
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Nivel 1	MO
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Nivel 4	PA; MO
tranylcypromine oral tablet 10 mg (Parnate)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Nivel 1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Nivel 1	MO; ST: Must meet the following requirement: Venlafaxine 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
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Nivel 1	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Nivel 2	PA
Salud Del Computamiento - Otro		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Nivel 4	PA; MO
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>acamprosate oral tablet, delayed release (drl/ec) 333 mg</i>	Nivel 1	MO
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Nivel 3	
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
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	
<i>amphetamine oral suspension, biphase 24hr 1.25 mg/ml</i>	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine/Amphetamine in 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Nivel 1	PA; MO
<i>aripiprazole oral solution 1 mg/ml</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	Nivel 1	MO
aripiprazole oral tablet, disintegrating 10 mg	Nivel 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)
aripiprazole oral tablet, disintegrating 15 mg	Nivel 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)	Nivel 1	MO; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg (Nuvigil)	Nivel 1	MO; QL (3 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Nivel 1	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Nivel 1	MO
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Nivel 2	QL (1 EA per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Nivel 1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Nivel 3	MO; ST: Must meet the following requirement: Vraylar in 120 days; QL (1 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Nivel 1	
<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>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Nivel 1	MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Nivel 1	
<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)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (2 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Nivel 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate 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)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Nivel 1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	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> (Zenzedi)	Nivel 1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Nivel 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release 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 (90 EA per 30 days)
<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)
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), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Nivel 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Nivel 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Nivel 1	MO
<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 Tartrate in 120 days; QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (240 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 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)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Nivel 3	MO
<i>estazolam oral tablet 1 mg, 2 mg</i>	Nivel 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	Nivel 1	QL (1 EA per 1 day)
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Nivel 3	PA; MO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Nivel 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (8 EA per 28 days)
<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>flurazepam oral capsule 15 mg, 30 mg</i>	Nivel 1	

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
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	Nivel 1	MO
<i>haloperidol oral tablet</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Nivel 1	MO
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Nivel 4	PA; MO
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Nivel 3	PA
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>ketamine sublingual troche</i> 100 mg	Nivel 1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Nivel 2	QL (4 EA per 30 days)
<i>lisdexamfetamine oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	Nivel 1	MO; QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	Nivel 1	MO; QL (1 EA per 1 day)
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	Nivel 1	MO
<i>lithium carbonate oral tablet</i> 300 mg	Nivel 1	MO
<i>lithium carbonate oral tablet extended release</i> 300 mg (Lithobid)	Nivel 1	MO
<i>lithium carbonate oral tablet extended release</i> 450 mg	Nivel 1	MO
<i>lithium citrate oral solution</i> 8 meq/5 ml	Nivel 1	MO
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Nivel 1	
<i>lorazepam oral concentrate</i> 2 mg/ml (Lorazepam Intensol)	Nivel 1	
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg, 2 mg (Ativan)	Nivel 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG	Nivel 3	ST: Must meet the following requirement: Lorazepam tablets in 120 days
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Nivel 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Nivel 1	MO
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Nivel 4	PA; MO
<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
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Nivel 1	
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Nivel 1	MO; QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Nivel 1	MO; QL (150 EA per 30 days)
<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: One of the following generics: 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)
<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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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, 63 mg</i> (Relexxii)	Nivel 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Relexxii)	Nivel 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i> (Relexxii)	Nivel 3	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: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 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 any of the following requirements: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Nivel 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Nivel 1	
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Nivel 1	MO; QL (2 EA per 1 day)
<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
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Nivel 1	
<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	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Nivel 3	
<i>naltrexone oral tablet 50 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUPLAZID ORAL CAPSULE 34 MG	Nivel 4	PA; MO
NUPLAZID ORAL TABLET 10 MG	Nivel 4	PA; MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Nivel 1	MO
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Nivel 1	MO
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Nivel 1	MO; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Nivel 1	MO; QL (1 EA per 1 day)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Nivel 3	QL (4 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Nivel 1	
<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)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Nivel 1	MO
<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
<i>pimozide oral tablet 1 mg, 2 mg</i>	Nivel 1	MO
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexamethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Nivel 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexamethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
<i>quazepam oral tablet 15 mg</i> (Doral)	Nivel 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 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
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Nivel 3	MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Nivel 3	MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Nivel 3	120mL BOTTLE; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Nivel 3	150mL BOTTLE; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Nivel 3	180mL BOTTLE; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Nivel 3	60mL BOTTLE; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Nivel 3	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Nivel 1	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	Nivel 3	MO; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl)	Nivel 3	MO; QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate hcl)	Nivel 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Abilify Mycite, Aripiprazole, Lurasidone HCL, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 120 days; QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Nivel 2	ST: Must meet any of the following requirements: Abilify Mycite, Aripiprazole, Lurasidone HCL, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 120 days; QL (1 EA per 1 day)
