

## Kaiser Permanente Insurance Company (KPIC) / Lista de medicamentos recetados disponibles del Plan Added Choice con nivel de medicamentos especializados

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

Este documento contiene información sobre los medicamentos que están cubiertos cuando usted participa en nuestro plan **punto de servicio Added Choice** ofrecido por Kaiser Permanente Insurance Company (KPIC) y Kaiser Foundation Health Plan, Inc.

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

Puede acceder a la Lista actualizada de medicamentos recetados disponibles de KPIC visitando <http://info.kaiserpermanente.org/html/kpic-hawaii/drugformulary.html> (en inglés)

Para obtener ayuda en su idioma preferido, por favor, vea la página 5 de este documento.

### Cómo utilizar este documento (Lista de medicamentos recetados disponibles)

Este documento es una lista de los medicamentos recetados aprobados y cubiertos por su plan de Seguro Médico de KPIC. Todos los medicamentos se muestran por su nombre genérico y su nombre de marca comercial más común. Se puede explorar la Lista de medicamentos recetados disponibles 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 solo a los medicamentos recetados para pacientes ambulatorios que se le proporcionan a través de una farmacia de la red. Este documento no se aplica a los medicamentos usados en el consultorio del médico o en el hospital.

Los medicamentos de la Lista de medicamentos recetados 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 agentes incluidos en la tabla de la Lista de medicamentos recetados disponibles, el nivel se indica en todo el documento usando los siguientes símbolos (*consulte la siguiente tabla*).

### Tabla de definición de los niveles:

| Símbolo | Pauta   | Descripción                                                                                                                                            |
|---------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| T1      | Nivel 1 | Medicamentos genéricos y medicamentos genéricos de mantenimiento                                                                                       |
| T2      | Nivel 2 | Medicamentos de marca preferidos                                                                                                                       |
| T3      | Nivel 3 | Medicamentos de marca no preferidos                                                                                                                    |
| T4      | Nivel 4 | Medicamentos farmacéuticos especializados                                                                                                              |
| T5      | Nivel 5 | Medicamentos preventivos conforme a la Ley de Protección al Paciente y Cuidado de Salud Asequible (Patient Protection and Affordable Care Act, PPACA)* |

\*Ley federal de Protección al Paciente y Cuidado de Salud Asequible (PPACA).

## **Mantenimiento y actualización de la Lista de medicamentos recetados disponibles**

Los Comités de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y de la Lista de medicamentos recetados 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 recetados disponibles de MedImpact se reúnen cada trimestre, y con mayor frecuencia si es necesario, para garantizar la pertinencia clínica de la Lista de medicamentos recetados disponibles.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact actualizan la Lista de medicamentos recetados disponibles usando un enfoque estructurado del proceso de selección de medicamentos para garantizar el acceso continuo de los pacientes a tratamientos farmacológicos racionales.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact usan los siguientes criterios en la evaluación de la selección de medicamentos para la Lista de medicamentos recetados disponibles:

- perfil de seguridad del medicamento;
- eficacia del medicamento;
- comparación de los beneficios terapéuticos relevantes con los agentes actuales de la Lista de medicamentos recetados disponibles de uso similar, y para minimizar la duplicación terapéutica cuando sea posible
- rentabilidad en relación con unas terapias comparables

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

Por lo general, KPIC cubrirá los medicamentos genéricos, de marca y especializados recetados que aparecen en la Lista de medicamentos recetados disponibles de KPIC, siempre que el medicamento sea médicamente necesario, la receta se surta en un proveedor de farmacia de la red y se sigan otras reglas de cobertura. Los medicamentos de venta libre (Over-the-Counter, OTC) no suelen estar cubiertos. Ciertos medicamentos preventivos OTC de la PPACA son elegibles para la cobertura cuando los receta un médico, como la aspirina, los suplementos de hierro y la vitamina D.

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

- jeringas de insulina,
- agujas para la insulina,
- 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.

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

Los medicamentos genéricos de mantenimiento son medicamentos genéricos específicos que se usan para el tratamiento de enfermedades crónicas. Sin embargo, no todos los medicamentos genéricos usados para el tratamiento de enfermedades crónicas se consideran medicamentos genéricos de "mantenimiento".

## **¿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 realizó primero 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. Si solicita un medicamento de marca cuando se le recetó un medicamento genérico, es posible que tenga que pagar el copago del medicamento de marca más la diferencia de costo entre el medicamento genérico y el de marca. Por favor, consulte su *Certificado de Seguro (Certificate of Insurance)* para obtener más detalles.

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

Los medicamentos especializados son medicamentos recetados de alto costo que se usan para tratar afecciones complejas y crónicas, como la esclerosis múltiple, la artritis reumatoide y la hepatitis C. Los medicamentos especializados suelen requerir una manipulación, administración o monitoreo especiales.

## **¿Cuáles son los medicamentos preventivos de la PPACA?**

Todos los medicamentos, incluso los de venta libre (OTC), incluidos en la Ley federal de Protección al Paciente y Cuidado de Salud Asequible (PPACA) como **medicamentos preventivos** son elegibles para la cobertura sin costo compartido si el asegurado tiene una receta de su proveedor de atención médica. La única excepción es la vacuna contra la gripe, que no requiere receta médica; sin embargo, hay que presentar la tarjeta del seguro en la farmacia.

Algunos medicamentos preventivos solo están cubiertos sin costo compartido para determinados pacientes. Por ejemplo, para los pacientes dentro de un rango de edad específico o cuando se usa un medicamento para un determinado propósito. **Los medicamentos preventivos de la PPACA están etiquetados como Nivel 5 en la Lista de medicamentos recetados disponibles.**

### ¿Qué medicamentos no están cubiertos? Exclusiones generales

- Medicamentos de venta libre (OTC) o sus equivalentes, excepto los medicamentos OTC incluidos en esta Lista de medicamentos recetados disponibles.
- Cualquier medicamento utilizado con fines cosméticos.
- Medicamentos experimentales o cualquier medicamento utilizado de forma experimental.
- Sustitución de medicamentos perdidos o robados.
- Medicamentos administrados por un profesional clínico de salud a menos que se especifique lo contrario en la Lista de medicamentos recetados disponibles.
- Medicamentos no aprobados por la Administración de Medicamentos y Alimentos de EE. UU.

### ¿Cómo solicito una excepción a la Lista de medicamentos recetados disponibles de KPIC?

Puede solicitar una excepción para obtener la cobertura de un medicamento que no aparezca en la Lista de medicamentos recetados disponibles o que esté anotado con "Autorización previa (Prior Authorization, PA)" junto al nombre del medicamento, llamando a MedImpact al **1-800-788-2949**. Después de la recepción de su solicitud de excepción, MedImpact le notificará en un plazo de 72 horas para las solicitudes que no sean de urgencia y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. (Existen circunstancias apremiantes cuando un asegurado padece una condición de salud que pueda poner en grave peligro su vida, su salud o su capacidad para recuperar al máximo sus funciones, o cuando un asegurado está usando un medicamento mientras se somete a un tratamiento en curso). Si se concede una solicitud de excepción estándar, se otorgará la cobertura del medicamento que no aparece en la Lista de medicamentos recetados disponibles mientras dure el tratamiento, incluidos los surtidos posteriores. Si se concede una excepción basada en circunstancias apremiantes, la cobertura del medicamento que no aparece en la Lista de medicamentos recetados disponibles se concederá mientras dure la situación apremiante.

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

Sí, para determinados agentes de la Lista de medicamentos recetados disponibles puede aplicarse una pauta de receta 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    | Modificar edad         | La cobertura depende de la edad del paciente.                                                                                                                                                  |
| PA      | Autorización previa    | Requiere una autorización previa basada en criterios clínicos específicos. <b><i>Consulte Autorización previa más abajo para obtener información adicional.</i></b>                            |
| QL      | Límite 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. <b><i>Vea "Tratamiento Escalonado" más abajo para obtener información adicional.</i></b> |

### ¿Qué es una autorización previa?

Una autorización previa (PA) es un procedimiento de revisión y aprobación que se usa para fomentar el uso seguro y rentable de los medicamentos. Muchos medicamentos tienen múltiples usos, por lo que se establecen las PA para garantizar que el medicamento es apropiado y seguro para la persona asegurada.

**¿Cómo funciona el programa?** Los medicamentos marcados con una autorización previa significan que el profesional que se los receta debe demostrar primero que usted tiene una necesidad médica de ese medicamento recetado para pacientes ambulatorios en concreto. Esto significa que para recibir cobertura su profesional que receta tendrá que colaborar con MedImpact para recibir la autorización previa del medicamento. Los medicamentos con autorización previa tienen criterios clínicos específicos que usted debe cumplir para obtener cobertura. Los medicamentos que requieren autorización previa se indican en la Lista de medicamentos recetados disponibles con el símbolo PA bajo la columna Restricciones/Limitaciones.

Después de la recepción de su solicitud de autorización previa, MedImpact notificará al proveedor autorizado para recetar, la aprobación de la solicitud u otro resultado, en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes. 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 tiene preguntas sobre su solicitud, puede llamar a MedImpact al **1-800-788- 2949**.

### **¿Qué es el tratamiento escalonado?**

Algunos medicamentos recetados para pacientes ambulatorios requieren un tratamiento escalonado. El Programa de Tratamiento Escalonado fomenta el uso seguro y rentable de los medicamentos. En este programa, se requiere un método "escalonado" para recibir la cobertura de ciertos medicamentos de alto costo. Esto significa que para recibir cobertura es posible que tenga que probar primero un medicamento de eficacia probada y rentable antes de utilizar un tratamiento más costoso. Recuerde que las decisiones sobre el tratamiento siempre se toman entre usted y su médico.

**¿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 mantener los costos bajos. Un medicamento de segunda línea es una opción de tratamiento menos preferida o a veces más costosa. Los medicamentos sujetos a revisiones de tratamiento escalonado se indican en la Lista de medicamentos recetados disponibles con el símbolo ST bajo la columna Restricciones/Limitaciones. La sección "Índice" que se encuentra al final de la Lista de medicamentos recetados disponibles también contiene una lista completa de los medicamentos que requieren tratamiento escalonado.

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. Después de la recepción de su solicitud para un medicamento de segunda línea, MedImpact notificará al proveedor autorizado para emitir la receta, en un plazo de 72 horas para las solicitudes que no sean de urgencia y en un plazo de 24 horas si existen circunstancias apremiantes para la aprobación de la solicitud u otro resultado. Si tiene preguntas sobre su solicitud, puede llamar a MedImpact al **1-800-788-2949**.

### **Cobertura y limitaciones de los beneficios**

La Lista de medicamentos recetados disponibles no proporciona información sobre la cobertura y limitación específicas a las que puede estar sujeto un asegurado individual. Las inclusiones, exclusiones y costos compartidos de beneficios específicos no se reflejan en la Lista de medicamentos recetados disponibles.

La Lista de medicamentos recetados disponibles se aplica solo a los medicamentos para pacientes ambulatorios que se le hayan recetado y no se aplica a los medicamentos que se usan en un establecimiento para pacientes hospitalizados. Si tiene preguntas específicas sobre su cobertura, por favor, llame a Servicio al Cliente de KPIC al **1-800-238-5742**.

### **Sus gastos**

El monto que paga por un medicamento cubierto dependerá de su nivel de cobertura. Cada medicamento cubierto se encuentra en uno de los distintos niveles. El monto en cada nivel de medicamentos puede ser diferente. Cada nivel de medicamentos puede tener un monto de copago o coseguro diferente.

Por favor, consulte su *Programa de Cobertura (Schedule of Coverage)* para obtener información adicional. Para saber el costo de sus medicamentos, puede comunicarse con MedImpact llamando al **1-800-788-2949**.

La Lista de medicamentos recetados disponibles indica un rango estimado de su costo compartido para cada medicamento según la información disponible actualmente en KPIC. La estimación se basa en la información que la aseguradora tiene disponible. Los costos compartidos pueden variar de un plan a otro. Los rangos de los costos compartidos se indican de la siguiente manera:

- A. \$100 y menos: \_\_\_\_\_\$;
- B. Más de \$100 a \$250: \_\_\_\_\_\$\$;
- C. Más de \$250 a \$500: \_\_\_\_\_\$\$\$;
- D. Más de \$500 a \$1,000: \_\_\_\_\_\$\$\$\$;
- E. Más de \$1,000: \_\_\_\_\_\$\$\$\$\$.



## NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

KPIC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, braille and accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-238-5742** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 711 Kapiolani Blvd Honolulu, HI 96813, telephone number 1-800-238-5742.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: 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). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-238-5742** (TTY: **711**).

**Cebuano (Bisaya) ATENSYON:** Kung nagsulti ka og Cebuano, adunay mga serbisyo sa tabang sa pinulongan, nga walay bayad, nga magamit nimo. Tawag sa **1-800-238-5742** (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 **1-800-238-5742** (TTY: **711**)

**Chuuk (Chukese) MEI AUCHEA:** Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-238-5742** (TTY: **711**).

**‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI:** Inā i ‘ōlelo ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi e pili ana i ka ‘ōlelo. E kelepona aku i ka helu **1-800-238-5742** (TTY: **711**).

**Iloko (Ilocano) PAKDAAR:** No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-238-5742** (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。 **1-800-238-5742** (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. **1-800-238-5742**(TTY: **711**) 번으로 전화해 주십시오.

**ພາສາລາວ (Laotian) ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ກັບທ່ານ. ໂທຫາ **1-800-238-5742** (TTY: **711**).

**Kajin Pälle (Marshallese) LALE:** Ñe kwōj kōnono Kajin Pälle, kwomaroñ bōk jerbal in jibañ kein, ilo ejelok onean, im rej belloq ñan eok. Kaalōk **1-800-238-5742** (TTY: **711**).

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hól’ó, koj’i’ hódíłnih **1-800-238-5742** (TTY: **711**).

**Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR:** Ma komw kin lokaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Eker nempe **1-800-238-5742** (TTY: **711**).

**Faa-Samoa (Samoan) MO LOU SILAFIA:** Afai e te tautala i le Gagana fa'a Sāmoa, o loo iai 'au'aunaga fesoasoani, e fai fua mo oe, e leai se totogi. Telefoni mai: **1-800-238-5742** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-238-5742** (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 **1-800-238-5742** (TTY: **711**).

**Lea Faka-Tonga (Tongan) FAKATOKANGA:** Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pe a te ke lava ‘o ma’u ia. Telefoni mai **1-800-238-5742** (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 **1-800-238-5742** (TTY: **711**).

## Tabla de Contenido

|                                                            |     |
|------------------------------------------------------------|-----|
| Abandono Del Tabaquismo .....                              | 3   |
| Agentes Misceláneos .....                                  | 4   |
| Alergia .....                                              | 7   |
| Anestesia Local .....                                      | 11  |
| Anticonceptivo/Ocitócicos .....                            | 11  |
| Antiemesis/Antivertigo .....                               | 24  |
| Asma Y Copd .....                                          | 26  |
| Deficiencia Vitamínica Y/O Mineral .....                   | 38  |
| Deficiencia Hormonal .....                                 | 45  |
| Dermatología - Acné .....                                  | 50  |
| Dermatología - Antiinfecciosos .....                       | 59  |
| Dermatología - Antiinflamatorio .....                      | 66  |
| Dermatología - Medicamentos Antipruriginosos .....         | 80  |
| Dermatología - Misceláneo .....                            | 80  |
| Dermatología - Soriasis/Eccema .....                       | 91  |
| Dermatología - Trastornos De Pigmentación .....            | 95  |
| Diabetes .....                                             | 98  |
| Enfermedad Cardiovascular - Agentes Misceláneos .....      | 145 |
| Enfermedad Cardiovascular - Arritmia .....                 | 147 |
| Enfermedad Cardiovascular - Estimulante Cardíaco .....     | 147 |
| Enfermedad Cardiovascular - Hipertensión .....             | 148 |
| Enfermedad Cardiovascular - Irregularidad De Lípidos ..... | 162 |
| Enfermedad Cardiovascular - Vasodilatación .....           | 168 |
| Enfermedad De Parkinson .....                              | 169 |
| Enfermedad Infecciosa - Bacteriana .....                   | 172 |
| Enfermedad Infecciosa - Fungosa .....                      | 181 |
| Enfermedad Infecciosa - Miscelánea .....                   | 183 |
| Enfermedad Infecciosa - Parasitaria .....                  | 185 |
| Enfermedad Infecciosa - Viral .....                        | 186 |
| Enfermedad Inflamatoria .....                              | 193 |
| Enfermedad Neoplásica .....                                | 205 |
| Enfermedad Neurológica - Miscelánea .....                  | 215 |
| Inmunización .....                                         | 220 |
| Inmunosupresión/Modulación .....                           | 223 |
| La Gota Y Enfermedades Relacionadas .....                  | 226 |
| Manejo De Dolor - Analgésicos .....                        | 226 |
| Oído - Trastornos Generales .....                          | 243 |
| Ojo - Glaucoma .....                                       | 244 |
| Ojo - Misceláneos .....                                    | 249 |
| Ojo - Trastornos Generales .....                           | 249 |
| Otros Medicamentos .....                                   | 258 |
| Otros Trastornos Respiratorios .....                       | 268 |
| Pérdida De Peso .....                                      | 270 |

|                                                                       |     |
|-----------------------------------------------------------------------|-----|
| Reemplazo De Fluidos .....                                            | 270 |
| Regulación De Electrolitos .....                                      | 270 |
| Salud Del Comportamiento - Antidepresivos .....                       | 273 |
| Salud Del Comportamiento - Otro .....                                 | 279 |
| Sistema Nervioso Autónomo .....                                       | 297 |
| Suministros Médicos .....                                             | 299 |
| Tos Y Resfriado .....                                                 | 311 |
| Tracto Urinario - Trastornos Funcionales .....                        | 313 |
| Trastorno De Convulsiones .....                                       | 317 |
| Trastorno Endocrino - Fertilidad .....                                | 328 |
| Trastorno Endocrino - Otro .....                                      | 329 |
| Trastorno Endocrino - Tiroides .....                                  | 335 |
| Trastorno Musculoesquelético .....                                    | 337 |
| Trastornos Gastrointestinal Inferior - Inflamación De Intestino ..... | 339 |
| Trastornos Gastrointestinal Inferior - Otro .....                     | 341 |
| Trastornos Gastrointestinal Superior - Digestivos .....               | 346 |
| Trastornos Gastrointestinal Superior - Enfermedad Espástica .....     | 347 |
| Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras .....   | 348 |
| Trastornos Hematológicos .....                                        | 352 |
| Trastornos Orales/Faríngeos .....                                     | 365 |
| Trastornos Vaginales .....                                            | 366 |

| Nombre del Medicamento                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abandono Del Tabaquismo</b>                                                               |                       |                                                                                                                                                          |
| <b>Agentes Inhibidores De Tabaco (Estimulantes Ganglionares, Otros)</b>                      |                       |                                                                                                                                                          |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)                                        | 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</i> (Quit 4)                                        | 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</i> (Quit 2)                                    | 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</i> (Quit 4)                                    | 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</i> (Nicorette)                      | 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</i> (Nicoderm CQ) | 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 NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                                                | Nivel 5               | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days) |

| Nombre del Medicamento                                                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|---------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| 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                         |
| <b>Disuasivo De Tabaquismo, Otros</b>                                                                   |                       |                                                                                                                     |
| <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 OF AGE OR OLDER                      |
| <b>Disuasivo De Tabaquismo-Agonístico Parcial De Receptores De Nicotina</b>                             |                       |                                                                                                                     |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)                                          | Nivel 5               | \$; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline tartrate 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 OF AGE OR OLDER; QL (2 EA per 1 day) |
| <b>Agentes Misceláneos</b>                                                                              |                       |                                                                                                                     |
| GALAFOLD ORAL CAPSULE 123 MG                                                                            | Nivel 4               | PA                                                                                                                  |

| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML                | Nivel 4               | PA                                                     |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                                    | Nivel 2               | PA                                                     |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                         | Nivel 4               | PA                                                     |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)                            | Nivel 3               | PA                                                     |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Agente De Pku Tx-Cofactor De Fenilalanina Hidroxilasa</b>                       |                       |                                                        |
| JAVYGTOR ORAL POWDER IN PACKET 100 MG (sapropterin)                                | Nivel 4               | \$\$\$                                                 |
| JAVYGTOR ORAL POWDER IN PACKET 500 MG (sapropterin)                                | Nivel 4               | \$\$\$\$\$                                             |
| JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)                                  | Nivel 4               | \$\$\$\$\$                                             |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)                           | Nivel 4               |                                                        |
| KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)                                     | Nivel 4               |                                                        |
| <i>sapropterin oral powder in packet 100 mg</i> (Javygtor)                         | Nivel 4               | \$\$                                                   |
| <i>sapropterin oral powder in packet 500 mg</i> (Javygtor)                         | Nivel 4               | \$\$\$\$                                               |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)                           | Nivel 4               | \$\$\$\$                                               |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG                                   | Nivel 4               | PA                                                     |
| <b>Agentes De Terapia De Anafilaxia</b>                                            |                       |                                                        |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML                                       | Nivel 2               | QL (2 EA per 365 days)                                 |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)        | Nivel 2               | QL (2 EA per 365 days)                                 |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | Nivel 1               | \$\$; QL (4 EA per 1 FILL)                             |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)              | Nivel 1               | \$\$; QL (4 EA per 1 FILL)                             |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)                   | Nivel 3               | \$\$; QL (4 EA per 1 FILL)                             |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)                         | Nivel 3               | \$\$; QL (4 EA per 1 FILL)                             |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)               | Nivel 3               | \$\$; QL (4 EA per 1 FILL)                             |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)          | Nivel 3               | QL (4 EA per 1 FILL)                                   |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) | Nivel 3               | QL (4 EA per 1 FILL)                                   |
| <b>Agentes Parasimpáticos</b>                                           |                       |                                                        |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>       | Nivel 1               | \$                                                     |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                           | Nivel 1               | \$                                                     |
| EVOXAC ORAL CAPSULE 30 MG (cevimeline)                                  | Nivel 3               |                                                        |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Nivel 1               | \$                                                     |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)        | Nivel 3               |                                                        |
| <b>Antagonistas De Receptores De Quimiocina Cxcr4</b>                   |                       |                                                        |
| XOLREMDI ORAL CAPSULE 100 MG                                            | Nivel 4               | PA                                                     |
| <b>Inhibidores De Enzima Sistémico</b>                                  |                       |                                                        |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG                      | Nivel 4               | PA                                                     |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)                             | Nivel 4               | PA                                                     |
| JOENJA ORAL TABLET 70 MG                                                | Nivel 4               | PA                                                     |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                                   | Nivel 4               | PA                                                     |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG      | Nivel 4               | PA                                                     |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG             | Nivel 4               | PA                                                     |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                       | Nivel 4               | PA                                                     |
| <b>Oligonucleótidos Antisentido De Inclusión Genética D/O Tz-Exon</b>   |                       |                                                        |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML                                      | Nivel 4               | \$\$\$\$\$                                             |
| EVRYSDI ORAL TABLET 5 MG                                                | Nivel 4               | \$\$\$\$\$                                             |



| Nombre del Medicamento                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                 |
|----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alergia</b>                                                                   |                       |                                                                                                                                                        |
| <b>Antihistamínico Nasale &amp; Antiinflam. Comb. De Esteroide</b>               |                       |                                                                                                                                                        |
| azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray (Dymista)        | Nivel 1               | \$; ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)                        |
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)       | Nivel 3               | \$; ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)                        |
| RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY                               | Nivel 3               | QL (29 GM per 30 days)                                                                                                                                 |
| <b>Antihistamínico Nasaes</b>                                                    |                       |                                                                                                                                                        |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %)                               | Nivel 1               | \$                                                                                                                                                     |
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)          | Nivel 1               | \$                                                                                                                                                     |
| olopatadine nasal spray,non-aerosol 0.6 %                                        | Nivel 1               | \$                                                                                                                                                     |
| <b>Antihistamínicos - 1Era Generación</b>                                        |                       |                                                                                                                                                        |
| carbinoxamine maleate oral liquid 4 mg/5 ml (Carbzah)                            | Nivel 1               | Age (Min 2 Years)                                                                                                                                      |
| carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml (Karbinal ER) | Nivel 1               | ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| carbinoxamine maleate oral tablet 4 mg                                           | Nivel 1               | \$; Age (Min 2 Years)                                                                                                                                  |
| carbinoxamine maleate oral tablet 6 mg (RyVent)                                  | Nivel 1               | ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)                        |
| CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)                            | Nivel 1               | Age (Min 2 Years)                                                                                                                                      |
| clemastine oral syrup 0.5 mg/5 ml                                                | Nivel 1               |                                                                                                                                                        |
| clemastine oral tablet 2.68 mg (Clemsza)                                         | Nivel 1               |                                                                                                                                                        |
| CLEMASZ ORAL TABLET 2.68 MG (clemastine)                                         | Nivel 1               |                                                                                                                                                        |
| CLEMSZA ORAL TABLET 2.68 MG (clemastine)                                         | Nivel 1               |                                                                                                                                                        |

| Nombre del Medicamento                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                     |
|-----------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ciproheptadine oral syrup 2 mg/5 ml</i>                                        | Nivel 1               | \$                                                                                                                                                         |
| <i>ciproheptadine oral tablet 4 mg</i>                                            | Nivel 1               | \$                                                                                                                                                         |
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)              | Nivel 1               | QL (236 ML per 1 FILL)                                                                                                                                     |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)                             | Nivel 1               |                                                                                                                                                            |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                   | Nivel 1               | \$                                                                                                                                                         |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                            | Nivel 1               | \$                                                                                                                                                         |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                                    | Nivel 1               |                                                                                                                                                            |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>                              | Nivel 1               | \$                                                                                                                                                         |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate) | Nivel 3               | \$; ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine)                    | Nivel 3               |                                                                                                                                                            |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)             | Nivel 1               |                                                                                                                                                            |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                       | Nivel 1               | \$                                                                                                                                                         |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                             | Nivel 1               | \$                                                                                                                                                         |
| <b>Antihistamínicos - 2Da Generación</b>                                          |                       |                                                                                                                                                            |
| <i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))             | Nivel 1               | \$                                                                                                                                                         |
| CLARINEX ORAL TABLET 5 MG (desloratadine)                                         | Nivel 3               |                                                                                                                                                            |
| <i>desloratadine oral tablet 5 mg</i> (Clarinx)                                   | Nivel 1               |                                                                                                                                                            |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>                     | Nivel 1               | ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days                                                       |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                           | Nivel 1               | \$; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days                                                   |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                      | Nivel 1               | \$                                                                                                                                                         |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                              |
|-------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Combinaciones De Antihistamínicos &amp; Descongestivo S De 2Da Gen</b>                       |                       |                                                                                                                                                                                     |
| 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                                                                                |
| <b>Esteroides Antiinflamatorios Nasaes</b>                                                      |                       |                                                                                                                                                                                     |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>                                    | Nivel 1               | \$; QL (25 ML per 30 days)                                                                                                                                                          |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | Nivel 1               |                                                                                                                                                                                     |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))        | Nivel 1               |                                                                                                                                                                                     |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG                                                         | Nivel 3               | ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)                                                                              |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                                                | Nivel 2               | ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (6.8 GM per 30 days)                                                              |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                                                | Nivel 2               | ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)                                                             |
| SINUVA SINUS IMPLANT 1,350 MCG                                                                  | Nivel 3               | PA                                                                                                                                                                                  |
| TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %                                     | Nivel 3               |                                                                                                                                                                                     |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                                          | Nivel 2               | ST: Must meet the following requirements of one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone in 120 days; QL (32 ML per 30 days) |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION                                              | Nivel 3               | ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)                                                                            |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Extractos Alérgicos, Terapéuticos</b>                                   |                       |                                                        |
| GRASSTK SUBLINGUAL TABLET 2,800 BAU                                        | Nivel 2               | PA                                                     |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM                                        | Nivel 2               | PA                                                     |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY                              | Nivel 2               | PA                                                     |
| PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG                            | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)                 | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)                 | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)     | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG                           | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)               | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)               | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)  | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1)  | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)             | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | Nivel 4               | PA; \$\$                                               |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG                  | Nivel 4               | PA; \$\$\$                                             |
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG          | Nivel 4               | PA; \$\$                                               |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG       | Nivel 4               | PA; \$\$                                               |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG                | Nivel 4               | PA; \$\$\$                                             |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                 | Nivel 2               | PA                                                     |

| Nombre del Medicamento                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Anestesia Local</b>                                                                       |                       |                                                        |
| <b>Anestesia Local</b>                                                                       |                       |                                                        |
| ACCUCAINE KIT KIT 10 MG/ML (1 %)                                                             | Nivel 3               |                                                        |
| <i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>                      | Nivel 1               |                                                        |
| <i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml) 0.25%</i>                 | Nivel 1               |                                                        |
| GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %                                | Nivel 1               | \$                                                     |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>                                               | Nivel 1               |                                                        |
| <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 (lidocaine hcl) MEMBRANE SOLUTION 2 %                               | Nivel 1               | \$                                                     |
| LIDOMARK 1-5 KIT 10 MG/ML (1 %)                                                              | Nivel 3               |                                                        |
| LIDOMARK 2-5 KIT 20 MG/ML (2 %)                                                              | Nivel 3               |                                                        |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)                                                        | Nivel 3               |                                                        |
| <i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>                       | Nivel 1               |                                                        |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>      | Nivel 1               |                                                        |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %</i>                 | Nivel 1               |                                                        |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %</i>          | Nivel 1               |                                                        |
| XARACOLL IMPLANT IMPLANT 100 MG                                                              | Nivel 3               |                                                        |
| ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG / 7 ML, 400 MG / 14 ML | Nivel 3               |                                                        |
| <b>Anticonceptivo/Ocitócos</b>                                                               |                       |                                                        |
| <b>Anticonceptivos, Implantable</b>                                                          |                       |                                                        |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                                            | Nivel 5               | \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS         |

| Nombre del Medicamento                                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso           |
|------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------------|
| <b>Anticonceptivos, Intravaginal, Sistémico</b>                        |                                  |                       |                                                                  |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                            |                                  | Nivel 5               | \$\$\$                                                           |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR                               | (etonogestrel-ethinyl estradiol) | Nivel 5               |                                                                  |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR                            | (etonogestrel-ethinyl estradiol) | Nivel 5               |                                                                  |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | (NuvaRing)                       | Nivel 5               | \$                                                               |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR                              | (etonogestrel-ethinyl estradiol) | Nivel 5               |                                                                  |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR                              | (etonogestrel-ethinyl estradiol) | Nivel 3               | QL (1 EA per 28 days)                                            |
| <b>Anticonceptivos, Inyectables</b>                                    |                                  |                       |                                                                  |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML              |                                  | Nivel 5               | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)  |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>          | (Depo-Provera)                   | Nivel 5               | \$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               | \$; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days) |
| <b>Anticonceptivos, Orales</b>                                         |                                  |                       |                                                                  |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                    | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| 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               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                              | (norethindrone-ethin estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                   |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)  | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)       |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28)                               | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                           |
| APRI ORAL TABLET 0.15-0.03 MG                                          | (desogestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                          |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |

| Nombre del Medicamento                                                  |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso     |
|-------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------|
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                         | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                          | (norethindrone ac-eth estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                              | (norethindrone ac-eth estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                   | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)        | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)            | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                       |                                  | Nivel 5               | IF RATIO=1.34 THEN \$0 COPAY AND TIER=5.                   |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                        | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AYUNA ORAL TABLET 0.15-0.03 MG                                          | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                      | (levonorgest-eth.estradiol-iron) | Nivel 3               | QL (28 EA per 28 days)                                     |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                                  |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)                              | (drospirenone-e.estradiol-lm.fa) | Nivel 3               | \$                                                         |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                      |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| CAMILA ORAL TABLET 0.35 MG                                              | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| 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               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |



| Nombre del Medicamento                                                        |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso     |
|-------------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------|
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)         | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                                |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)               | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                      | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                      | (norgestrel-ethinyl estradiol)   | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                             | (desogestrel-ethinyl estradiol)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| CYRED ORAL TABLET 0.15-0.03 MG                                                | (desogestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                     | (norethindrone-ethin estradiol)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                          |                                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)          | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| DEBLITANE ORAL TABLET 0.35 MG                                                 | (norethindrone (contraceptive))  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| DOLISHALE ORAL TABLET 90-20 MCG (28)                                          | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>    | (Beyaz)                          | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>    | (Safyral)                        | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                   | (YAZ (28))                       | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                   | (Yasmin (28))                    | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| 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               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| ELLA ORAL TABLET 30 MG                                                        |                                  | Nivel 5               |                                                            |
| EMZAHH ORAL TABLET 0.35 MG                                                    | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |



| Nombre del Medicamento                                                      |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso           |
|-----------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------------|
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                         | (levonorg-eth estrad triphasic)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ENSKYCE ORAL TABLET 0.15-0.03 MG                                            | (desogestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ERRIN ORAL TABLET 0.35 MG                                                   | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ESTARYLLA ORAL TABLET 0.25-0.035 MG                                         | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg                       | (Kelnor 1/35 (28))               | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                           |
| ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg                       | (Valtya)                         | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                           |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                           |
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG                              |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)                     | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                | (noreth-ethinyl estradiol-iron)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                             | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                         | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)              | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                  | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| HAILEY ORAL TABLET 1.5-30 MG-MCG                                            | (norethindrone ac-eth estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| HEATHER ORAL TABLET 0.35 MG                                                 | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| 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               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)       |
| INCASSIA ORAL TABLET 0.35 MG                                                | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                               |
| INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                | (levonorgestrel-ethinyl estrad)  | Nivel 5               | IF RATIO=1.34 THEN \$0 COPAY AND TIER=5.; QL (91 EA per 84 days) |

| Nombre del Medicamento                                                                                 |                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso         |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|----------------------------------------------------------------|
| ISIBLOOM ORAL TABLET 0.15-0.03 MG                                                                      | (desogestrel-ethinyl estradiol)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)                                  | (l norgest/e.estradiol-e.estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)     |
| JASMIEL (28) ORAL TABLET 3-0.02 MG                                                                     | (drospirenone-ethinyl estradiol)    | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| JENCYCLA ORAL TABLET 0.35 MG                                                                           | (norethindrone (contraceptive))     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                                             | (levonorgestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)     |
| JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                                                        | (levonorgest-eth.estradiol-iron)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days)     |
| JULEBER ORAL TABLET 0.15-0.03 MG                                                                       | (desogestrel-ethinyl estradiol)     | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                            | (norethindrone ac-eth estradiol)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                                | (norethindrone ac-eth estradiol)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                          | (norethindrone-e.estradiol-iron)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                              | (norethindrone-e.estradiol-iron)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                     | (norethindrone-e.estradiol-iron)    | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                          | (noreth-ethinyl estradiol-iron)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KALLIGA ORAL TABLET 0.15-0.03 MG                                                                       | (desogestrel-ethinyl estradiol)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                                                   | (desog-e.estradiol/e.estradiol)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                               | (ethynodiol diac-eth estradiol)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG                                                               | (ethynodiol diac-eth estradiol)     | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG                                                                  | (levonorgestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| <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               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY; 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               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |

| Nombre del Medicamento                                                                              |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso         |
|-----------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------------------------|
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                         | (norethindrone ac-eth estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                             | (norethindrone ac-eth estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                  | (norethindrone-e.estradiol-iron) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                       | (norethindrone-e.estradiol-iron) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                           | (norethindrone-e.estradiol-iron) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                       | (noreth-ethinyl estradiol-iron)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                            |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                                   | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                                            | (levonorg-eth estrad triphasic)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                      | (Balcoltra)                      | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                            | (After Pill)                     | Nivel 5               |                                                                |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                                      | (Afirmelle)                      | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                                       | (Altavera (28))                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                                     | (Amethyst (28))                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>             | (Iclevia)                        | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY; 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               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG                                                                  | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                              |                                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                      | (norethindrone ac-eth estradiol) | Nivel 3               | \$                                                             |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                          | (norethindrone ac-eth estradiol) | Nivel 3               | \$\$                                                           |

| Nombre del Medicamento                                                  |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso     |
|-------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------|
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)    | (norethindrone-e.estradiol-iron) | Nivel 3               | \$                                                         |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)        | (norethindrone-e.estradiol-iron) | Nivel 3               | \$                                                         |
| LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| LORYNA (28) ORAL TABLET 3-0.02 MG                                       | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG                             | (norgestrel-ethinyl estradiol)   | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG                               | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG                                   | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| LYLEQ ORAL TABLET 0.35 MG                                               | (norethindrone (contraceptive))  | Nivel 5               | ;\$ \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| LYZA ORAL TABLET 0.35 MG                                                | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG                                  | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MELEYA ORAL TABLET 0.35 MG                                              | (norethindrone (contraceptive))  | Nivel 5               | IF RATIO=1.34 THEN \$0 COPAY AND TIER=5.                   |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                          | (norethindrone-e.estradiol-iron) | Nivel 5               | ;\$ \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)           | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                       | (norethindrone ac-eth estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                           | (norethindrone ac-eth estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)     | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MILI ORAL TABLET 0.25-0.035 MG                                          | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                        | (levonorgest-eth.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days) |
| MONO-LINYAH ORAL TABLET 0.25-0.035 MG                                   | (norgestimate-ethinyl estradiol) | Nivel 5               | ;\$ \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| MY CHOICE ORAL TABLET 1.5 MG                                            | (levonorgestrel)                 | Nivel 5               |                                                            |

| Nombre del Medicamento                                                            | Nivel del Medicamento                      | Acciones necesarias, restricciones o límites en el uso  |
|-----------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| 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                                    | \$\$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                       | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)                                       | Nivel 5                                    | \$                                                      |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)                                         | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (1 EA per 1 day) |
| NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)                 | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))                       | Nivel 5                                    | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) | (Wymzya Fe)<br>Nivel 5                     | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) | (Galbriela)<br>Nivel 5                     | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone (contraceptive) oral tablet 0.35 mg                                 | (Camila)<br>Nivel 5                        | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg                          | (Loestrin 1.5/30 (21))<br>Nivel 5          | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg                            | (Loestrin 1/20 (21))<br>Nivel 5            | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)            | (Taytulla)<br>Nivel 5                      | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)           | (Loestrin Fe 1.5/30 (28-Day))<br>Nivel 5   | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)   | (Charlotte 24 Fe)<br>Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg            | (Tri-Lo-Estarylla)<br>Nivel 5              | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)        | (Tri-Estarylla)<br>Nivel 5                 | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg                          | (Estarylla)<br>Nivel 5                     | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                  |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                     | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                    | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                         | (norethindrone-ethin estradiol)<br>Nivel 5 | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                              | Nivel 5                                    | \$0 COPAY IF QUANTITY 28 IN 28 DAY                      |



| Nombre del Medicamento                                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso         |
|------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------------------------|
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                | (norethindrone-ethin estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                     |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| OCELLA ORAL TABLET 3-0.03 MG                                           | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG                                    | (levonorgestrel)                 | Nivel 5               |                                                                |
| OPILL ORAL TABLET 0.075 MG                                             |                                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| OPTION-2 ORAL TABLET 1.5 MG                                            | (levonorgestrel)                 | Nivel 5               | \$                                                             |
| ORQUIDEA ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | Nivel 5               | IF RATIO=1.34 THEN \$0 COPAY AND TIER=5.                       |
| PHILITH ORAL TABLET 0.4-35 MG-MCG                                      |                                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG                                     | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG                                | (desogestrel-ethinyl estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| 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               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG  | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)                           | (drospirenone-e.estradiol-lm.fa) | Nivel 3               | \$                                                             |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days) |
| SHAROBEL ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                         |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)     |
| SLYND ORAL TABLET 4 MG (28)                                            |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days)     |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG                                | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                             |

| Nombre del Medicamento                                        |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| SYEDA ORAL TABLET 3-0.03 MG                                   | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| 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               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)    | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)              | (norethindrone-e.estradiol-iron) | Nivel 3               | \$\$                                                   |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)           | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)     | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)      | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)        | (norgestimate-ethinyl estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG      | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG         | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG           | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG       | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)          | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)       | (levonorg-eth estrad triphasic)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG        | (norgestimate-ethinyl estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)       | (norgestimate-ethinyl estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| TULANA ORAL TABLET 0.35 MG                                    | (norethindrone (contraceptive))  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG                         | (norgestrel-ethinyl estradiol)   | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG                   |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)                   | (drospirenone-e.estradiol-lm.fa) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |

| Nombre del Medicamento                                                   |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| VALTYA ORAL TABLET 1-50 MG-MCG                                           | (ethynodiol diac-eth estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG        |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VESTURA (28) ORAL TABLET 3-0.02 MG                                       | (drospirenone-ethinyl estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                                         | (levonorgestrel-ethinyl estrad)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                    | (desog-e.estradiol/e.estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                     | (desog-e.estradiol/e.estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG                                   |                                  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| VYLIBRA ORAL TABLET 0.25-0.035 MG                                        | (norgestimate-ethinyl estradiol) | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG                                      |                                  | Nivel 5               | \$; \$0 COPAY IF QUANTITY 28 IN 28 DAY                 |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)             | (noreth-ethinyl estradiol-iron)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)                      | (norethindrone-e.estradiol-iron) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)             | (noreth-ethinyl estradiol-iron)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| YASMIN (28) ORAL TABLET 3-0.03 MG                                        | (drospirenone-ethinyl estradiol) | Nivel 3               | \$                                                     |
| YAZ (28) ORAL TABLET 3-0.02 MG                                           | (drospirenone-ethinyl estradiol) | Nivel 3               | \$                                                     |
| ZARAH ORAL TABLET 3-0.03 MG                                              | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG                                  | (ethynodiol diac-eth estradiol)  | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG                                   | (drospirenone-ethinyl estradiol) | Nivel 5               | \$0 COPAY IF QUANTITY 28 IN 28 DAY                     |
| <b>Anticonceptivos, Transdérmicos</b>                                    |                                  |                       |                                                        |
| norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr | (Xulane)                         | Nivel 5               |                                                        |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                         |                                  | Nivel 5               |                                                        |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                         | (norelgestromin-ethin.estradiol) | Nivel 5               | \$                                                     |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                         | (norelgestromin-ethin.estradiol) | Nivel 5               | \$                                                     |



| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Anticonceptivos,Intravaginales</b>                                         |                       |                                                        |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                                | Nivel 5               |                                                        |
| VAGINAL CONTRACEPTIVE FILM<br>VAGINAL FILM 28 %                               | Nivel 5               |                                                        |
| VCF CONTRACEPTIVE FILM VAGINAL<br>FILM 28 %                                   | Nivel 5               |                                                        |
| VCF CONTRACEPTIVE GEL VAGINAL<br>GEL 4 %                                      | Nivel 5               | \$                                                     |
| <b>Diafragma/Capuchón Cervical</b>                                            |                       |                                                        |
| CAYA CONTOURED VAGINAL<br>DIAPHRAGM 65-80 MM                                  | Nivel 5               |                                                        |
| FEMCAP VAGINAL DEVICE 22 MM, 26<br>MM, 30 MM                                  | Nivel 5               |                                                        |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL<br>DIAPHRAGM 60 MM                             | Nivel 5               |                                                        |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL<br>DIAPHRAGM 65 MM                             | Nivel 5               | \$                                                     |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL<br>DIAPHRAGM 70 MM                             | Nivel 5               | \$                                                     |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL<br>DIAPHRAGM 75 MM                             | Nivel 5               | \$                                                     |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL<br>DIAPHRAGM 80 MM                             | Nivel 5               |                                                        |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL<br>DIAPHRAGM 85 MM                             | Nivel 5               |                                                        |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL<br>DIAPHRAGM 90 MM                             | Nivel 5               |                                                        |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL<br>DIAPHRAGM 95 MM                             | Nivel 5               |                                                        |
| <b>Dispositivos Intrauterinos (IUD's)</b>                                     |                       |                                                        |
| KYLEENA INTRAUTERINE<br>INTRAUTERINE DEVICE 17.5 MCG/24<br>HR (5 YRS) 19.5 MG | Nivel 5               | \$\$                                                   |
| LILETTA INTRAUTERINE<br>INTRAUTERINE DEVICE 20.4 MCG/24<br>HR (8 YRS) 52 MG   | Nivel 5               | \$\$                                                   |
| MIRENA INTRAUTERINE<br>INTRAUTERINE DEVICE 21<br>MCG/24HR (UP TO 8 YRS) 52 MG | Nivel 5               | \$\$                                                   |
| MIUDELLA INTRAUTERINE<br>INTRAUTERINE DEVICE 175 SQUARE<br>MM                 | Nivel 5               |                                                        |
| PARAGARD T 380A INTRAUTERINE<br>INTRAUTERINE DEVICE 380 SQUARE<br>MM          | Nivel 5               |                                                        |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                 |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | Nivel 5               |                                                                                                                                                        |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG         | Nivel 5               | \$\$                                                                                                                                                   |
| <b>Ocitócicos</b>                                                           |                       |                                                                                                                                                        |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG                             | Nivel 3               |                                                                                                                                                        |
| <i>methylergonovine oral tablet 0.2 mg</i>                                  | Nivel 1               | \$; QL (28 EA per 30 days)                                                                                                                             |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G                                             | Nivel 3               |                                                                                                                                                        |
| <b>Antiemesis/Antivertigo</b>                                               |                       |                                                                                                                                                        |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                | Nivel 1               | \$; ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day) |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)                       | Nivel 3               | ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)     |
| SYNDROS ORAL SOLUTION 5 MG/ML                                               | Nivel 3               | ST: Must meet any of the following requirements: generic Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)               |
| <b>Agentes Antieméticos/Antivértigos</b>                                    |                       |                                                                                                                                                        |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                                | Nivel 2               | QL (1 EA per 28 days)                                                                                                                                  |
| <i>aprepitant oral capsule 125 mg</i>                                       | Nivel 1               | \$\$; QL (1 EA per 21 days)                                                                                                                            |
| <i>aprepitant oral capsule 40 mg</i>                                        | Nivel 1               | \$; QL (1 EA per 28 days)                                                                                                                              |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                                | Nivel 1               | \$; QL (2 EA per 21 days)                                                                                                                              |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)     | Nivel 1               | \$\$; QL (3 EA per 21 days)                                                                                                                            |
| BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG                    | Nivel 3               | QL (60 EA per 30 days)                                                                                                                                 |
| COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)                | Nivel 3               |                                                                                                                                                        |