<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
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Nivel 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Nivel 3	
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Nivel 3	PA; MO
SUNOSI ORAL TABLET 150 MG, 75 MG	Nivel 3	PA; MO
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Nivel 3	PA; MO
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Nivel 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Nivel 1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>triazolam oral tablet 0.125 mg</i>	Nivel 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Nivel 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Nivel 1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Nivel 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Nivel 2	MO; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Nivel 2	QL (7 EA per 28 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Nivel 2	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 2	MO; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Nivel 4	PA; MO
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 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Nivel 3	PA; MO
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Nivel 1	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Nivel 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Nivel 3	QL (2 ML per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Nivel 1	MO
zolpidem oral capsule 7.5 mg	Nivel 1	
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Nivel 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Nivel 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Nivel 1	QL (1 EA per 1 day)
Sistema Nervioso Autónomo		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Nivel 3	PA; MO
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Nivel 1	MO
donepezil oral tablet,disintegrating 10 mg, 5 mg	Nivel 1	MO
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Nivel 1	MO; QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Nivel 1	MO; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Nivel 1	MO; QL (60 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	Nivel 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Nivel 1	MO; QL (300 ML per 30 days)
memantine oral tablet 10 mg	Nivel 1	MO; QL (60 EA per 30 days)
memantine oral tablet 5 mg (Namenda)	Nivel 1	MO; QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg (Namenda Titration Pak)	Nivel 1	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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Nivel 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Nivel 2	MO; ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)
<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 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
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Nivel 1	MO; QL (30 EA per 30 days)
Suministros Médicos		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Nivel 6	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Nivel 6	MO
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
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Nivel 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Nivel 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Nivel 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Nivel 6	MO
AQINJECT 3.0 LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Nivel 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Nivel 3	
AQINJECT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 5 ML	Nivel 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Nivel 3	
ASSURE LANCE 25 GAUGE	Nivel 6	MO
ASSURE LANCE 28 GAUGE (lancets)	Nivel 6	MO
ASSURE LANCE PLUS 21 GAUGE, 30 (lancets) GAUGE	Nivel 6	MO
ASSURE LANCE PLUS 25 GAUGE	Nivel 6	MO
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 (syringe (disposable)) 5 ML	Nivel 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Nivel 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Nivel 6	MO
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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"	Nivel 6	MO
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Nivel 6	
BD INSULIN SYRINGE ULTRA-FINE 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
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 LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
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, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 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 23 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	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BD LUER-LOK SYRINGE SYRINGE 3 (syringe with needle) ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	Nivel 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML	Nivel 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Nivel 6	MO
BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE	Nivel 6	MO
BD SAFETYGLIDE ALLERGIST TRAY (tuberculin-allergy syringes) SYRINGE 1 ML 26 GAUGE X 3/8"	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"	Nivel 6	MO
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 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 (tuberculin-allergy syringes) SYRINGE 1 ML 26 GAUGE X 3/8"	Nivel 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML	Nivel 3	
B-D SLIP TIP SYRINGE SYRINGE 20 (syringe (disposable)) ML	Nivel 3	
BD SLIP TIP SYRINGE SYRINGE 3 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, 50 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BD SYRINGE LUER-LOK NONSTERILE (syringe (disposable)) SYRINGE 20 ML, 5 ML	Nivel 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML	Nivel 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML	Nivel 3	
BD SYRINGE SLIP TIP NONSTERILE (syringe (disposable)) SYRINGE 20 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	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 1 ML 26 GAUGE X 3/8" syringes)	Nivel 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Nivel 6	MO
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Nivel 6	MO
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Nivel 6	MO
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Nivel 6	MO
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	Nivel 6	MO
CAREONE ULTRA THIN LANCET (lancets)	Nivel 6	MO
CAREPOINT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Nivel 3	
CAREPOINT LUER LOCK SYR- (syringe with needle) 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"	Nivel 3	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CAREPOINT LUER SLIP SYRINGE-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Nivel 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Nivel 3	
CARESENS LANCETS 30 GAUGE (lancets)	Nivel 6	MO
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 23 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" (syringe with needle)	Nivel 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML	Nivel 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Nivel 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COMFORT EZ INSULIN SYRINGE (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 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 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 28 GAUGE X 1/2"	Nivel 6	MO
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
COMFORT EZ LANCETS 23 GAUGE	Nivel 6	MO
COMFORT TOUCH PLUS SAFETY (lancets) LANC 30 GAUGE	Nivel 6	MO
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Nivel 6	MO
DAVOL IRRIGATION SYRINGE SYRINGE	Nivel 3	
DAVOL PISTON IRRIGATION SYRINGE	Nivel 3	
DOVER BULB SYRINGE SYRINGE 60 ML	Nivel 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 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 SYRINGE (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 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 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 15/64", 1 ML 31 GAUGE X 5/16	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
DROPLET LANCETS 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 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
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Nivel 6	MO
EASY COMFORT LANCETS 30 GAUGE (lancets)	Nivel 6	MO
EASY GLIDE CATHETER TIP SYRINGE (syringe (disposable)) SYRINGE 60 ML	Nivel 3	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML	Nivel 3	
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 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, 10 ML	Nivel 3	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 3 ML 22 GAUGE X 1" (syringe with needle, safety)	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	
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u-100) 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 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"	Nivel 6	MO
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Nivel 6	MO
EASY TOUCH LANCETS 26 GAUGE, (lancets) 28 GAUGE, 30 GAUGE	Nivel 6	MO
EASY TOUCH LANCETS 32 GAUGE	Nivel 6	MO
EASY TOUCH LUER LOCK INSULIN (insulin syringe needleless) SYRINGE 1 ML	Nivel 6	MO