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

| Nombre del Medicamento                                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                  |
|-----------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------|
| TRANSDERM-SCOP TRANSDERMAL (scopolamine base)<br>PATCH 3 DAY 1 MG OVER 3 DAYS                 | Nivel 3               |                                                                                                                         |
| <i>trimethobenzamide oral capsule 300 mg</i>                                                  | Nivel 1               |                                                                                                                         |
| VARUBI ORAL TABLET 90 MG                                                                      | Nivel 3               | QL (2 EA per 14 days)                                                                                                   |
| <b>Asma Y Copd</b>                                                                            |                       |                                                                                                                         |
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML, 300<br>MG/2 ML                      | Nivel 4               | PA; \$\$\$\$                                                                                                            |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML, 300 MG/2 ML                       | Nivel 4               | PA; \$\$\$\$                                                                                                            |
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML                                            | Nivel 4               | PA; \$\$\$\$                                                                                                            |
| TEZSPIRE SUBCUTANEOUS PEN<br>INJECTOR 210 MG/1.91 ML (110<br>MG/ML)                           | Nivel 4               | PA                                                                                                                      |
| <b>Agentes Beta-Adrenérgicos</b>                                                              |                       |                                                                                                                         |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                 | Nivel 1               |                                                                                                                         |
| <i>albuterol sulfate oral tablet 2 mg</i>                                                     | Nivel 1               |                                                                                                                         |
| <i>albuterol sulfate oral tablet 4 mg</i>                                                     | Nivel 1               | \$                                                                                                                      |
| <i>albuterol sulfate oral tablet extended<br/>release 12 hr 4 mg, 8 mg</i>                    | Nivel 1               |                                                                                                                         |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                   | Nivel 1               | \$                                                                                                                      |
| <b>Agentes Beta-Adrenérgicos, Inhalados<br/>Oralmente, De Acción Larga</b>                    |                       |                                                                                                                         |
| <i>arformoterol inhalation solution for<br/>nebulization 15 mcg/2 ml</i> (Brovana)            | Nivel 1               | \$; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days)   |
| BROVANA INHALATION SOLUTION (arformoterol)<br>FOR NEBULIZATION 15 MCG/2 ML                    | Nivel 3               | \$\$; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution<br/>for nebulization 20 mcg/2 ml</i> (Perforomist) | Nivel 1               | \$; QL (120 ML per 30 days)                                                                                             |
| PERFOROMIST INHALATION (formoterol fumarate)<br>SOLUTION FOR NEBULIZATION 20<br>MCG/2 ML      | Nivel 3               | \$\$; QL (120 ML per 30 days)                                                                                           |
| SEREVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 50 MCG/DOSE                                 | Nivel 2               | \$\$; QL (60 EA per 30 days)                                                                                            |
| <b>Agentes Beta-Adrenérgicos, Inhalados,<br/>De Acción Corta</b>                              |                       |                                                                                                                         |
| <i>albuterol sulfate inhalation hfa aerosol<br/>inhaler 90 mcg/actuation</i> (Ventolin HFA)   | Nivel 1               | \$                                                                                                                      |

| Nombre del Medicamento                                                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------|
| <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</i> | Nivel 1               | \$                                                                                               |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>                                                           | Nivel 1               |                                                                                                  |
| <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               | \$                                                                                               |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)                                      | Nivel 1               |                                                                                                  |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION                                                    | Nivel 3               | ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)                                                | Nivel 3               | ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)                                             | Nivel 3               | \$                                                                                               |
| <b>Agentes Beta-Adrenérgicos, Inhalados, De Acción Ultra Prolongada</b>                                                         |                       |                                                                                                  |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                            | Nivel 2               | QL (4 GM per 30 days)                                                                            |
| <b>Antagonistas De Receptor De Leucotrienos</b>                                                                                 |                       |                                                                                                  |
| ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)                                                                                 | Nivel 3               |                                                                                                  |
| <i>montelukast oral granules in packet 4 mg</i> (Singulair)                                                                     | Nivel 1               | \$                                                                                               |
| <i>montelukast oral tablet 10 mg</i> (Singulair)                                                                                | Nivel 1               | \$                                                                                               |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)                                                                 | Nivel 1               | \$                                                                                               |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)                                                                            | Nivel 3               |                                                                                                  |
| SINGULAIR ORAL TABLET 10 MG (montelukast)                                                                                       | Nivel 3               |                                                                                                  |
| SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG (montelukast)                                                                         | Nivel 3               |                                                                                                  |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)                                                                          | Nivel 1               | \$                                                                                               |

| Nombre del Medicamento                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                          |
|----------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Anticolinérgicas, Inhalados Oralmente De Acción Corta</b>                                       |                       |                                                                                                                 |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                       | Nivel 2               | QL (25.8 GM per 30 days)                                                                                        |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                              | Nivel 1               | \$                                                                                                              |
| <b>Anticolinérgicos, Inhalados Oralmente De Acción Prolongada</b>                                  |                       |                                                                                                                 |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION                                  | Nivel 2               | \$. QL (30 EA per 30 days)                                                                                      |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                             | Nivel 2               | QL (4 GM per 30 days)                                                                                           |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)        | Nivel 3               | QL (30 EA per 30 days)                                                                                          |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler) | Nivel 1               | QL (30 EA per 30 days)                                                                                          |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION                       | Nivel 3               | ST: Must meet the following requirement: Spiriva Respimat or Incruse Ellipta in 120 days; QL (1 EA per 30 days) |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML                                          | Nivel 3               | \$\$\$; QL (90 ML per 30 days)                                                                                  |
| <b>Anticuerpos Monoclonales - Antagonistas De Interleucinas-5</b>                                  |                       |                                                                                                                 |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                        | Nivel 4               | PA; \$\$\$\$                                                                                                    |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                                              | Nivel 4               | PA; \$\$\$\$                                                                                                    |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                                           | Nivel 4               | PA; \$\$\$                                                                                                      |
| <b>Anticuerpos Monoclonales Para Inmunoglobulinas E(Ige)</b>                                       |                       |                                                                                                                 |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 75 MG/0.5 ML                                          | Nivel 4               | PA; \$\$\$                                                                                                      |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                                                      | Nivel 4               | PA; \$\$\$\$                                                                                                    |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML                                                 | Nivel 4               | PA; \$\$\$\$                                                                                                    |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                                                           | Nivel 4               | PA; \$\$\$                                                                                                      |

| Nombre del Medicamento                             |                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------|-------------------------------|-----------------------|--------------------------------------------------------|
| <b>Ayudas Respiratorias, Dispositivos, Equipos</b> |                               |                       |                                                        |
| ACE AEROSOL CLOUD ENHANCER SPACER                  | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER MECHANICAL VENT SPACER                 | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROCHAMBER MINI SPACER                            | (inhalational spacing device) | Nivel 3               |                                                        |
| AEROCHAMBER MV SPACER                              | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS FLOW-VU SPACER                    | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER              |                               | Nivel 3               | \$                                                     |
| AEROCHAMBER PLUS Z STAT SPACER                     | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER              | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROCHAMBER2GO SPACER                              | (inhalational spacing device) | Nivel 3               |                                                        |
| AEROECLIPSE II NEBULIZER                           | (nebulizers)                  | Nivel 3               |                                                        |
| AEROECLIPSE XL NEBULIZER                           | (nebulizers)                  | Nivel 3               |                                                        |
| AERONEB GO NEBULIZER                               | (nebulizers)                  | Nivel 3               |                                                        |
| AEROTRACH PLUS SPACER                              | (inhalational spacing device) | Nivel 3               | \$                                                     |
| AEROVENT PLUS SPACER                               | (inhalational spacing device) | Nivel 3               |                                                        |
| AIRS DISPOSABLE NEBULIZER                          | (nebulizers)                  | Nivel 3               |                                                        |
| ALTERA NEBULIZER HANDSET                           | (nebulizers)                  | Nivel 3               |                                                        |
| ALTERA NEBULIZER SYSTEM                            | (nebulizers)                  | Nivel 3               |                                                        |
| ASTHMAPACK CHILDREN'S KIT                          |                               | Nivel 3               |                                                        |
| AURA PORTANEB                                      | (nebulizers)                  | Nivel 3               |                                                        |



| Nombre del Medicamento                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| BREATHERITE MDI SPACER SPACER (inhalational spacing device)         | Nivel 3               | \$                                                     |
| BREATHERITE SPACER-MASK, NEO. SPACER                                | Nivel 3               |                                                        |
| BREATHERITE SPACER-MASK,ADULT SPACER                                | Nivel 3               | \$                                                     |
| BREATHERITE SPACER-MASK,CHILD SPACER                                | Nivel 3               |                                                        |
| BREATHERITE SPACER-MASK,INFANT SPACER                               | Nivel 3               |                                                        |
| BREATHERITE SPACER-MASK,S.CHLD SPACER                               | Nivel 3               |                                                        |
| BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device) | Nivel 3               |                                                        |
| BREATHERITE VALVED MDI SPACER SPACER (inhalational spacing device)  | Nivel 3               |                                                        |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER                               | Nivel 3               | \$                                                     |
| CLEVER CHOICE CHAMBER-MED MASK SPACER                               | Nivel 3               | \$                                                     |
| CLEVER CHOICE CHAMBER-SM MASK SPACER                                | Nivel 3               | \$                                                     |
| CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)           | Nivel 3               |                                                        |
| CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)    | Nivel 3               |                                                        |
| COMFORTSEAL LARGE MASK DEVICE                                       | Nivel 3               |                                                        |
| COMFORTSEAL MEDIUM MASK DEVICE                                      | Nivel 3               |                                                        |
| COMFORTSEAL SMALL MASK DEVICE                                       | Nivel 3               |                                                        |
| COMPACT SPACE CHAMBER SPACER (inhalational spacing device)          | Nivel 3               | \$                                                     |
| COMPACT SPACE CHAMBER-LRG MASK SPACER                               | Nivel 3               | \$                                                     |
| COMPACT SPACE CHAMBER-MED MASK SPACER                               | Nivel 3               | \$                                                     |
| COMPACT SPACE CHAMBER-SM MASK SPACER                                | Nivel 3               | \$                                                     |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)     | Nivel 3               |                                                        |
| DEVILBISS DISPOSABLE NEBULIZER (nebulizers)                         | Nivel 3               |                                                        |
| DEVILBISS PULMO-AIDE COMPRESSR DEVICE                               | Nivel 3               |                                                        |

| Nombre del Medicamento                |                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------|-------------------------------|-----------------------|--------------------------------------------------------|
| DEVILBISS PULMOMATE COMPRESSOR DEVICE |                               | Nivel 3               | \$                                                     |
| DEVILBISS TRAVELER COMPRESSOR DEVICE  | (nebulizer and compressor)    | Nivel 3               | \$                                                     |
| EASIVENT HOLDING CHAMBER SPACER       | (inhalational spacing device) | Nivel 3               | \$                                                     |
| EASIVENT MASK LARGE DEVICE            |                               | Nivel 3               | \$                                                     |
| EASIVENT MASK MEDIUM DEVICE           |                               | Nivel 3               | \$                                                     |
| EASIVENT MASK SMALL DEVICE            |                               | Nivel 3               | \$                                                     |
| EASY NEB COMPRESSOR NEBULIZER DEVICE  | (nebulizer and compressor)    | Nivel 3               | \$                                                     |
| EBASE CONTROLLER DEVICE               |                               | Nivel 3               |                                                        |
| FLEXICHAMBER SPACER                   | (inhalational spacing device) | Nivel 3               | \$                                                     |
| FLEXICHAMBER-LG CHILD MASK DEVICE     |                               | Nivel 3               | \$                                                     |
| FLEXICHAMBER-SM ADULT MASK DEVICE     |                               | Nivel 3               | \$                                                     |
| FLEXICHAMBER-SM CHILD MASK DEVICE     |                               | Nivel 3               | \$                                                     |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE | (nebulizer and compressor)    | Nivel 3               |                                                        |
| INNOSPIRE DELUXE DEVICE               | (nebulizer and compressor)    | Nivel 3               |                                                        |
| INNOSPIRE ELEGANCE DEVICE             | (nebulizer and compressor)    | Nivel 3               |                                                        |
| INNOSPIRE ESSENCE DEVICE              | (nebulizer and compressor)    | Nivel 3               |                                                        |
| INNOSPIRE GO NEBULIZER                | (nebulizers)                  | Nivel 3               |                                                        |
| INNOSPIRE MINI DEVICE                 | (nebulizer and compressor)    | Nivel 3               |                                                        |
| INSPIRACHAMBER SPACER                 | (inhalational spacing device) | Nivel 3               |                                                        |
| INSPIRACHAMBER WITH MASK-LARGE SPACER |                               | Nivel 3               |                                                        |
| INSPIRACHAMBER WITH MASK-MED SPACER   |                               | Nivel 3               |                                                        |
| INSPIRACHAMBER WITH MASK-SMALL SPACER |                               | Nivel 3               |                                                        |
| LC PLUS                               | (nebulizers)                  | Nivel 3               |                                                        |
| LC PLUS NEBULIZER-PED MASK            | (nebulizers)                  | Nivel 3               |                                                        |
| LITE TOUCH-MEDIUM MASK DEVICE         |                               | Nivel 3               |                                                        |
| LITEAIRE MDI CHAMBER SPACER           | (inhalational spacing device) | Nivel 3               |                                                        |

| Nombre del Medicamento                |                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------|-------------------------------|-----------------------|--------------------------------------------------------|
| LITETOUCH-LARGE MASK DEVICE           |                               | Nivel 3               |                                                        |
| LITETOUCH-SMALL MASK DEVICE           |                               | Nivel 3               |                                                        |
| MC 300 NEBULIZER W-MOUTHPIECE         | (nebulizers)                  | Nivel 3               |                                                        |
| MC 300 NEBULIZER-UNVRSL TUBING        | (nebulizers)                  | Nivel 3               |                                                        |
| MICROAIR MESH NEBULIZER               | (nebulizers)                  | Nivel 3               |                                                        |
| MICROCHAMBER SPACER                   | (inhalational spacing device) | Nivel 3               | \$                                                     |
| MICROSPACER SPACER                    | (inhalational spacing device) | Nivel 3               | \$                                                     |
| MINI PLUS NEBULIZER                   | (nebulizers)                  | Nivel 3               |                                                        |
| MINI WRIGHT PEAK FLOW METER DEVICE    | (peak flow meter)             | Nivel 3               |                                                        |
| nebulizer and compressor device       | (Clever Choice Nebulizer)     | Nivel 3               |                                                        |
| OMBRA COMPRESSOR SYSTEM DEVICE        | (nebulizer and compressor)    | Nivel 3               |                                                        |
| OPTICHAMBER ADULT MASK-LARGE DEVICE   |                               | Nivel 3               |                                                        |
| OPTICHAMBER DIAMOND LG MASK SPACER    |                               | Nivel 3               |                                                        |
| OPTICHAMBER DIAMOND VHC SPACER        | (inhalational spacing device) | Nivel 3               |                                                        |
| OPTICHAMBER DIAMOND-MED MSK SPACER    |                               | Nivel 3               |                                                        |
| OPTICHAMBER DIAMOND-SML MASK SPACER   |                               | Nivel 3               |                                                        |
| PARI LC SPRINT NEBULIZER SET          | (nebulizers)                  | Nivel 3               |                                                        |
| PARI LC SPRINT SINUS                  | (nebulizers)                  | Nivel 3               |                                                        |
| PARI TREK S COMBO PACK DEVICE         | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PARI TREK S COMPACT COMPRESSOR DEVICE | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PEDIATRIC BEAR NEBULIZER DEVICE       | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PFLEX INSPIRATORY TRAINER DEVICE      |                               | Nivel 3               |                                                        |
| POCKET CHAMBER SPACER                 | (inhalational spacing device) | Nivel 3               |                                                        |
| PRIMEAIRE SPACER                      | (inhalational spacing device) | Nivel 3               |                                                        |
| PROCARE COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Nivel 3               |                                                        |

| Nombre del Medicamento                  |                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------|-------------------------------|-----------------------|--------------------------------------------------------|
| PROCARE PEDIATRIC NEBULIZER DEVICE      | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PROCARE SPACER WITH ADULT MASK SPACER   |                               | Nivel 3               |                                                        |
| PROCARE SPACER WITH CHILD MASK SPACER   |                               | Nivel 3               |                                                        |
| PROCHAMBER SPACER                       | (inhalational spacing device) | Nivel 3               |                                                        |
| PRODIGY MINI-MIST NEBULIZER             | (nebulizers)                  | Nivel 3               |                                                        |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE    | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PRONEB MAX COMPRESSOR-LC SPRINT DEVICE  | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PROVENT NASAL DEVICE                    |                               | Nivel 3               |                                                        |
| PROVENT STARTER NASAL DEVICE            |                               | Nivel 3               |                                                        |
| PULMO-AIDE COMPRESSOR DEVICE            |                               | Nivel 3               | \$                                                     |
| PULMONEB LT COMPRESSOR NEBULIZER DEVICE | (nebulizer and compressor)    | Nivel 3               |                                                        |
| PUREAIR MINI NEBULIZER DEVICE           | (nebulizer and compressor)    | Nivel 3               | \$                                                     |
| QUAKE VIBRATORY PEP DEVICE              |                               | Nivel 3               |                                                        |
| RITEFLO AEROCHAMBER SPACER              | (inhalational spacing device) | Nivel 3               |                                                        |
| SAMI THE SEAL DEVICE                    | (nebulizer and compressor)    | Nivel 3               |                                                        |
| SIDESTREAM                              | (nebulizers)                  | Nivel 3               |                                                        |
| SIDESTREAM NEBULIZER                    | (nebulizers)                  | Nivel 3               |                                                        |
| SIDESTREAM PLUS                         | (nebulizers)                  | Nivel 3               |                                                        |
| SILICONE MASK - INFANT DEVICE           |                               | Nivel 3               |                                                        |
| SINUSTAR NEBULIZER                      | (nebulizers)                  | Nivel 3               |                                                        |
| SMARTNEB COMPRESSOR NEBULIZER DEVICE    | (nebulizer and compressor)    | Nivel 3               |                                                        |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Nivel 3               |                                                        |
| SOOTHENEB MESH NEBULIZER                | (nebulizers)                  | Nivel 3               |                                                        |
| SPACE CHAMBER SPACER                    | (inhalational spacing device) | Nivel 3               |                                                        |
| SPACE CHAMBER WITH LARGE MASK SPACER    |                               | Nivel 3               |                                                        |
| SPACE CHAMBER WITH MEDIUM MASK SPACER   |                               | Nivel 3               |                                                        |
| SPACE CHAMBER WITH SMALL MASK SPACER    |                               | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                 |
|-------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| SUNRISE COMPRESSOR-NEBULIZER DEVICE                                                             | Nivel 3               |                                                                                                                        |
| THRESHOLD IMT TRAINER DEVICE                                                                    | Nivel 3               |                                                                                                                        |
| THRESHOLD PEP DEVICE DEVICE                                                                     | Nivel 3               |                                                                                                                        |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter)                                                | Nivel 3               | \$                                                                                                                     |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)                                  | Nivel 3               |                                                                                                                        |
| VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)                                     | Nivel 3               | \$                                                                                                                     |
| VORTEX VHC PEDIATRIC MASK SPACER                                                                | Nivel 3               | \$                                                                                                                     |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)                                | Nivel 3               |                                                                                                                        |
| <b>Beta-Adrenérgicos-Anticolinérgicos-Glucocorticoides, Inhalados</b>                           |                       |                                                                                                                        |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                       | Nivel 2               | \$\$; QL (10.7 GM per 30 days)                                                                                         |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG                                  | Nivel 2               | \$\$; QL (60 EA per 30 days)                                                                                           |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG                                  | Nivel 2               | \$\$; QL (2 EA per 1 day)                                                                                              |
| <b>Combinaciones Beta-Adrenérgicas Y Anticolinérgicas</b>                                       |                       |                                                                                                                        |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)    | Nivel 2               | \$\$; QL (60 EA per 30 days)                                                                                           |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG                                     | Nivel 3               | \$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                         | Nivel 2               |                                                                                                                        |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION                 | Nivel 3               | \$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)    |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Nivel 1               | \$                                                                                                                     |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                          | Nivel 2               | QL (4 GM per 30 days)                                                                                                  |

| Nombre del Medicamento                                                                                                                          |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| <b>Combinaciones Beta-Adrenérgicas Y Glucocorticoides</b>                                                                                       |                                  |                       |                                                        |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE                                                  | (fluticasone propion-salmeterol) | Nivel 3               | \$; QL (60 EA per 30 days)                             |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 45-21 MCG/ACTUATION                                                             | (fluticasone propion-salmeterol) | Nivel 2               | \$; QL (12 GM per 30 days)                             |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 230-21 MCG/ACTUATION                                                                                  | (fluticasone propion-salmeterol) | Nivel 2               | \$\$; QL (12 GM per 30 days)                           |
| AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION                     | (fluticasone propion-salmeterol) | Nivel 3               | QL (1 EA per 30 days)                                  |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                                                                     |                                  | Nivel 2               | \$\$; QL (32.1 GM per 30 days)                         |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                                                                    | (fluticasone furoate-vilanterol) | Nivel 2               | \$\$; QL (60 EA per 30 days)                           |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE                                                                                      |                                  | Nivel 2               | \$; 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               | \$; QL (30.9 GM per 30 days)                           |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                                         | (Breyna)                         | Nivel 1               | \$; QL (30.9 GM per 30 days)                           |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION                                                                   |                                  | Nivel 2               | QL (39 GM per 30 days)                                 |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION                                                                                       |                                  | Nivel 2               | QL (13 GM per 30 days)                                 |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> |                                  | Nivel 1               | 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               | QL (60 EA per 30 days)                                 |

| Nombre del Medicamento                                                                                                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| SYMBICORT INHALATION HFA (budesonide-formoterol)<br>AEROSOL INHALER 160-4.5<br>MCG/ACTUATION, 80-4.5<br>MCG/ACTUATION                                                           | Nivel 3               | \$; QL (30.9 GM per 30 days)                                                                                        |
| WIXELA INHUB INHALATION BLISTER (fluticasone propion-<br>WITH DEVICE 100-50 MCG/DOSE, salmeterol)<br>250-50 MCG/DOSE, 500-50<br>MCG/DOSE                                        | Nivel 1               | \$; QL (60 EA per 30 days)                                                                                          |
| <b>Estabilizadores De Mastocitos</b>                                                                                                                                            |                       |                                                                                                                     |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)                                                                                                                       | Nivel 1               | \$                                                                                                                  |
| GASTROCROM ORAL CONCENTRATE (cromolyn)<br>100 MG/5 ML                                                                                                                           | Nivel 3               | \$\$\$                                                                                                              |
| <b>Estabilizadores De Mastocitos, Inhalados Oralmente</b>                                                                                                                       |                       |                                                                                                                     |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                                                                                                 | Nivel 1               | \$\$                                                                                                                |
| <b>Glucocorticoides, Inhalados Oralmente</b>                                                                                                                                    |                       |                                                                                                                     |
| ALVESCO INHALATION HFA<br>AEROSOL INHALER 160<br>MCG/ACTUATION, 80<br>MCG/ACTUATION                                                                                             | Nivel 3               | ST: Must meet the following requirement:<br>Asmanex, Qvar, or Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION (fluticasone furoate)<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                                         | Nivel 3               | \$; QL (30 EA per 30 days)                                                                                          |
| ASMANEX HFA INHALATION HFA<br>AEROSOL INHALER 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                                                                   | Nivel 2               | QL (13 GM per 30 days)                                                                                              |
| ASMANEX TWISTHALER INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 110 MCG/ ACTUATION<br>(30), 220 MCG/ ACTUATION (120), 220<br>MCG/ ACTUATION (30), 220 MCG/<br>ACTUATION (60) | Nivel 2               | QL (1 EA per 30 days)                                                                                               |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)                                                                       | Nivel 1               | \$; QL (120 ML per 30 days)                                                                                         |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>                                                                                | Nivel 1               | QL (60 EA per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                                                                                                  | Nivel 1               | QL (120 EA per 30 days)                                                                                             |



| Nombre del Medicamento                                                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|---------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                | Nivel 1               | QL (12 GM per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                | Nivel 1               | QL (24 GM per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                 | Nivel 1               | QL (21.2 GM per 30 days)                                                                                            |
| PULMICORT FLEXHALER<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 180<br>MCG/ACTUATION, 90<br>MCG/ACTUATION | Nivel 3               | ST: Must meet the following requirement:<br>Asmanex, Qvar, or Arnuity Ellipta in 120 days; QL (1 EA per 30 days)    |
| PULMICORT INHALATION (budesonide)<br>SUSPENSION FOR NEBULIZATION<br>0.25 MG/2 ML, 1 MG/2 ML                   | Nivel 3               | \$\$; QL (120 ML per 30 days)                                                                                       |
| PULMICORT INHALATION (budesonide)<br>SUSPENSION FOR NEBULIZATION 0.5<br>MG/2 ML                               | Nivel 3               | \$; QL (120 ML per 30 days)                                                                                         |
| QVAR REDHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 40<br>MCG/ACTUATION, 80<br>MCG/ACTUATION             | Nivel 2               | QL (21.2 GM per 30 days)                                                                                            |
| <b>Inhibidores De 5-Lipoxigenasa</b>                                                                          |                       |                                                                                                                     |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>                                                       | Nivel 1               | \$\$; ST: Must meet the following requirements:<br>Montelukast and Zafirlukast in 365 days; QL (2 EA per 1 day)     |
| ZYFLO ORAL TABLET 600 MG                                                                                      | Nivel 3               | \$\$\$\$; ST: Must meet the following requirements:<br>Montelukast and Zafirlukast in 365 days; QL (4 EA per 1 day) |
| <b>Inhibidores De Fosfodiesterasa-4 (Pde4)</b>                                                                |                       |                                                                                                                     |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)                                                           | Nivel 3               | \$; QL (1 EA per 1 day)                                                                                             |
| OHTUVAYRE INHALATION<br>SUSPENSION FOR NEBULIZATION 3<br>MG/2.5 ML                                            | Nivel 4               | PA                                                                                                                  |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)                                                    | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                             |
| <b>Xantinas</b>                                                                                               |                       |                                                                                                                     |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                                                   | Nivel 1               | \$\$                                                                                                                |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)                                                           | Nivel 1               |                                                                                                                     |

| Nombre del Medicamento                                                                                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG                                                                                   | Nivel 2               | \$                                                     |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                                                                                                 | Nivel 1               | \$                                                     |
| <i>theophylline oral solution 80 mg/15 ml</i>                                                                                                               | Nivel 1               | \$                                                     |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>                                                                       | Nivel 1               | \$                                                     |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                                                                                       | Nivel 1               | \$                                                     |
| <b>Deficiencia Vitamínica Y/O Mineral</b>                                                                                                                   |                       |                                                        |
| <b>Preparados De Acido Fólico</b>                                                                                                                           |                       |                                                        |
| <i>folic acid injection solution 5 mg/ml</i>                                                                                                                | Nivel 1               | \$                                                     |
| <i>folic acid oral tablet 1 mg</i>                                                                                                                          | Nivel 1               | \$                                                     |
| <i>folic acid oral tablet 400 mcg</i> (PureVita Folic Acid)                                                                                                 | Nivel 5               | \$                                                     |
| <i>folic acid oral tablet 800 mcg</i>                                                                                                                       | Nivel 5               | \$                                                     |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)                                                                                                        | Nivel 5               |                                                        |
| <b>Preparados De Fluoruro</b>                                                                                                                               |                       |                                                        |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                                         | Nivel 3               | \$                                                     |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                                                                                      | Nivel 1               | \$                                                     |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)                                                                                | Nivel 1               | \$                                                     |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))                                                                                                               | Nivel 1               | \$                                                     |
| <i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)                                                                                               | Nivel 1               | \$                                                     |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)                                                                                                        | Nivel 1               | \$                                                     |
| <i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)                                                                                | Nivel 1               | \$                                                     |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PrevDent)                                                                                                   | Nivel 1               | \$                                                     |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)                                                                               | Nivel 5               | \$; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE            |
| <i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride) | Nivel 5               | \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE                |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                              | Nivel 3               |                                                        |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)                                                                             | Nivel 3               |                                                        |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                                       | Nivel 3               |                                                        |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)                                                                                 | Nivel 3               |                                                        |

| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))                                  | Nivel 3               |                                                        |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %                                              | Nivel 3               |                                                        |
| FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %                                        | Nivel 3               |                                                        |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                             | Nivel 3               |                                                        |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))                 | Nivel 3               | \$                                                     |
| PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))                    | Nivel 3               | \$                                                     |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)   | Nivel 3               | \$                                                     |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))                | Nivel 3               | \$                                                     |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                         | Nivel 3               | \$                                                     |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)        | Nivel 3               | \$                                                     |
| PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))                                     | Nivel 3               | \$                                                     |
| PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))                                | Nivel 3               | \$                                                     |
| PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))                              | Nivel 3               | \$                                                     |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                | Nivel 1               |                                                        |
| SF DENTAL GEL 1.1 % (fluoride (sodium))                                            | Nivel 1               |                                                        |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))              | Nivel 1               | \$                                                     |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                   | Nivel 1               |                                                        |
| sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive)       | Nivel 1               | \$                                                     |
| <b>Preparados De Vitamians Prenatales</b>                                          |                       |                                                        |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | Nivel 5               |                                                        |
| BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG                       | Nivel 5               |                                                        |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG                                    | Nivel 5               |                                                        |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG                          | Nivel 3               |                                                        |
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG        | Nivel 3               | \$                                                     |

| Nombre del Medicamento                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG                            | Nivel 3               | \$                                                     |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG                   | Nivel 3               |                                                        |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG                   | Nivel 3               | \$                                                     |
| COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG                                 | Nivel 5               | \$                                                     |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG                                         | Nivel 5               | \$                                                     |
| KPN ORAL TABLET 9 MG IRON- 267 MCG                                                         | Nivel 5               |                                                        |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG                                            | Nivel 5               |                                                        |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)                 | Nivel 5               |                                                        |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG                                                     | Nivel 5               |                                                        |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG                                                      | Nivel 5               |                                                        |
| MYNATAL ORAL TABLET 90-1-50 MG                                                             | Nivel 5               |                                                        |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG                                                  | Nivel 5               |                                                        |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG                                                     | Nivel 5               |                                                        |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG                                | Nivel 5               |                                                        |
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG                                         | Nivel 5               |                                                        |
| NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG                                                  | Nivel 5               |                                                        |
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG                                            | Nivel 3               |                                                        |
| OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG                   | Nivel 5               | \$                                                     |
| OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE | Nivel 5               |                                                        |

| Nombre del Medicamento                                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| OBSTETRIX EC ORAL<br>TABLET,DELAYED RELEASE (DR/EC)<br>29 MG IRON- 1,700 MCG DFE, 29 MG<br>IRON-1 MG -50 MG | Nivel 5               |                                                        |
| OBTREX DHA ORAL COMBO<br>PACK, TABLET AND CAP, DR 29 MG<br>IRON-1 MG -50 MG                                 | Nivel 3               |                                                        |
| ONE DAILY PRENATAL ORAL COMBO<br>PACK 28-800-440 MG-MCG-MG                                                  | Nivel 5               |                                                        |
| ONE-A-DAY PRENATAL-1 ORAL<br>CAPSULE 27 MG IRON- 800 MCG-235<br>MG                                          | Nivel 5               | \$                                                     |
| <i>pnv no.95-ferrous fumarate-fa oral tablet (Prenatal)</i><br><i>28 mg iron- 800 mcg</i>                   | Nivel 5               | \$                                                     |
| PNV-DHA + DOCUSATE ORAL<br>CAPSULE 27-1.25-55-300 MG                                                        | Nivel 5               | \$                                                     |
| PNV-SELECT ORAL TABLET 27-1 MG                                                                              | Nivel 5               | \$                                                     |
| PR NATAL 400 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-400<br>MG                                       | Nivel 5               |                                                        |
| PR NATAL 400 ORAL COMBO PACK<br>29-1-400 MG                                                                 | Nivel 5               |                                                        |
| PR NATAL 430 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-430<br>MG                                       | Nivel 5               |                                                        |
| PR NATAL 430 ORAL COMBO PACK<br>29 MG IRON-1 MG -430 MG                                                     | Nivel 5               |                                                        |
| PRENAISSANCE ORAL CAPSULE 29-<br>1.25-55-325 MG                                                             | Nivel 1               |                                                        |
| PRENAISSANCE PLUS ORAL<br>CAPSULE 28-1-50-250 MG                                                            | Nivel 1               |                                                        |
| PRENATA ORAL TABLET,CHEWABLE<br>29 MG IRON- 1 MG                                                            | Nivel 5               |                                                        |
| PRENATABS FA ORAL TABLET 29-1<br>MG                                                                         | Nivel 5               |                                                        |
| PRENATABS RX ORAL TABLET 29 MG<br>IRON- 1 MG                                                                | Nivel 5               |                                                        |
| PRENATAL + DHA ORAL COMBO<br>PACK 28 MG IRON- 975 MCG-200 MG                                                | Nivel 5               |                                                        |
| PRENATAL + DHA ORAL COMBO<br>PACK 28 MG IRON-800 MCG-200 MG                                                 | Nivel 5               | \$                                                     |
| PRENATAL 19 (WITH DOCUSATE)<br>ORAL TABLET 29 MG IRON- 1 MG-25<br>MG                                        | Nivel 5               |                                                        |
| PRENATAL 19 ORAL TABLET 29 MG<br>IRON- 1 MG                                                                 | Nivel 5               |                                                        |