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Nivel 3	
EASY TOUCH LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 3 ML, 5 ML, 60 ML	Nivel 3	
EASY TOUCH SAFETY LANCETS 21 (lancets) GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Nivel 6	MO
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Nivel 6	MO
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	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY TOUCH SHEATHLOCK SYRINGE 3 ML, 5 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" (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 23 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 TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
EASY TOUCH TWIST LANCETS 32 GAUGE	Nivel 6	MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Nivel 6	MO
EASY TOUCH UNI-SLIP SYRINGE 10 ML	Nivel 3	MO
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML (syringe (disposable))	Nivel 3	MO
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Nivel 6	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	
EMBRACE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Nivel 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Nivel 3	
EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))	Nivel 3	
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 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
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
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
HEALTHY ACCENTS UNILET LANCET 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
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insuln Syr(half unit))	Nivel 6	MO
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 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", 0.5 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"</i>	(BD 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 1/2", 0.5 ml 30 gauge x 1/2"</i>	(BD Insulin Syringe Ultra-Fine) 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 28 gauge, 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", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe) Nivel 6	MO
<i>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"</i>	(BD Veo Insulin Syringe UF) Nivel 6	MO
<i>insulin syringe-needle u-100 syringe 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
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch 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 syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i>	(BD Lo-Dose Micro-Fine IV) Nivel 6	MO
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Nivel 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Nivel 3	
INVACARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
IRRIGATION SYRINGE SYRINGE	Nivel 3	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Nivel 3	
<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> (CareTouch Twist 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
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Nivel 3	
LUER LOCK SYRINGE SYRINGE 30 ML, 60 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
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Nivel 6	MO
MICRO THIN LANCETS 33 GAUGE (lancets)	Nivel 6	MO
MICRODOT LANCET 28 GAUGE (lancets)	Nivel 6	MO
MICROLET LANCET (lancets)	Nivel 6	MO
MOBILE LANCETS 30 GAUGE (lancets)	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	
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 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Nivel 3	
MONOJECT ENFIT SYRINGE CAP	Nivel 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML, 12 ML, 3 ML, 35 ML, 6 ML, 60 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 29 GAUGE X 1/2"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 3 ML (syringe (disposable))	Nivel 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Nivel 3	
MONOJECT MAGELLAN SYRINGE (syringe with needle, safety) SYRINGE 1 ML 25 GAUGE X 5/8"	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 ECCENTRI LUER SYRINGE 60 ML (syringe (disposable))	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
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 23 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" (syringe with needle)	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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	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
NORM-JECT SYRINGE 10 ML	Nivel 3	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Nivel 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Nivel 3	
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
ON CALL PLUS 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
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Nivel 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
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
PRO COMFORT LANCET 30 GAUGE (lancets)	Nivel 6	MO
PRO COMFORT LANCET 31 GAUGE	Nivel 6	MO
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Nivel 6	MO
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 21 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
RELIAMED LANCET 23 GAUGE	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
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Nivel 6	MO
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	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 25 GAUGE X 5/8" (syringe-needle,safety,dispunt)	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	
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	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
SOFT TOUCH LANCETS (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 INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Nivel 6	MO
SURE COMFORT 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 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
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Nivel 6	MO
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
SURE-JECT INSULIN SYRINGE 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
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	
<i>syringe (disposable) syringe 20 ml, 5 ml</i> (Aqinject Luer Lock Syringe)	Nivel 3	
<i>syringe (disposable) syringe 3 ml</i> (Aqinject 3.0 Lock Syringe)	Nivel 3	
<i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)	Nivel 3	
<i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syring)	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	
<i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)	Nivel 3	
<i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)	Nivel 3	
<i>syringe with needle syringe 3 ml 21 gauge x 1 1/2"</i> (BD Integra 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, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Nivel 3	
SYRINGE WITHOUT NEEDLE SYRINGE	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TECHLITE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	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
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Nivel 6	MO
TELCARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO
TEMPO REFILL KIT WITH GAUZE KIT	Nivel 6	MO
TENSURE ITOUCH SURE VAGINAL DEVICE	Nivel 3	
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 (insulin syringe-needle u-100) 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"	Nivel 6	MO
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Nivel 3	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Nivel 3	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Nivel 3	
THIN LANCETS 26 GAUGE (lancets)	Nivel 6	MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TOOMEY SYRINGE SYRINGE 70 ML	Nivel 3	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Nivel 6	MO
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Nivel 6	MO
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Nivel 6	MO
TRUE COMFORT LANCET 30 GAUGE (lancets)	Nivel 6	MO
TRUE COMFORT PRO INS 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
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Nivel 6	MO
TRUEPLUS INSULIN 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" (insulin syringe-needle u-100)	Nivel 6	MO
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
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	
TWIST LANCETS 30 GAUGE (lancets)	Nivel 6	MO
TWIST LANCETS 32 GAUGE	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Nivel 6	MO
ULTICARE INSULN SYR(HALF UNIT) (insulin syr/ndl u100 half mark) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Nivel 6	MO
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"	Nivel 3	
ULTICARE LOW DEAD SPACE (syringe with needle) SYRING SYRINGE 3 ML 22 X 1 1/2"	Nivel 3	
ULTICARE SAFETY SYRINGE (syringe with needle, safety) SYRINGE 3 ML 22 GAUGE X 1"	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 (insulin syringe-needle u-100) 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"	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
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Nivel 6	MO
ULTILET CLASSIC LANCETS , 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Nivel 6	MO
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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Nivel 6	MO
ULTILET SAFETY LANCETS 23 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 (insulin syringe-needle u-100) SYRINGE 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, 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 FINE LANCETS 30 GAUGE (lancets)	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 (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"	Nivel 6	MO
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Nivel 6	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 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
ULTRACARE INSULIN SYRINGE (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 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-CARE LANCETS 30 GAUGE (lancets)	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Nivel 6	MO
ULTRA-THIN II (SHORT) INS SYR 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
ULTRA-THIN II 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
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 COMFORT LANCETS 28 GAUGE (lancets)	Nivel 6	MO
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
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Nivel 6	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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"	(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 23 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 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"	(insulin syringe-needle u-100) 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	(lancets) Nivel 6	MO
VIVAGUARD LANCET 30 GAUGE	(lancets) Nivel 6	MO
Tos Y Resfriado		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Nivel 1	
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	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	(Adrenalin) Nivel 1	
<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>hydrocodone-homatropine oral syrup 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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Nivel 1	QL (30 ML per 1 day); Age (Min 18 Years)
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Nivel 1	
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph-codeine)	Nivel 1	QL (30 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)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Nivel 1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Nivel 1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Nivel 3	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Tracto Urinario - Trastornos Funcionales		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Nivel 1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Nivel 4	MO
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Nivel 1	MO
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Nivel 1	MO
<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 HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
ELMIRON ORAL CAPSULE 100 MG	Nivel 2	PA
ENTADFI ORAL CAPSULE 5-5 MG	Nivel 3	PA
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Nivel 1	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	Nivel 4	PA; MO
<i>finasteride oral tablet 5 mg</i> (Proscar)	Nivel 1	MO
<i>flavoxate oral tablet 100 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Nivel 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
GEMTESA ORAL TABLET 75 MG	Nivel 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
JYNARQUE ORAL TABLET 15 MG, 30 MG	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)	Nivel 3	PA; MO
K-PHOS NO 2 ORAL TABLET 305-700 MG	Nivel 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Nivel 3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Nivel 3	PA; MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Nivel 2	MO
ORACIT ORAL SOLUTION 490-640 (sodium citrate-citric acid) MG/5 ML	Nivel 3	
<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 Chloride in 365 days
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Nivel 1	
<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> (Urocit-K 5)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Nivel 3	
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>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Nivel 1	MO
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Nivel 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Nivel 1	MO
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Nivel 1	MO
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Nivel 3	MO
<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
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Nivel 1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Nivel 1	MO
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Nivel 1	MO
<i>trospium oral tablet 20 mg</i>	Nivel 1	MO
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Nivel 3	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Nivel 3	PA; MO
Trastorno De Convulsiones		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Nivel 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APTIOM ORAL TABLET 200 MG, 400 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (2 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> (Epilex)	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</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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)
<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
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Nivel 4	PA; MO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Nivel 4	PA; MO
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Nivel 1	
DILANTIN ORAL CAPSULE 30 MG	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 (drlec) 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 oral solution 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 oral solution in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Nivel 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid in 365 days
EPITOL ORAL TABLET 200 MG (carbamazepine)	Nivel 1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	Nivel 3	PA; MO
<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; QL (30 ML per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Nivel 1	MO; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Nivel 1	MO; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Nivel 4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Nivel 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Nivel 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Nivel 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (120 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FYCOMPA ORAL TABLET 4 MG, 6 MG	Nivel 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; 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 300 mg/6 ml (6 ml)</i>	Nivel 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Nivel 1	MO
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Nivel 1	MO; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Nivel 1	MO; QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Nivel 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Nivel 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Nivel 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Nivel 1	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Nivel 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Nivel 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Nivel 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Nivel 1	MO
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Nivel 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Nivel 1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Nivel 1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite 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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Nivel 1	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
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Nivel 3	QL (10 EA per 30 days)
<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
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
<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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Nivel 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Nivel 4	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Nivel 3	PA; MO
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	
SYMPAZAN ORAL FILM 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>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Nivel 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, 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 Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Nivel 1	MO
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Nivel 1	MO; QL (2 EA per 1 day)
<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 (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Nivel 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, 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>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 150 mg, 200 mg	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 tablet 100 mg, 200 mg,</i> (Topamax) 25 mg, 50 mg	Nivel 1	MO
<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