| Nombre del Medicamento                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| PRENATAL 19 ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1 MG                                               | Nivel 5               | \$                                                     |
| PRENATAL COMPLETE ORAL TABLET<br>14 MG IRON- 400 MCG                                               | Nivel 5               | \$                                                     |
| PRENATAL ESSENTIALS ORAL<br>CAPSULE 6 MG IRON- 272 MCG DFE                                         | Nivel 5               |                                                        |
| PRENATAL FORMULA ORAL TABLET<br>9 MG IRON- 267 MCG                                                 | Nivel 5               |                                                        |
| PRENATAL FORMULA-DHA ORAL<br>CAPSULE 28 MG-800 MCG- 200 MG                                         | Nivel 5               |                                                        |
| PRENATAL MULTI ORAL TABLET 27-<br>800 MG-MCG                                                       | Nivel 5               | \$                                                     |
| PRENATAL MULTI-DHA (ALGAL OIL)<br>ORAL CAPSULE 27MG IRON- 800<br>MCG-250 MG                        | Nivel 5               | \$                                                     |
| PRENATAL MULTI-DHA(WITH VIT K)<br>ORAL CAPSULE 27 MG IRON-800<br>MCG-260 MG                        | Nivel 5               | \$                                                     |
| PRENATAL MULTIVITAMINS ORAL<br>TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous<br>fumarate-fa)       | Nivel 5               | \$                                                     |
| PRENATAL ONE DAILY ORAL TABLET<br>27 MG IRON- 800 MCG                                              | Nivel 5               |                                                        |
| PRENATAL ORAL TABLET 28 MG<br>IRON- 800 MCG (pnv no.95-ferrous<br>fumarate-fa)                     | Nivel 5               | \$                                                     |
| PRENATAL ORAL TABLET 28-800 MG-<br>MCG                                                             | Nivel 5               | \$                                                     |
| PRENATAL PLUS (CALCIUM CARB)<br>ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic<br>acid)   | Nivel 5               | \$                                                     |
| PRENATAL PLUS DHA ORAL COMBO<br>PACK 27 MG IRON-1 MG -312 MG-250<br>MG                             | Nivel 5               | \$                                                     |
| PRENATAL PLUS ORAL TABLET 29<br>MG IRON- 1 MG (pnv,calcium 72-iron,carb-<br>folic)                 | Nivel 5               | \$                                                     |
| PRENATAL PLUS VITAMIN-MINERAL<br>ORAL TABLET 27 MG IRON- 1 MG                                      | Nivel 5               | \$                                                     |
| PRENATAL TABLET ORAL TABLET 28<br>MG IRON- 800 MCG (prenatal vit-iron fum-folic<br>ac)             | Nivel 5               | \$                                                     |
| <i>prenatal vit no.179-iron-folic oral tablet<br/>28 mg iron- 800 mcg</i>                          | Nivel 5               | \$                                                     |
| PRENATAL VITAMIN ORAL TABLET 27<br>MG IRON- 0.8 MG, 27 MG IRON- 800<br>MCG                         | Nivel 5               | \$                                                     |
| PRENATAL VITAMIN PLUS LOW IRON<br>ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic<br>acid) | Nivel 5               | \$                                                     |

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



| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)      | Nivel 5               |                                                        |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG                 | Nivel 5               | \$                                                     |
| <b>Preparados De Vitamina B</b>                                                |                       |                                                        |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML                           | Nivel 1               |                                                        |
| B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML                     | Nivel 1               |                                                        |
| <b>Preparados De Vitamina B1</b>                                               |                       |                                                        |
| thiamine hcl (vitamin b1) injection solution 100 mg/ml                         | Nivel 1               | \$                                                     |
| <b>Preparados De Vitamina B12</b>                                              |                       |                                                        |
| cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml (Dodex)          | Nivel 1               | \$                                                     |
| cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray (Nascobal) | Nivel 1               | \$                                                     |
| DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))          | Nivel 1               |                                                        |
| hydroxocobalamin intramuscular solution 1,000 mcg/ml                           | Nivel 1               |                                                        |
| mecobalamin (vitamin b12) injection recon soln 10,000 mcg                      | Nivel 1               |                                                        |
| <b>Preparados De Vitamina B6</b>                                               |                       |                                                        |
| pyridoxine (vitamin b6) injection solution 100 mg/ml                           | Nivel 1               |                                                        |
| <b>Preparados De Vitamina C</b>                                                |                       |                                                        |
| ASCOR INTRAVENOUS SOLUTION 500 MG/ML                                           | Nivel 3               |                                                        |
| ascorbic acid (vitamin c) injection solution 500 mg/ml                         | Nivel 1               |                                                        |
| <b>Preparados De Vitamina D</b>                                                |                       |                                                        |
| calcitriol oral capsule 0.25 mcg, 0.5 mcg                                      | Nivel 1               | \$                                                     |
| calcitriol oral solution 1 mcg/ml (Rocaltrol)                                  | Nivel 1               |                                                        |
| ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) (Vitamin D2)  | Nivel 1               | \$                                                     |
| ROCALTRON ORAL SOLUTION 1 MCG/ML (calcitriol)                                  | Nivel 3               |                                                        |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))  | Nivel 1               | \$                                                     |
| <b>Preparados Multivitamínicos</b>                                             |                       |                                                        |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                           | Nivel 3               |                                                        |

| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|-------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                      | Nivel 3               |                                                                                                                     |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG           | Nivel 1               |                                                                                                                     |
| <b>Sustituto De Hierro</b>                                                    |                       |                                                                                                                     |
| ACCRUFER ORAL CAPSULE 30 MG                                                   | Nivel 3               |                                                                                                                     |
| CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG                          | Nivel 3               |                                                                                                                     |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON                            | Nivel 3               |                                                                                                                     |
| TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML                              | Nivel 3               |                                                                                                                     |
| <b>Vitaminas Prenatales Si Hierro</b>                                         |                       |                                                                                                                     |
| ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE                              | Nivel 5               |                                                                                                                     |
| MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG                                    | Nivel 5               |                                                                                                                     |
| ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG                        | Nivel 5               | \$                                                                                                                  |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG                | Nivel 5               | \$                                                                                                                  |
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG | Nivel 5               |                                                                                                                     |
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG                                         | Nivel 5               |                                                                                                                     |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT                        | Nivel 5               |                                                                                                                     |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG                     | Nivel 5               |                                                                                                                     |
| <b>Deficiencia Hormonal</b>                                                   |                       |                                                                                                                     |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                                | Nivel 2               | QL (1 EA per 1 day)                                                                                                 |
| BIJUVA ORAL CAPSULE 1-100 MG                                                  | Nivel 2               | QL (30 EA per 30 days)                                                                                              |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                     | Nivel 1               | \$; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine in 120 days; QL (1 EA per 1 day) |
| VEOZAH ORAL TABLET 45 MG                                                      | Nivel 3               | \$\$                                                                                                                |
| <b>Agentes Androgénicos</b>                                                   |                       |                                                                                                                     |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)     | Nivel 3               | PA; \$\$\$; QL (5 GM per 1 day)                                                                                     |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| DEPO-TESTOSTERONE (testosterone cypionate)<br>INTRAMUSCULAR OIL 100 MG/ML                       | Nivel 3               | PA; QL (10 ML per 28 days)                             |
| JATENZO ORAL CAPSULE 158 MG, 198 MG                                                             | Nivel 3               | PA; QL (4 EA per 1 day)                                |
| JATENZO ORAL CAPSULE 237 MG                                                                     | Nivel 3               | PA; QL (2 EA per 1 day)                                |
| KYZATREX ORAL CAPSULE 100 MG                                                                    | Nivel 3               | PA; QL (2 EA per 1 day)                                |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG                                                            | Nivel 3               | PA; QL (4 EA per 1 day)                                |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)                                                | Nivel 3               | PA                                                     |
| <i>methyltestosterone oral capsule 10 mg</i>                                                    | Nivel 1               | PA                                                     |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION                              | Nivel 3               | PA; \$\$; QL (22 GM per 30 days)                       |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                                        | Nivel 3               | PA; QL (10 GM per 1 day)                               |
| TESTOPEL IMPLANT PELLET 75 MG                                                                   | Nivel 3               |                                                        |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)        | Nivel 1               | PA; \$; QL (10 ML per 28 days)                         |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                       | Nivel 1               | PA; \$; QL (5 ML per 28 days)                          |
| <i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>                                        | Nivel 1               |                                                        |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)                                 | Nivel 1               | PA; QL (10 GM per 1 day)                               |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>              | Nivel 1               | PA; QL (4 GM per 1 day)                                |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)     | Nivel 1               | PA; \$; QL (10 GM per 1 day)                           |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel) | Nivel 1               | PA; \$; QL (5 GM per 1 day)                            |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>    | Nivel 1               | PA; \$; QL (5 GM per 1 day)                            |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)                      | Nivel 1               | PA; \$; QL (10 GM per 1 day)                           |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>                       | Nivel 1               | PA; \$; QL (1.25 GM per 1 day)                         |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>         | Nivel 1               | PA; \$; QL (6 ML per 1 day)                            |
| TLANDO ORAL CAPSULE 112.5 MG                                                                    | Nivel 3               | PA; QL (4 EA per 1 day)                                |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                                       | Nivel 3               | PA; QL (10 GM per 1 day)                               |

| Nombre del Medicamento                                                                                                       |                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                           |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)                                                        | (testosterone)                 | Nivel 3               | PA; QL (10 GM per 1 day)                                                                                                         |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)                                                                         | (testosterone)                 | Nivel 3               | PA; QL (10 GM per 1 day)                                                                                                         |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML                                                 |                                | Nivel 3               | PA; QL (2 ML per 28 days)                                                                                                        |
| <b>Agentes Estrogénicos</b>                                                                                                  |                                |                       |                                                                                                                                  |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG                                                                                            | (estradiol-norethindrone acet) | Nivel 1               |                                                                                                                                  |
| ABIGALE ORAL TABLET 1-0.5 MG                                                                                                 | (estradiol-norethindrone acet) | Nivel 1               |                                                                                                                                  |
| ACTIVELLA ORAL TABLET 1-0.5 MG                                                                                               | (estradiol-norethindrone acet) | Nivel 3               |                                                                                                                                  |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR                                                                    |                                | Nivel 3               | \$. ST: Must meet the following requirement: Combipatch in 120 days; QL (1 EA per 7 days)                                        |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol)                    | Nivel 3               | \$. 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               | QL (2 EA per 7 days)                                                                                                             |
| DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML                                                                                       | (estradiol valerate)           | Nivel 3               | \$                                                                                                                               |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                                     | (estradiol cypionate)          | Nivel 3               |                                                                                                                                  |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %)                                                                  | (estradiol)                    | Nivel 3               | \$. ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days) |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)                                          | (estradiol)                    | Nivel 3               | ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)     |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)                                                                          | (estradiol)                    | Nivel 3               | \$. ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days) |

| Nombre del Medicamento                                                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)                                                                  | Nivel 3               | ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)     |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)              | Nivel 1               | QL (2 EA per 7 days)                                                                                                               |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION                                                                        | Nivel 3               | \$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (52 GM per 30 days)   |
| estradiol implant pellet 6 mg                                                                                                            | Nivel 1               |                                                                                                                                    |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg                                                                                                 | Nivel 1               | \$                                                                                                                                 |
| estradiol transdermal gel in metered-dose pump 1.25 gram/actuation (EstroGel)                                                            | Nivel 1               | ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days                               |
| 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%) (Divigel)               | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)   |
| estradiol transdermal gel in packet 1 mg/gram (0.1 %) (Divigel)                                                                          | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)   |
| estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %) (Divigel)                                                                  | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days) |
| 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 (Dotti)              | Nivel 1               | \$; QL (2 EA per 7 days)                                                                                                           |
| 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 (Climara) | Nivel 1               | \$; QL (1 EA per 7 days)                                                                                                           |
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml (Delestrogen)                                                                    | Nivel 1               | \$                                                                                                                                 |
| estradiol valerate intramuscular oil 40 mg/ml                                                                                            | Nivel 1               | \$                                                                                                                                 |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg (Abigale Lo)                                                                         | Nivel 1               | \$                                                                                                                                 |

| Nombre del Medicamento                                                                                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>                                                               | (Abigale)                        | Nivel 1               | \$                                                                                                                             |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION                                                      | (estradiol)                      | Nivel 3               | \$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days                       |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)                                                            |                                  | Nivel 3               | ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days) |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG                                                                         | (norethindrone ac-eth estradiol) | Nivel 1               |                                                                                                                                |
| JINTELI ORAL TABLET 1-5 MG-MCG                                                                                         | (norethindrone ac-eth estradiol) | Nivel 1               |                                                                                                                                |
| LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR     | (estradiol)                      | Nivel 1               | QL (2 EA per 7 days)                                                                                                           |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                                                   |                                  | Nivel 3               |                                                                                                                                |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR                                                                         |                                  | Nivel 3               | \$; QL (1 EA per 7 days)                                                                                                       |
| MIMVEY ORAL TABLET 1-0.5 MG                                                                                            | (estradiol-norethindrone acet)   | Nivel 1               |                                                                                                                                |
| MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR   | (estradiol)                      | Nivel 3               | QL (2 EA per 7 days)                                                                                                           |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                           | (Fyavolv)                        | Nivel 1               |                                                                                                                                |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                                                           |                                  | Nivel 2               | \$                                                                                                                             |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG                                                                                 | (conjugated estrogens)           | Nivel 2               | \$                                                                                                                             |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                   |                                  | Nivel 2               | \$                                                                                                                             |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                  |                                  | Nivel 2               | \$                                                                                                                             |
| VIVELLE-DOT TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol)                      | Nivel 3               | QL (2 EA per 7 days)                                                                                                           |
| <b>Agentes Progestacionales</b>                                                                                        |                                  |                       |                                                                                                                                |
| CRINONE VAGINAL GEL 4 %                                                                                                |                                  | Nivel 2               | \$\$                                                                                                                           |
| GALLIFREY ORAL TABLET 5 MG                                                                                             | (norethindrone acetate)          | Nivel 1               |                                                                                                                                |