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)
<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
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Nivel 3	PA; MO
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Nivel 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Nivel 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Nivel 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
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
ZTALMY ORAL SUSPENSION 50 MG/ML	Nivel 4	PA; MO
Trastorno Endocrino - Fertilidad		
<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		
ACTHAR INJECTION GEL 80 UNIT/ML	Nivel 4	PA
<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
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Nivel 3	MO; ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
<i>cabergoline oral tablet 0.5 mg</i>	Nivel 1	MO
<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
<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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Nivel 4	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Nivel 1	
<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
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Nivel 1	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Nivel 1	MO
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Nivel 4	PA; MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Nivel 3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Nivel 3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Nivel 3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Nivel 3	PA; MO
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Nivel 2	MO
GENOTROPIN MINIQUICK 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
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Nivel 4	PA; MO
<i>ibandronate oral tablet 150 mg</i>	Nivel 1	MO
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ISTURISA ORAL TABLET 1 MG, 5 MG	Nivel 4	PA; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Nivel 3	PA; MO
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Nivel 4	MO; QL (1 EA per 1 day)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Nivel 2	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
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)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Nivel 3	MO; QL (3.8 GM per 30 days)
NORDITROPIN FLEXPRO 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
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Nivel 2	PA; MO
ORILISSA ORAL TABLET 150 MG	Nivel 2	PA; MO
ORILISSA ORAL TABLET 200 MG	Nivel 2	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Nivel 1	MO
<i>paricalcitol oral capsule 4 mcg</i>	Nivel 1	MO
<i>raloxifene oral tablet 60 mg</i> (Evista)	Nivel 5	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Nivel 2	MO; QL (2 EA per 1 day)
RECORLEV ORAL TABLET 150 MG	Nivel 4	PA; 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: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Nivel 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium 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: Alendronate Sodium and Ibandronate Sodium 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: Alendronate Sodium and Ibandronate Sodium 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: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
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 4	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Nivel 3	MO
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	Nivel 4	PA
<i>teriparatide subcutaneous pen injector</i> (Forteo) <i>20 mcg/dose (600mcg/2.4ml)</i>	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Nivel 3	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
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Nivel 4	PA; MO
Trastorno Endocrino - Tiroides		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	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 any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Nivel 3	MO; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid 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)
<i>levothyroxine 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</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)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Nivel 1	MO
LUGOLS ORAL SOLUTION 5 %	Nivel 3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Nivel 1	MO
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Nivel 1	MO
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Nivel 1	
<i>propylthiouracil oral tablet 50 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Nivel 1	
STRONG IODINE ORAL SOLUTION 5 %	Nivel 1	
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 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
Trastorno Musculoesquelético		
<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</i>	Nivel 1	MO; QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Nivel 1	MO; QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Nivel 1	MO; QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Nivel 1	QL (4 EA per 1 day)
<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	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> (Amrix)	Nivel 1	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Nivel 1	QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Nivel 1	QL (3 EA per 1 day)
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Nivel 3	
CYCLOTENS REFILL COMBO PACK 10 MG	Nivel 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Nivel 3	
<i>dantrolene oral capsule 100 mg</i>	Nivel 1	MO; QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Nivel 1	MO; QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Nivel 1	MO; QL (3 EA per 1 day)
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Nivel 3	PA; MO
KEYEYIS ORAL TABLET 50 MG (dichlorphenamide)	Nivel 3	PA; MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Nivel 3	PA; MO
<i>metaxalone oral tablet 400 mg</i>	Nivel 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Nivel 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	Nivel 1	
<i>methocarbamol oral tablet 500 mg</i>	Nivel 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Nivel 1	QL (6 EA per 1 day)
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Nivel 3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Nivel 3	QL (4 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Nivel 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Nivel 1	QL (8 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Nivel 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Nivel 1	QL (4 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Nivel 4	PA; MO
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Nivel 1	MO; QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Nivel 1	MO; QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Nivel 1	MO; QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Nivel 1	MO; QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Nivel 1	MO; QL (9 EA per 1 day)
Trastornos Gastrointestinal Inferior - Inflamación De Intestino		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Nivel 1	
balsalazide oral capsule 750 mg (Colazal)	Nivel 1	
budesonide rectal foam 2 mg/lactuation (Uceris)	Nivel 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Nivel 3	
DIPENTUM ORAL CAPSULE 250 MG	Nivel 3	MO; ST: Must meet the following requirements: Mesalamine in 120 days
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Nivel 4	MO
hydrocortisone acetate rectal suppository 25 mg (Anucort-HC)	Nivel 1	
hydrocortisone acetate rectal suppository 30 mg (Hemmorex-HC)	Nivel 1	
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	Nivel 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)	Nivel 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g) (Analpram-HC Singles)	Nivel 1	
hydrocortisone-pramoxine rectal suppository 25-18 mg	Nivel 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Nivel 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Nivel 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	Nivel 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Nivel 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Nivel 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Nivel 2	MO; QL (1 EA per 1 day)
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	Nivel 1	MO
mesalamine oral capsule, extended release 500 mg (Pentasa)	Nivel 1	MO
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	Nivel 1	MO
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Nivel 1	MO
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Nivel 1	MO
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Nivel 1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Nivel 1	MO
<i>nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)</i>	Nivel 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Nivel 2	MO
PROCORT RECTAL CREAM 1.85-1.15 %	Nivel 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Nivel 2	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin) (W/W)	Nivel 3	
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	Nivel 1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	Nivel 1	MO