| Nombre del Medicamento                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                      |
|------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------|
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)         | Nivel 1               |                                                                                             |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)                    | Nivel 1               | \$                                                                                          |
| <i>progesterone intramuscular oil 50 mg/ml</i>                               | Nivel 1               | \$                                                                                          |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)      | Nivel 1               | \$                                                                                          |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)             | Nivel 3               |                                                                                             |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)                | Nivel 3               |                                                                                             |
| <b>Combinaciones De Estrógeno/Andrógeno</b>                                  |                       |                                                                                             |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)        | Nivel 1               |                                                                                             |
| COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)               | Nivel 1               |                                                                                             |
| EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)             | Nivel 1               | \$                                                                                          |
| EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)                  | Nivel 1               | \$                                                                                          |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)        | Nivel 1               |                                                                                             |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.) | Nivel 1               | \$                                                                                          |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)        | Nivel 1               | \$                                                                                          |
| <b>Estrógeno &amp; Mod De Recept Selectivo De Estrógeno (Serm) Comb</b>      |                       |                                                                                             |
| DUAVEE ORAL TABLET 0.45-20 MG                                                | Nivel 2               |                                                                                             |
| <b>Estrógeno &amp; Progestina Con Antagonista De La Aldosterona Cb</b>       |                       |                                                                                             |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                                    | Nivel 3               | \$                                                                                          |
| <b>Dermatología - Acné</b>                                                   |                       |                                                                                             |
| WINLEVI TOPICAL CREAM 1 %                                                    | Nivel 3               | PA; \$\$; QL (60 GM per 30 days)                                                            |
| <b>Agentes De Acne, Sistémico</b>                                            |                       |                                                                                             |
| ABSORICA LD ORAL CAPSULE 16 MG                                               | Nivel 3               | \$\$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days   |
| ABSORICA LD ORAL CAPSULE 24 MG, 32 MG, 8 MG                                  | Nivel 3               | \$\$\$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days |



| Nombre del Medicamento                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                              |
|----------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------|
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                  | Nivel 1               |                                                                                                     |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)                        | Nivel 1               | \$                                                                                                  |
| AMNESTEEM ORAL CAPSULE 30 MG (isotretinoin)                                      | Nivel 1               |                                                                                                     |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                  | Nivel 1               |                                                                                                     |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)           | Nivel 1               | \$                                                                                                  |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)                         | Nivel 1               | ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days                 |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                  | Nivel 1               |                                                                                                     |
| <b>Agentes De Acne, Tópicos</b>                                                  |                       |                                                                                                     |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)            | Nivel 3               | \$\$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days |
| ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)                         | Nivel 3               |                                                                                                     |
| ACZONE TOPICAL GEL 5 % (dapsone)                                                 | Nivel 3               |                                                                                                     |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsone)                                     | Nivel 3               | \$\$\$                                                                                              |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)              | Nivel 3               |                                                                                                     |
| ADALINA TOPICAL GEL 5-4 % (spironolactone-niacinamide)                           | Nivel 3               |                                                                                                     |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)       | Nivel 1               | \$                                                                                                  |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte) | Nivel 1               | \$                                                                                                  |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 %                                                 | Nivel 3               |                                                                                                     |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %                                           | Nivel 3               |                                                                                                     |
| ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)             | Nivel 3               |                                                                                                     |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %                                             | Nivel 3               |                                                                                                     |
| ADMIRAZOL TOPICAL CREAM 6-5-2 %                                                  | Nivel 3               |                                                                                                     |
| ALIXI HP TOPICAL CREAM 8.5-4 %                                                   | Nivel 3               |                                                                                                     |
| ALIXI TOPICAL CREAM 6-4 %                                                        | Nivel 3               |                                                                                                     |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %                                               | Nivel 3               |                                                                                                     |

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

| Nombre del Medicamento                                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AZELEX TOPICAL CREAM 20 %                                                               | Nivel 3               | \$\$; ST: Must meet any of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 120 days |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %                                                      | Nivel 3               | PA; \$\$                                                                                                                                                                                                                 |
| clindamycin-benzoyl peroxide topical gel (Neuac)<br>1.2 %(1 % base) -5 %                | Nivel 1               | \$                                                                                                                                                                                                                       |
| clindamycin-benzoyl peroxide topical gel<br>1-5 %                                       | Nivel 1               | \$                                                                                                                                                                                                                       |
| clindamycin-benzoyl peroxide topical gel (Onexton)<br>with pump 1.2 %(1 % base) -3.75 % | Nivel 1               | \$                                                                                                                                                                                                                       |
| clindamycin-benzoyl peroxide topical gel (Acanya)<br>with pump 1.2-2.5 %                | Nivel 1               | \$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days                                                                                                                        |
| clindamycin-benzoyl peroxide topical gel<br>with pump 1-5 %                             | Nivel 1               | \$                                                                                                                                                                                                                       |
| clindamycin-tretinoin topical gel 1.2-0.025 % (Veltin)                                  | Nivel 1               | \$; ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days                                                                                                                         |
| dapsone topical gel 5 % (Aczone)                                                        | Nivel 1               | \$                                                                                                                                                                                                                       |
| dapsone topical gel 7.5 %                                                               | Nivel 1               |                                                                                                                                                                                                                          |
| dapsone topical gel with pump 7.5 % (Aczone)                                            | Nivel 1               | \$                                                                                                                                                                                                                       |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)                                      | Nivel 3               |                                                                                                                                                                                                                          |
| DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)                                   | Nivel 3               |                                                                                                                                                                                                                          |
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiron-niacin)                 | Nivel 3               |                                                                                                                                                                                                                          |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %                                                  | Nivel 3               |                                                                                                                                                                                                                          |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 %                                                      | Nivel 3               |                                                                                                                                                                                                                          |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %                                                        | Nivel 3               |                                                                                                                                                                                                                          |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spironolactone-niacin)                          | Nivel 3               |                                                                                                                                                                                                                          |
| DIAOXIA TOPICAL CREAM 6-4 %                                                             | Nivel 3               |                                                                                                                                                                                                                          |
| DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)                                         | Nivel 3               |                                                                                                                                                                                                                          |

| Nombre del Medicamento                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %                |                                  | Nivel 3               |                                                        |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %                  |                                  | Nivel 3               |                                                        |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %                    |                                  | Nivel 3               |                                                        |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 %                      | (dapsone-spirolactone-niacin)    | Nivel 3               |                                                        |
| DIASOXIA TOPICAL CREAM 8.5-4 %                         |                                  | Nivel 3               |                                                        |
| DIASOXIA TOPICAL GEL 8.5-4 %                           | (dapsone-niacinamide)            | Nivel 3               |                                                        |
| 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               |                                                        |
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %           | (adapalene-benzoyl peroxide)     | Nivel 3               | \$                                                     |
| EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %                 | (adapalene-benzoyl peroxide)     | Nivel 3               |                                                        |
| IDYYXIATAR TOPICAL GEL 0.025-5 %                       |                                  | Nivel 3               |                                                        |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %               | (tretinoin-benzoyl-clinda-niac)  | Nivel 3               |                                                        |
| INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %                |                                  | Nivel 3               |                                                        |
| INZDEOXIA TOPICAL GEL 2.5-1-4 %                        | (benzoyl per-clindamycin-niacin) | Nivel 3               |                                                        |
| KLARON TOPICAL SUSPENSION 10 %                         | (sulfacetamide sodium (acne))    | Nivel 3               |                                                        |
| LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %          |                                  | Nivel 3               |                                                        |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %    |                                  | Nivel 3               |                                                        |
| NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %                | (clindamycin-benzoyl peroxide)   | Nivel 1               | \$                                                     |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 % | (clindamycin-benzoyl peroxide)   | Nivel 3               | \$\$                                                   |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %            |                                  | Nivel 3               |                                                        |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %             |                                  | Nivel 3               |                                                        |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %                 | (tretinoin-benzoyl-clinda-niac)  | Nivel 3               |                                                        |

| Nombre del Medicamento                                     |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %                      | (tretinoin-benzoyl-clinda-niac)  | Nivel 3               |                                                        |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %                       |                                  | Nivel 3               |                                                        |
| ONZDEOXIA TOPICAL GEL 5-1-4 %                              | (benzoyl per-clindamycin-niacin) | Nivel 3               |                                                        |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 %                        | (tretinoin-hyaluronate-niacin)   | Nivel 3               |                                                        |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %                       | (tretinoin-hyaluronate-niacin)   | Nivel 3               |                                                        |
| OXIAVARY TOPICAL CREAM 0.1-4 %                             |                                  | Nivel 3               |                                                        |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 %                          | (tretinoin-hyaluronate-niacin)   | Nivel 3               |                                                        |
| RUMILO TOPICAL CREAM 15-4 %                                | (azelaic acid-niacinamide)       | Nivel 3               |                                                        |
| SAROXIA TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| SIRVANA TOPICAL GEL 0.025-5 %                              |                                  | Nivel 3               |                                                        |
| SORIXIA TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | (Klaron)                         | Nivel 1               | \$                                                     |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 %                        | (tretinoin-clindamycin-niacin)   | Nivel 3               |                                                        |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 %                         | (tretinoin-spirolact-niacin)     | Nivel 3               |                                                        |
| TAROXIA TOPICAL CREAM 0.025-4 %                            | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| TAROXIA TOPICAL GEL 0.025-4 %                              | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| TWYNEO TOPICAL CREAM 0.1-3 %                               |                                  | Nivel 3               | \$                                                     |
| UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %                 |                                  | Nivel 3               |                                                        |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 %                          | (tretinoin-spirolact-niacin)     | Nivel 3               |                                                        |
| VAROXIA TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| VAROXIA TOPICAL GEL 0.05-4 %                               | (tretinoin-niacinamide)          | Nivel 3               |                                                        |
| <b>Agentes De Rosácea, Tópicos</b>                         |                                  |                       |                                                        |
| AVEIDA TOPICAL GEL 1-1 %                                   |                                  | Nivel 3               |                                                        |
| AVEIDAOXIA TOPICAL GEL 1-1-4 %                             | (ivermectin-metronidazol-niacin) | Nivel 3               |                                                        |
| <i>azelaic acid topical gel 15 %</i>                       |                                  | Nivel 1               | \$                                                     |
| BAXONIL TOPICAL OINTMENT 1-2 %                             |                                  | Nivel 3               |                                                        |
| <i>brimonidine topical gel with pump 0.33 %</i>            | (Mirvaso)                        | Nivel 1               | \$                                                     |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %                     |                                  | Nivel 3               |                                                        |
| DAZOMON TOPICAL GEL 0.25 %                                 |                                  | Nivel 3               |                                                        |

| Nombre del Medicamento                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                               |
|----------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| EPSOLAY TOPICAL CREAM 5 %                                      | Nivel 3               | \$\$; ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years) |
| FINACEA TOPICAL FOAM 15 %                                      | Nivel 2               | \$                                                                                                                                   |
| IDARAN TOPICAL OINTMENT 1-2 %                                  | Nivel 3               |                                                                                                                                      |
| <i>ivermectin topical cream 1 %</i> (Soolantra)                | Nivel 1               | \$; ST: Must meet the following requirement: Finacea gel or foam in 120 days                                                         |
| METROCREAM TOPICAL CREAM 0.75 % (metronidazole)                | Nivel 3               |                                                                                                                                      |
| METROGEL TOPICAL GEL 1 % (metronidazole)                       | Nivel 3               | \$                                                                                                                                   |
| METROLOTION TOPICAL LOTION 0.75 % (metronidazole)              | Nivel 3               |                                                                                                                                      |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)            | Nivel 1               | \$                                                                                                                                   |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)              | Nivel 1               | \$                                                                                                                                   |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                | Nivel 1               |                                                                                                                                      |
| <i>metronidazole topical gel with pump 1 %</i>                 | Nivel 1               |                                                                                                                                      |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)       | Nivel 1               | \$                                                                                                                                   |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)             | Nivel 3               | \$\$                                                                                                                                 |
| NORITATE TOPICAL CREAM 1 %                                     | Nivel 3               | \$\$\$; ST: Must meet the following requirement: generic Metronidazole 0.75% gel, lotion or cream in 120 days                        |
| REMYDA TOPICAL GEL 0.25 %                                      | Nivel 3               |                                                                                                                                      |
| RESTIMO TOPICAL GEL 1-1 %                                      | Nivel 3               |                                                                                                                                      |
| RHOFADE TOPICAL CREAM 1 %                                      | Nivel 3               |                                                                                                                                      |
| ROSADAN TOPICAL CREAM 0.75 % (metronidazole)                   | Nivel 1               |                                                                                                                                      |
| ROSADAN TOPICAL GEL 0.75 % (metronidazole)                     | Nivel 3               |                                                                                                                                      |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %                   | Nivel 3               |                                                                                                                                      |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %                 | Nivel 3               |                                                                                                                                      |
| ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazole-niacin) | Nivel 3               |                                                                                                                                      |
| ROVIS TOPICAL GEL 0.25-1-1-4 %                                 | Nivel 3               |                                                                                                                                      |
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin)                       | Nivel 3               | \$\$; ST: Must meet the following requirement: Finacea gel or foam in 120 days                                                       |

| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                         |
|---------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Combinaciones Queratolítica-Glucocorticoides</b>                             |                       |                                                                                                                                |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                                          | Nivel 2               |                                                                                                                                |
| <b>Derivados De Vitamina A</b>                                                  |                       |                                                                                                                                |
| <i>adapalene topical cream 0.1 %</i> (Differin)                                 | Nivel 1               | \$                                                                                                                             |
| <i>adapalene topical gel 0.3 %</i>                                              | Nivel 1               | \$                                                                                                                             |
| <i>adapalene topical gel with pump 0.3 %</i> (Differin)                         | Nivel 1               | \$                                                                                                                             |
| <i>adapalene topical lotion 0.1 %</i> (Differin)                                | Nivel 1               | Age (Max 39 Years)                                                                                                             |
| <i>adapalene topical solution 0.1 %</i>                                         | Nivel 1               | ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days                                                        |
| <i>adapalene topical swab 0.1 %</i>                                             | Nivel 1               | \$\$\$; ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)                           |
| ALTRENO TOPICAL LOTION 0.05 %                                                   | Nivel 3               | \$                                                                                                                             |
| ATRALIN TOPICAL GEL 0.05 % (tretinoin)                                          | Nivel 3               |                                                                                                                                |
| AVITA TOPICAL CREAM 0.025 % (tretinoin)                                         | Nivel 1               |                                                                                                                                |
| AVITA TOPICAL GEL 0.025 % (tretinoin)                                           | Nivel 1               |                                                                                                                                |
| DIFFERIN TOPICAL CREAM 0.1 % (adapalene)                                        | Nivel 3               | \$\$                                                                                                                           |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)                                | Nivel 3               |                                                                                                                                |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene)                                       | Nivel 3               | \$. Age (Max 39 Years)                                                                                                         |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres) | Nivel 3               | Age (Max 39 Years)                                                                                                             |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %                                 | Nivel 3               | \$\$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years) |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % (tretinoin microspheres)        | Nivel 3               | \$\$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years) |
| RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)                | Nivel 3               | \$. Age (Max 39 Years)                                                                                                         |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)                        | Nivel 3               | \$                                                                                                                             |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)                                 | Nivel 3               | \$                                                                                                                             |