TRULANCE ORAL TABLET 3 MG	Nivel 3	MO; ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Nivel 3	PA; MO
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Nivel 3	
Trastornos Gastrointestinal Inferior - Otro		
<i>alose tron oral tablet 0.5 mg, 1 mg (Lotronex)</i>	Nivel 1	
<i>alvimopan oral capsule 12 mg (Entereg)</i>	Nivel 1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Nivel 4	PA; MO
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Nivel 4	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Nivel 4	PA; MO
<i>carglumic acid oral tablet, dispersible 200 mg (Carbaglu)</i>	Nivel 3	PA; MO
CHENODAL ORAL TABLET 250 MG	Nivel 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Nivel 5	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (320 ML per 1 FILL)
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
<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	
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Nivel 3	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Nivel 1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Nivel 3	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Nivel 3	PA; 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)
IBSRELA ORAL TABLET 50 MG	Nivel 3	PA; MO
KRISTALOSE ORAL PACKET 20 GRAM	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 solution 10 gram/15 ml</i> (Constulose)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Nivel 1	MO
LITHOSTAT ORAL TABLET 250 MG	Nivel 3	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Nivel 4	PA; MO
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Nivel 1	MO
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Nivel 1	MO; QL (2 EA per 1 day)
MOTOFEN ORAL TABLET 1-0.025 MG	Nivel 3	ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 120 days; QL (8 EA per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Nivel 2	QL (1 EA per 1 day)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Nivel 2	ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)
OICALIVA ORAL TABLET 10 MG, 5 MG	Nivel 3	PA; MO
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Nivel 4	PA; MO
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Nivel 1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	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>	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)
PHEBURANE ORAL GRANULES 483 MG/GRAM	Nivel 4	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Nivel 4	PA; MO
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
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Nivel 3	PA; MO
<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
<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 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (2 EA 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)
SYMPROIC ORAL TABLET 0.2 MG	Nivel 3	ST: Must meet the following requirement: Movantik in 120 days; QL (1 EA per 1 day)
<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> (URSO 250)	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Nivel 1	MO
XERMELO ORAL TABLET 250 MG	Nivel 3	PA
ZELNORM ORAL TABLET 6 MG	Nivel 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Trastornos Gastrointestinal Superior - Digestivos		
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
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
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Nivel 4	PA; 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		
<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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab 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 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Nivel 1	MO
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Nivel 1	MO
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Nivel 1	MO
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Nivel 1	MO
<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
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Nivel 1	
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> (Donnatal)	Nivel 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab 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 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)	Nivel 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab 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
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras		
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 Sodium 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 Sodium in 365 days; QL (1 EA per 1 day)
<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	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Nivel 1	
<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
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)

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, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC 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, 20 mg</i> (Nexium Packet)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Nivel 1	MO
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Nivel 1	MO
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Nivel 1	MO
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Nivel 4	PA
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Nivel 1	
<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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Nivel 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 ML per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/lec) 15 mg</i>	Nivel 1	MO
<i>lansoprazole oral capsule, delayed release(dr/lec) 30 mg</i>	Nivel 1	MO
<i>lansoprazole oral tablet, disintegrating, delayed release 15 mg, 30 mg</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Nivel 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Nivel 1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Nivel 1	MO
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Nivel 3	MO; ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Nivel 2	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Nivel 1	MO
OMECLAMOXY-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Nivel 3	
<i>omeprazole oral capsule, delayed release(dr/lec) 10 mg, 20 mg, 40 mg</i>	Nivel 1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC 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 packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	Nivel 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC 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 Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Nivel 1	MO
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, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days
<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 Sodium 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)
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Nivel 1	MO
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Nivel 1	MO
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 ORAL TABLET 10 MG, 20 MG	Nivel 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Nivel 3	PA
Trastornos Hematológicos		
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	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
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
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
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
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Nivel 4	PA; MO
<i>aminocaproic acid oral solution 250</i> (Amicar) <i>mg/ml (25 %)</i>	Nivel 1	
<i>aminocaproic acid oral tablet 1,000 mg,</i> (Amicar) <i>500 mg</i>	Nivel 1	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Nivel 1	MO
<i>anagrelide oral capsule 1 mg</i>	Nivel 1	MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>anticoag citrate phos dextrose solution</i> 2.63-222 gram-mgl/100ml	Nivel 1	
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
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,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	Nivel 5	MO
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	Nivel 1	MO
<i>aspirin-omeprazole oral tablet,ir,delayed</i> (Yosprala) <i>rel,biphasic 81-40 mg</i>	Nivel 1	PA; MO
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	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Nivel 5	MO
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	Nivel 2	MO; QL (2 EA per 1 day)
CABLIVI INJECTION KIT 11 MG	Nivel 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Nivel 4	PA
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>citric-sod citrat-sod phos-dex solution</i> 0.327-2.63 gram/100 ml	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Nivel 4	
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Nivel 4	MO
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Nivel 1	MO; QL (2 EA per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Nivel 1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Nivel 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Nivel 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Nivel 4	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Nivel 3	MO
DURLAZA ORAL CAPSULE, EXTENDED RELEASE 24HR 162.5 MG	Nivel 3	PA; MO
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)
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
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Nivel 4	PA; MO
ENDARI ORAL POWDER IN PACKET 5 GRAM	Nivel 4	PA; MO
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Nivel 3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Nivel 3	QL (30 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
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
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Nivel 3	
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	
FABHALTA ORAL CAPSULE 200 MG	Nivel 4	PA; MO
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Nivel 3	
FLOSEAL TOPICAL KIT 2,500 UNIT	Nivel 3	
<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)
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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
GEL-FLOW NT TOPICAL SYRINGE	Nivel 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Nivel 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Nivel 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Nivel 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Nivel 3	
GELFOAM TOPICAL SPONGE 4	Nivel 3	
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
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
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
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Nivel 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution</i> 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Nivel 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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, 100 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 solution 100 unit/ml (1 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	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Nivel 1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 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, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
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
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Nivel 3	PA; 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, 500 (+/-) UNIT	Nivel 3	MO
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 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
LEUKINE INJECTION RECON SOLN 250 MCG	Nivel 3	PA
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
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Nivel 1	
MULPLETA ORAL TABLET 3 MG	Nivel 4	PA
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
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) 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
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
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 3	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Nivel 3	
OXBRYTA ORAL TABLET 300 MG, 500 MG	Nivel 4	PA; MO
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Nivel 4	PA; MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	Nivel 1	MO
<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> (Mephyton)	Nivel 1	
PRADAXA ORAL CAPSULE 110 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
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Nivel 1	MO; QL (1 EA per 1 day)
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
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Nivel 3	PA; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Nivel 3	PA; MO

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Nivel 3	MO
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Nivel 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Nivel 3	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Nivel 3	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA
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
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Nivel 3	MO
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Nivel 4	PA
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Nivel 4	PA; MO
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)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Nivel 3	
SIKLOS ORAL TABLET 1,000 MG	Nivel 3	MO; ST: Must meet the following requirement: Generic Droxia or Generic Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG	Nivel 3	MO; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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	
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	Nivel 5	MO
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Nivel 5	MO
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
SURGIFLO TOPICAL SYRINGE	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	
TAVALISSE ORAL TABLET 100 MG, 150 MG	Nivel 4	PA
TAVNEOS ORAL CAPSULE 10 MG	Nivel 4	PA; MO
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Nivel 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Nivel 1	
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	
<i>tranexamic acid oral tablet 650 mg</i>	Nivel 1	MO
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Nivel 4	MO
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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
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	
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	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Nivel 4	
<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
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Nivel 3	
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	Nivel 2	MO; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Nivel 2	MO; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Nivel 2	MO; QL (2 EA per 1 day)
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
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	(aspirin-omeprazole) Nivel 3	PA; MO
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Nivel 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Nivel 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Nivel 4	PA; MO
ZONTIVITY ORAL TABLET 2.08 MG	Nivel 3	MO; QL (1 EA per 1 day)
Trastornos Orales/Faríngeos		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Nivel 1	
<i>cocaine nasal solution 4 %</i> (Numbrino)	Nivel 1	
<i>doxycycline hyclate oral tablet 20 mg</i>	Nivel 1	
<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	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Nivel 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Nivel 1	
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	
Trastornos Vaginales		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Nivel 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, 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>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: Estradiol and Premarin in 365 days; QL (1 EA per 90 days)
FEM PH VAGINAL GEL 0.9-0.025 %	Nivel 3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Nivel 3	MO; ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 84 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	Nivel 2	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Nivel 1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Nivel 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Nivel 3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Nivel 2	MO
RELAGARD VAGINAL GEL 0.9-0.025 %	Nivel 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Nivel 1	
<i>terconazole vaginal suppository 80 mg</i>	Nivel 1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Nivel 3	
XACIATO VAGINAL GEL 2 %	Nivel 3	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Nivel 1	MO

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LIVMARLI	283	LYLEQ	16	MAINT)	161
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<i>mupirocin</i>	44	<i>neomycin-bacitracin-polymyxin</i>	190	<i>nitazoxanide</i>	132
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NOXIPAK	55	OBAGI NU-DERM SUNFADER	72	ON CALL PLUS METER	92
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TEGLUTIK.....	163	THIN LANCETS.....	254	TOPCARE ULTRA COMFORT.....	255
TEGSEDI.....	6	THINPRO INSULIN SYRINGE.....	254	TOPCARE UNIVERSAL1 LANCET.....	255
TELCARE LANCETS.....	254	THIOLA EC.....	262	<i>topiramate</i>	270, 271
TELCARE TEST STRIPS.....	98	<i>thioridazine</i>	230	<i>toremifene</i>	157
<i>telmisartan</i>	110	<i>thiothixene</i>	230	<i>torseamide</i>	110, 111
<i>telmisartan-amlodipine</i>	110	THROMBI-GEL.....	300	TOSYMRA.....	179
<i>telmisartan-hydrochlorothiazid</i>	110	THROMBIN-JMI.....	300	TOTALVISC.....	192
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TOUJEO SOLOSTAR U-300	TRI-LO-MARZIA	20	TRUETRACK BLOOD GLUCOSE
INSULIN	TRI-LO-MILI	20	SYSTEM
98	TRI-LO-SPRINTEC	20	99
TOVET KIT	TRI-LUMA	72	TRUETRACK SMART SYSTEM
57	TRILURON	150	99
TOXICOLOGY SALIVA	<i>trimethobenzamide</i>	23	TRUETRACK TEST
COLLECTION	<i>trimethoprim</i>	128	99
207	TRI-MILI	20	TRULANCE
TPOXX (NATIONAL STOCKPILE) 137	<i>trimipramine</i>	217	281
TRACLEER	TRIMO-SAN JELLY	303	TRULICITY
111	TRINTELLIX	217	99
TRADJENTA	TRI-NYMYO	20	TRUMENBA
99	TRIONEX	71	166
<i>tramadol</i>	TRI-SPRINTEC (28)	20	TRUQAP
179, 180	TRIUMEQ	137	157
<i>tramadol-acetaminophen</i>	TRIUMEQ PD	137	TRUSTEX LATEX CONDOM
180	TRIVISC	150	208
<i>trandolapril</i>	TRIVORA (28)	20	TRUSTEX LUBRICATED
111	TRI-VYLIBRA	20	CONDOMS
<i>trandolapril-verapamil</i>	TRI-VYLIBRA LO	20	208
111	<i>tropicamide</i>	185	TRUSTEX NON-LUB CONDOMS .
<i>tranexamic acid</i>	<i>tropic-proparacai-pe-ketor-wat</i>	186	208
300	<i>trospium</i>	262	TRUSTEX-RIA LUB/SPERMICIDE
<i>tranylcypromine</i>	TRUDHESA	180	208
216	TRUE COMFORT INSULIN		TRUSTEX-RIA LUBRICATED
TRANZAREL	SYRINGE	255	CONDOMS
66	TRUE COMFORT LANCET	255	208
<i>travoprost</i>	TRUE COMFORT PEN NEEDLE ..	207	TRUSTEX-RIA NON-LUB
185	TRUE COMFORT PRO INS		CONDOMS
<i>trazodone</i>	SYRINGE	255	208
217	TRUE COMFORT SAFETY PEN		CONDOMS
TRECTOR	NEEDLE	207	208
131	TRUE METRIX AIR GLUCOSE		TUBERCULIN SYRINGE
TRELEGY ELLIPTA	METER	99	255
28	TRUE METRIX GLUCOSE METER	99	<i>tuberculin-allergy syringes</i>
TREMFYA	TRUE METRIX GLUCOSE TEST	99	255
71	STRIP	99	TUDORZA PRESSAIR
<i>treprostinil sodium</i>	TRUE METRIX GO GLUCOSE		28
111	METER	99	TUKYSA
TRESIBA FLEXTOUCH U-100	TRUE METRIX PRO TEST STRIP ..	99	157
99	TRUE2GO BLOOD GLUCOSE		TULANA
TRESIBA FLEXTOUCH U-200	SYSTEM	99	20
99	TRUEPLUS INSULIN	255	TURALIO
TRESIBA U-100 INSULIN	TRUEPLUS KETONE	207	157
99	TRUEPLUS LANCETS	255	TURQOZ (28)
<i>tretinoin</i>	TRUEPLUS PEN NEEDLE	208	20
41	TRUERESULT BLOOD GLUCOSE		TUXARIN ER
<i>tretinoin (antineoplastic)</i>	SYSTM	99	260
157	TRUETEST TEST STRIPS	99	TWIST LANCETS
<i>tretinoin microspheres</i>			255
41			TWYNEO
TRETTEN			41
300			TYBLUME
TREXALL			20
157			TYBOST
<i>triamcinolone acetonide</i>			137
57, 302			TYDEMY
<i>triamterene</i>			20
111			TYMLOS
<i>triamterene-hydrochlorothiazid</i>			277
111			TYRVAYA
TRIANEX			193
57			TYVASO
TRIASIL			111
57			TYVASO DPI
<i>triazolam</i>			111
231			TYVASO INSTITUTIONAL START
TRI-CHLOR			KIT
207			111
<i>trichloroacetic acid</i>			TYVASO REFILL KIT
207			111
TRIDERM			TYVASO STARTER KIT
57			111
<i>trientine</i>			UBRELVY
207			180
TRI-ESTARYLLA			UDENYCA
19			301
TRIFERIC			UDENYCA AUTOINJECTOR
31			300
<i>trifluoperazine</i>			UDENYCA ONBODY
231			301
<i>trifluridine</i>			ULESFIA
192			46
<i>trihexyphenidyl</i>			ULTICARE
121			256
TRIJARDY XR			ULTICARE INSULIN SYRINGE
99			256
TRIKAFTA			ULTICARE INSULN SYR(HALF
211			UNIT)
TRI-LEGEST FE			256
19			ULTICARE LOW DEAD SPACE
TRI-LINYAH			SYRING
19			256
TRI-LO-ESTARYLLA			
20			

ULTICARE PEN NEEDLE	208	ULTRAVATE	57	<i>valproic acid</i>	271
ULTICARE SAFETY PEN NEEDLE	208	UNIFINE PENTIPS	209	<i>valproic acid (as sodium salt)</i>	271
ULTICARE SAFETY SYRINGE	256	UNIFINE PENTIPS MAXFLOW	209	<i>valsartan</i>	111, 112
ULTICARE TB SAFETY SYRINGE	256	UNIFINE PENTIPS PLUS	209	<i>valsartan-hydrochlorothiazide</i>	112
ULTIGUARD SAFEPACK-INSULIN SYR	256	UNIFINE PENTIPS PLUS MAXFLOW	209	VALTOCO	271
ULTIGUARD SAFEPACK-PEN NEEDLE	208	UNIFINE PROTECT	209	<i>vancomycin</i>	131
ULTILET BASIC LANCETS	256	UNIFINE ULTRA PEN NEEDLE	209	<i>vancomycin in 0.9 % sodium chl</i>	193
ULTILET CLASSIC LANCETS	256	UNILET COMFORTOUCH LANCET	258	VANFLYTA	157
ULTILET INSULIN SYRINGE	256	UNILET GP LANCET	258	VANISHPOINT INSULIN SYRINGE	258
ULTILET LANCETS	257	UNILET LANCET	258	VANISHPOINT SYRINGE	259
ULTILET PEN NEEDLE	208	UNILET LANCETS	258	VANISHPOINT TUBERCULIN SYRINGE	259
ULTILET SAFETY LANCETS	257	UNILET SUPER THIN LANCETS	258	VANOXIDE-HC	41
ULTIMA MONITOR	99	UNISTIK 2 DEVICE	100	VARDIMAXIA	41
ULTIMA TEST STRIPS	100	UNISTIK 2 EXTRA LANCET	100	<i>varenicline</i>	4, 5
ULTRA CMFT INS SYR (HALF UNIT)	257	UNISTIK 2 NORMAL LANCET	100	VARIBAR HONEY	209
ULTRA COMFORT INSULIN SYRINGE	257	UNISTIK 3 COMFORT LANCET	100	VARIBAR NECTAR	209
ULTRA FINE LANCETS	257	UNISTIK 3 EXTRA LANCET	258	VARIBAR PUDDING	209
ULTRA FLO INSUL SYR (HALF UNIT)	257	UNISTIK 3 GENTLE	258	VARIBAR THIN HONEY	209
ULTRA FLO INSULIN SYRINGE	257	UNISTIK 3 NORMAL LANCET	100	VARIBAR THIN LIQUID	209
ULTRA FLO PEN NEEDLE	208	UNISTIK COMFORT LANCETS	258	VAROPHEN (DICLOFENAC)	57
ULTRA THIN II LANCETS	257	UNISTIK CZT LANCET	258	VAROXIA	41
ULTRA THIN LANCETS	257	UNISTIK EXTRA LANCETS	258	VARUBI	23
ULTRA THIN PEN NEEDLE	208	UNISTIK NORMAL LANCETS	258	VASCEPA	118
ULTRA THIN PLUS LANCETS	257	UNISTIK PRO LANCET	258	VASELINE WHITE PETROLEUM	66
ULTRA TLC LANCETS	257	UNISTIK SAFETY	258	VASHE	66
ULTRACARE INSULIN SYRINGE	257	UNISTIK TOUCH LANCETS	258	VAXCHORA ACTIVE COMPONENT	166
ULTRACARE LANCETS	257	UNISTRIP1 TEST STRIP	100	VAXCHORA BUFFER COMPONENT	213
ULTRACARE PEN NEEDLE	209	UNIVERSAL 1 LANCETS	258	VAXCHORA VACCINE	166
ULTRAFOAM	301	UPNEEQ (PF)	193	VCF CONTRACEPTIVE FILM	20
ULTRALANCE LANCETS	258	UPTRAVI	111	VCF CONTRACEPTIVE GEL	20
ULTRASAL-ER	66	URAMAXIN	66	VELIVET TRIPHASIC REGIMEN (28)	20
ULTRA-THIN II (SHORT) INS SYR	258	URAMAXIN GT	66	VELPHORO	213
ULTRA-THIN II (SHORT) PEN NDL	209	<i>urea</i>	66	VELSIPITY	163
ULTRA-THIN II INS PEN NEEDLES	209	UREA NAIL STICK	66	VELTASSA	213
ULTRA-THIN II INSULIN SYRINGE	258	URETRON D-S	128	VEMLIDY	138
ULTRA-THIN II LANCETS	258	URIBEL TABS	129	VENCLEXTA	157
ULTRATRAK	100	URIMAR-T	129	VENCLEXTA STARTING PACK	157
ULTRATRAK GLUCOSE METER	100	URNEVA	129	VENELEX	209
ULTRATRAK ULTIMATE	100	URO-458	129	<i>venlafaxine</i>	217
		UROGESIC-BLUE	129	<i>venlafaxine besylate</i>	217
		URO-MP	129	VENNGEL ONE	57
		UROQID-ACID NO.2	262	VENTAVIS	112
		<i>ursodiol</i>	284, 285	VEOZAH	34
		VAGINAL CONTRACEPTIVE FILM	20	<i>verapamil</i>	112
		<i>valacyclovir</i>	137		
		VALCHLOR	66		
		<i>valganciclovir</i>	137		

VERDESO	57	VOLNEA (28)	21	WYMZYA FE	21
VEREGEN	46	VONJO	157	WYNZORA	71
VERIFINE INSULIN SYRINGE	259	VONVENDI	301	XACIATO	303
VERIFINE PEN NEEDLE	210	VOQUEZNA	290	XADAGO	121
VERIFINE PLUS PEN NEEDLE	210	VOQUEZNA DUAL PAK	290	XALIX	67
VERIFINE PLUS PEN NEEDLE- SHARP	210	VOQUEZNA TRIPLE PAK	290	XALKORI	157
VERIFINE SAFETY LANCET MINI	259	<i>voriconazole</i>	130	XARELTO	301
VERIFINE UNIVERSAL LANCET	259	VOSEVI	138	XARELTO DVT-PE TREAT 30D START	301
VERKAZIA	193	VOWST	129	XATMEP	157
VERQUVO	102	VOXZOGO	277	XCLAIR	67
VERSACLOZ	231	VP-CH-PNV	31	XCOPRI	272
VERTIGOHEEL	210	VRAYLAR	231	XCOPRI MAINTENANCE PACK	271, 272
VERZENIO	157	VTAMA	71	XCOPRI TITRATION PACK	273
VESICARE LS	262	VUITY	185	XDEMVY	193
VESTURA (28)	20	VUMERITY	163	XELJANZ	150
VEVYE	193	VYFEMLA (28)	21	XELJANZ XR	150
VIBERZI	281	VYJUVEK	67	XELPROS	185
VICTOZA 2-PAK	100	VYLIBRA	21	XELSTRYM	231
VICTOZA 3-PAK	100	VYNDAMAX	102	XEMBIFY	166
VIENVA	20	VYNDAQEL	102	XENLETA	129
<i>vigabatrin</i>	271	VYVANSE	231	XENON XE-133	210
VIGADRONE	271	VYZULTA	185	<i>xenon-133 in air</i>	210
VIGPODER	271	WAINUA	6	XENOVIEW PATIENT DOSE	210
VIJOICE	6	WAKIX	231	XENOVIEW PREPARATION GAS BLEND	210
<i>vilazodone</i>	217	<i>warfarin</i>	301	XEPI	47
VIMPAT	271	<i>water for irrigation, sterile</i>	67	XERESE	47
VIOKACE	285	WAVESENSE AMP	100	XERMELO	285
VIORELE (28)	20	WAVESENSE JAZZ	100	XHANCE	9
VIRACEPT	138	WAVESENSE PRESTO	100	XIFAXAN	131
VIREAD	138	WELIREG	157	XIGDUO XR	100, 101
VISCO-3	150	WERA (28)	21	XIIDRA	193
VISTASEAL-FIBRIN SEALANT	301	WHYTEDERM SURGIPAK	210	XILAPAK	58
VISTOGARD	157	WHYTEDERM TDKPAK	57	XIMINO	129
VITAFOL FE+ (WITH DOCUSATE)	31	WHYTEDERM TRILASIL PAK	58	XOFLUZA	138
VITAMIN D2	31	WIDE-SEAL DIAPHRAGM 60	21	XOLAIR	28
VITAMIN K	301	WIDE-SEAL DIAPHRAGM 65	21	XOLEGEL	47
VITAMIN K1	301	WIDE-SEAL DIAPHRAGM 70	21	XOSPATA	157
VITRAKVI	157	WIDE-SEAL DIAPHRAGM 75	21	XPHOZAH	213
VIVAGUARD INO GLUCOSE METER	100	WIDE-SEAL DIAPHRAGM 80	21	XPOVIO	158
VIVAGUARD INO SMART GLUC METER	100	WIDE-SEAL DIAPHRAGM 85	21	XRYLIX (DICLOFENAC-KINES TAPE)	58
VIVAGUARD INO TEST STRIP	100	WIDE-SEAL DIAPHRAGM 90	21	XTAMPZA ER	180, 181
VIVAGUARD LANCET	259	WIDE-SEAL DIAPHRAGM 95	21	XTANDI	158
VIVJOA	130	WILATE	301	XULANE	21
VIVOTIF	166	WILZIN	210	XULTOPHY 100/3.6	101
VIZIMPRO	157	WINLEVI	41	XURIDEN	211
VOCABRIA	138	WINTERGREEN OIL	67		
		WIXELA INHUB	28		
		WOUNDGELHA MATRIX	67		
		WPR PLUS	67		

XYLIDERM.....	67	ZILBRYSQ.....	302
XYNTHA.....	301	<i>zileuton</i>	28
XYNTHA SOLOFUSE.....	301	ZILOVAL.....	67
XYOSTED.....	34	ZILXI.....	47
XYWAV.....	231	ZIMHI.....	232
YARGESA.....	210	<i>zinc oxide</i>	67
YAXATARXYN.....	72	<i>ziprasidone hcl</i>	232
YCANTH.....	67	ZIRGAN.....	193
YOKATAR.....	72	ZITHRANOL.....	71
YONSA.....	158	ZITUVIO.....	101
YOSPRALA.....	301	ZMA CLEAR.....	47
YUFLYMA(CF).....	150	ZOKINVY.....	6
YUFLYMA(CF) AI CROHN'S-UC- HS.....	150	ZOLINZA.....	158
YUFLYMA(CF) AUTOINJECTOR..	150	<i>zolmitriptan</i>	181
YUPELRI.....	28	<i>zolpidem</i>	232
YUSIMRY(CF) PEN.....	150	ZOMACTON.....	277
YUVAFEM.....	303	ZOMIG.....	181
ZAFEMY.....	21	ZONISADE.....	273
<i>zafirlukast</i>	28	<i>zonisamide</i>	273
<i>zaleplon</i>	231	ZONTIVITY.....	302
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ZARXIO.....	301	ZORYVE.....	58, 71
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ZEGALOGUE SYRINGE.....	101	ZUBSOLV.....	181
ZEJULA.....	158	ZUMANDIMINE (28).....	21
ZELAPAR.....	121	ZURZUVAE.....	217
ZELBORAF.....	158	ZYCLARA.....	168
ZELNORM.....	285	ZYDELIG.....	158
ZEMAIRA.....	6	ZYFLO.....	28
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ZENATANE.....	41	ZYLET.....	193
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<i>zidovudine</i>	138		
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