| Nombre del Medicamento                                             |                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                         |
|--------------------------------------------------------------------|--------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tretinoin microspheres topical gel 0.04 %</i> , 0.1 %           | (Retin-A Micro)          | Nivel 1               | \$; Age (Max 39 Years)                                                                                                                                                         |
| <i>tretinoin microspheres topical gel with pump 0.04 %</i> , 0.1 % | (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 %</i> , 0.1 %                      | (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               | \$                                                                                                                                                                             |
| <b>Derivados De Vitamina A, Agentes Tópicos De Acne</b>            |                          |                       |                                                                                                                                                                                |
| AKLIEF TOPICAL CREAM 0.005 %                                       |                          | Nivel 3               | \$\$; ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years) |
| ALVOX HP TOPICAL CREAM 0.1-4 %                                     | (tazarotene-niacinamide) | Nivel 3               |                                                                                                                                                                                |
| ALVOX TOPICAL CREAM 0.05-4 %                                       | (tazarotene-niacinamide) | Nivel 3               |                                                                                                                                                                                |
| ARAZLO TOPICAL LOTION 0.045 %                                      |                          | Nivel 3               | \$\$; ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days                     |
| ETHOXIA TOPICAL CREAM 0.05-4 %                                     | (tazarotene-niacinamide) | Nivel 3               |                                                                                                                                                                                |
| ITHOXIA TOPICAL CREAM 0.1-4 %                                      | (tazarotene-niacinamide) | Nivel 3               |                                                                                                                                                                                |
| <i>tazarotene topical foam 0.1 %</i>                               | (Fabior)                 | Nivel 1               | ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days                           |
| <b>Preparados Tópicos, Antibacteriales</b>                         |                          |                       |                                                                                                                                                                                |
| ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %                           |                          | Nivel 3               |                                                                                                                                                                                |
| BASADROX TOPICAL GEL IN PACKET                                     |                          | Nivel 3               |                                                                                                                                                                                |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 %                            |                          | Nivel 3               |                                                                                                                                                                                |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)        | Nivel 1               |                                                        |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)               | Nivel 1               |                                                        |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone) | Nivel 1               |                                                        |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 %                                         | Nivel 3               | \$                                                     |
| IODOSORB TOPICAL GEL 0.9 %                                                     | Nivel 3               | \$                                                     |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                       | Nivel 1               |                                                        |
| NORMLGEL AG TOPICAL GEL 0.11 %                                                 | Nivel 3               |                                                        |
| QUINJA TOPICAL GEL 1.25-1 %                                                    | Nivel 3               |                                                        |
| <i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>                       | Nivel 1               |                                                        |
| SILVRSTAT TOPICAL GEL 32 PPM                                                   | Nivel 3               | \$                                                     |
| SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)                                  | Nivel 3               |                                                        |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                | Nivel 1               |                                                        |
| VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone-iodoquinol-aloe)        | Nivel 3               |                                                        |
| <b>Dermatología - Antiinfecciosos</b>                                          |                       |                                                        |
| DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)                   | Nivel 3               |                                                        |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)                  | Nivel 3               |                                                        |
| <b>Agente De Esteroides Tópico Antifúngico/Antiinflamatorio</b>                |                       |                                                        |
| CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %                                      | Nivel 3               |                                                        |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                       | Nivel 1               | \$                                                     |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                      | Nivel 1               |                                                        |
| DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)                    | Nivel 3               |                                                        |
| DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %                        | Nivel 3               |                                                        |
| DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)         | Nivel 3               |                                                        |
| DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)                    | Nivel 3               |                                                        |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)                    | Nivel 3               |                                                        |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)      | Nivel 3               |                                                        |

| Nombre del Medicamento                                          |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                              |
|-----------------------------------------------------------------|---------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHEYO TOPICAL CREAM 2-2.5 %                                     | (ketoconazole-hydrocortisone)   | Nivel 3               |                                                                                                                                                                                                                                     |
| <b>Agente Esteroideo, Antivirales tópicos/Antiinflamatorios</b> |                                 |                       |                                                                                                                                                                                                                                     |
| XERESE TOPICAL CREAM 5-1 %                                      |                                 | Nivel 3               | \$\$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days; QL (10 GM per 365 days)                                                                                            |
| <b>Agentes De Tratamiento De Verruga Genital-Hpv Tópicos</b>    |                                 |                       |                                                                                                                                                                                                                                     |
| VEREGEN TOPICAL OINTMENT 15 %                                   |                                 | Nivel 3               | ST: Must meet the following requirements: Imiquimod 5% cream packets and Podofilox 0.5% solution in 365 days; QL (30 GM per 1 FILL)                                                                                                 |
| <b>Antibióticos Tópicos</b>                                     |                                 |                       |                                                                                                                                                                                                                                     |
| AMZEEQ TOPICAL FOAM 4 %                                         |                                 | Nivel 3               | ST: Must meet 2 of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 365 days; Age (Min 9 Years) |
| BATIZIA TOPICAL OINTMENT 2-2 %                                  | (mupirocin-lidocaine)           | Nivel 3               |                                                                                                                                                                                                                                     |
| BENZAMYCIN TOPICAL GEL 3-5 %                                    | (erythromycin-benzoyl peroxide) | Nivel 3               | \$                                                                                                                                                                                                                                  |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                             |                                 | Nivel 3               |                                                                                                                                                                                                                                     |
| CENTANY TOPICAL OINTMENT 2 %                                    | (mupirocin)                     | Nivel 3               | QL (90 GM per 1 FILL)                                                                                                                                                                                                               |
| CLEOCIN T TOPICAL LOTION 1 %                                    | (clindamycin phosphate)         | Nivel 3               |                                                                                                                                                                                                                                     |
| CLEOCIN T TOPICAL SOLUTION 1 %                                  | (clindamycin phosphate)         | Nivel 3               | QL (180 ML per 1 FILL)                                                                                                                                                                                                              |
| CLINDACIN ETZ TOPICAL KIT 1 %                                   |                                 | Nivel 3               |                                                                                                                                                                                                                                     |
| CLINDACIN ETZ TOPICAL SWAB 1 %                                  | (clindamycin phosphate)         | Nivel 3               | \$                                                                                                                                                                                                                                  |
| CLINDACIN P TOPICAL SWAB 1 %                                    | (clindamycin phosphate)         | Nivel 3               | \$\$                                                                                                                                                                                                                                |
| CLINDACIN PAC TOPICAL KIT 1 %                                   |                                 | Nivel 3               |                                                                                                                                                                                                                                     |
| CLINDACIN TOPICAL FOAM 1 %                                      | (clindamycin phosphate)         | Nivel 3               |                                                                                                                                                                                                                                     |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %                           | (clindamycin phosphate)         | Nivel 3               | ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days                                                                                                                                                   |
| clindamycin phosphate topical foam 1 %                          | (Clindacin)                     | Nivel 1               | \$                                                                                                                                                                                                                                  |

| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                     |
|----------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| <i>clindamycin phosphate topical gel 1 %</i>                         | Nivel 1               | \$                                                                                                         |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel) | Nivel 1               | ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days                          |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)          | Nivel 1               | \$                                                                                                         |
| <i>clindamycin phosphate topical solution 1 %</i>                    | Nivel 1               | \$\$; QL (180 ML per 1 FILL)                                                                               |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)        | Nivel 1               | \$                                                                                                         |
| ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)                | Nivel 1               | \$                                                                                                         |
| ERYGEL TOPICAL GEL 2 % (erythromycin with ethanol)                   | Nivel 3               |                                                                                                            |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel)            | Nivel 1               | \$                                                                                                         |
| <i>erythromycin with ethanol topical solution 2 %</i>                | Nivel 1               | \$\$; QL (180 ML per 1 FILL)                                                                               |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)  | Nivel 1               |                                                                                                            |
| EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)                     | Nivel 3               |                                                                                                            |
| <i>gentamicin topical cream 0.1 %</i>                                | Nivel 1               | \$\$; QL (90 GM per 1 FILL)                                                                                |
| <i>gentamicin topical ointment 0.1 %</i>                             | Nivel 1               | \$\$; QL (90 GM per 1 FILL)                                                                                |
| <i>mupirocin calcium topical cream 2 %</i>                           | Nivel 1               | \$\$; QL (90 GM per 1 FILL)                                                                                |
| <i>mupirocin topical ointment 2 %</i> (Centany)                      | Nivel 1               | \$\$; QL (90 GM per 1 FILL)                                                                                |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)                  | Nivel 3               |                                                                                                            |
| XEPI TOPICAL CREAM 1 %                                               | Nivel 3               | ST: Must meet the following requirement: Mupirocin ointment in 120 days                                    |
| ZILXI TOPICAL FOAM 1.5 %                                             | Nivel 3               | ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days) |
| <b>Antifúngicos Tópicos</b>                                          |                       |                                                                                                            |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                               | Nivel 3               |                                                                                                            |
| CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)   | Nivel 3               | \$\$\$; QL (19.8 ML per 1 FILL)                                                                            |
| CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)                           | Nivel 3               | QL (180 GM per 1 FILL)                                                                                     |
| CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)                           | Nivel 3               | \$\$\$; QL (19.8 ML per 1 FILL)                                                                            |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)                    | Nivel 1               | \$\$; QL (180 GM per 1 FILL)                                                                               |
| <i>ciclopirox topical gel 0.77 %</i>                                 | Nivel 1               |                                                                                                            |
| <i>ciclopirox topical shampoo 1 %</i>                                | Nivel 1               | \$                                                                                                         |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)                    | Nivel 1               | \$\$; QL (19.8 ML per 1 FILL)                                                                              |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))    | Nivel 1               | \$\$; QL (180 ML per 1 FILL)                                                                               |

| Nombre del Medicamento                                     |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                      |
|------------------------------------------------------------|----------------------------------|-----------------------|---------------------------------------------------------------------------------------------|
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> | (Ciclodan Kit)                   | Nivel 1               | \$; QL (19.8 ML per 1 FILL)                                                                 |
| <i>clotrimazole topical cream 1 %</i>                      | (Antifungal (clotrimazole))      | Nivel 1               |                                                                                             |
| <i>clotrimazole topical solution 1 %</i>                   | (Athlete's Foot (clotrimazole))  | Nivel 1               | \$                                                                                          |
| DAFILOR TOPICAL SHAMPOO 0.77-2 %                           | (ciclopirox-salicylic acid)      | Nivel 3               |                                                                                             |
| DENVITA TOPICAL CREAM 2-4 %                                | (ketoconazole-niacinamide)       | Nivel 3               |                                                                                             |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %                   | (flucona-ibuprof-itracon-terbin) | Nivel 3               |                                                                                             |
| <i>econazole nitrate topical cream 1 %</i>                 |                                  | Nivel 1               | \$; QL (170 GM per 1 FILL)                                                                  |
| ECOZA TOPICAL FOAM 1 %                                     | (econazole nitrate)              | Nivel 3               |                                                                                             |
| ERTACZO TOPICAL CREAM 2 %                                  |                                  | Nivel 3               |                                                                                             |
| EXELDERM TOPICAL CREAM 1 %                                 | (sulconazole)                    | Nivel 2               |                                                                                             |
| EXELDERM TOPICAL SOLUTION 1 %                              | (sulconazole)                    | Nivel 2               |                                                                                             |
| EXODERM TOPICAL LOTION 25-1 %                              |                                  | Nivel 1               |                                                                                             |
| FENOVIA TOPICAL SOLUTION 4-2-1-4 %                         | (flucona-ibuprof-itracon-terbin) | Nivel 3               |                                                                                             |
| FERVINA TOPICAL LOTION 3-5-20 %                            |                                  | Nivel 3               |                                                                                             |
| FIDILA TOPICAL SHAMPOO 2-2 %                               |                                  | Nivel 3               |                                                                                             |
| FILOMA TOPICAL SOLUTION 8-1-1 %                            |                                  | Nivel 3               |                                                                                             |
| FRIVO TOPICAL CREAM 1-4 %                                  | (econazole-niacinamide)          | Nivel 3               |                                                                                             |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 %                           | (ciclopirox-salicylic acid)      | Nivel 3               |                                                                                             |
| HEXIOUNYL TOPICAL LOTION 3-5-20 %                          |                                  | Nivel 3               |                                                                                             |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %                        |                                  | Nivel 3               |                                                                                             |
| IMIOXIA TOPICAL CREAM 1-4 %                                | (econazole-niacinamide)          | Nivel 3               |                                                                                             |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %               |                                  | Nivel 3               | PA; \$\$                                                                                    |
| <i>ketoconazole topical cream 2 %</i>                      |                                  | Nivel 1               | \$; QL (180 GM per 1 FILL)                                                                  |
| <i>ketoconazole topical foam 2 %</i>                       | (Ketodan)                        | Nivel 1               | \$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days   |
| <i>ketoconazole topical shampoo 2 %</i>                    |                                  | Nivel 1               | \$; QL (360 ML per 1 FILL)                                                                  |
| KETODAN KIT TOPICAL COMBO PACK 2 %                         |                                  | Nivel 3               |                                                                                             |
| KETODAN TOPICAL FOAM 2 %                                   | (ketoconazole)                   | Nivel 1               | \$\$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days |

| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                           |
|---------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------|
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                            | Nivel 1               | \$                                                                                                               |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)                           | Nivel 3               | QL (180 GM per 1 FILL)                                                                                           |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)                      | Nivel 3               | QL (180 ML per 1 FILL)                                                                                           |
| LOPROX KIT TOPICAL COMBO PACK 0.77 %                                            | Nivel 3               |                                                                                                                  |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %                          | Nivel 3               |                                                                                                                  |
| <i>luliconazole topical cream 1 %</i> (Luzu)                                    | Nivel 1               | ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days) |
| LUZU TOPICAL CREAM 1 % (luliconazole)                                           | Nivel 3               | ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days) |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion) | Nivel 1               | \$                                                                                                               |
| <i>naftifine topical cream 1 %</i>                                              | Nivel 1               | \$                                                                                                               |
| <i>naftifine topical cream 2 %</i>                                              | Nivel 1               | \$; QL (180 GM per 1 FILL)                                                                                       |
| <i>naftifine topical gel 2 %</i> (Naftin)                                       | Nivel 1               |                                                                                                                  |
| NAFTIN TOPICAL GEL 2 % (naftifine)                                              | Nivel 3               |                                                                                                                  |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Nivel 1               |                                                                                                                  |
| <i>nystatin topical cream 100,000 unit/gram</i>                                 | Nivel 1               | \$                                                                                                               |
| <i>nystatin topical ointment 100,000 unit/gram</i>                              | Nivel 1               | \$; QL (90 GM per 1 FILL)                                                                                        |
| <i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)                     | Nivel 1               | \$                                                                                                               |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                | Nivel 1               | \$                                                                                                               |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>          | Nivel 1               | \$; QL (180 GM per 1 FILL)                                                                                       |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Nivel 1               |                                                                                                                  |
| <i>oxiconazole topical cream 1 %</i>                                            | Nivel 1               | \$; QL (180 GM per 1 FILL)                                                                                       |
| OXISTAT TOPICAL LOTION 1 %                                                      | Nivel 3               |                                                                                                                  |
| PHEDRAX TOPICAL SHAMPOO 2-2 %                                                   | Nivel 3               |                                                                                                                  |

| Nombre del Medicamento                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                     |
|--------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| PHEOXIA TOPICAL CREAM 2-4 %                            | (ketoconazole-niacinamide)       | Nivel 3               |                                                                                                            |
| <i>sulconazole topical cream 1 %</i>                   | (Exelderm)                       | Nivel 1               |                                                                                                            |
| <i>sulconazole topical solution 1 %</i>                | (Exelderm)                       | Nivel 1               |                                                                                                            |
| <i>tavaborole topical solution with applicator 5 %</i> |                                  | Nivel 1               | PA; \$                                                                                                     |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 %                | (miconazole nitrate-zinc ox-pet) | Nivel 3               | \$\$                                                                                                       |
| XOLEGEL TOPICAL GEL 2 %                                |                                  | Nivel 3               | ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days                      |
| <b>Antiparásicos Tópicos</b>                           |                                  |                       |                                                                                                            |
| CROTAN TOPICAL LOTION 10 %                             |                                  | Nivel 3               |                                                                                                            |
| ELIMITE TOPICAL CREAM 5 %                              | (permethrin)                     | Nivel 3               |                                                                                                            |
| EURAX TOPICAL CREAM 10 %                               |                                  | Nivel 3               |                                                                                                            |
| EURAX TOPICAL LOTION 10 %                              |                                  | Nivel 3               |                                                                                                            |
| <i>malathion topical lotion 0.5 %</i>                  | (Ovide)                          | Nivel 1               |                                                                                                            |
| NATROBA TOPICAL SUSPENSION 0.9 %                       | (spinosad)                       | Nivel 3               |                                                                                                            |
| OVIDE TOPICAL LOTION 0.5 %                             | (malathion)                      | Nivel 3               |                                                                                                            |
| <i>permethrin topical cream 5 %</i>                    | (Elimite)                        | Nivel 1               | \$                                                                                                         |
| PRURADIK TOPICAL LOTION 10 %                           |                                  | Nivel 3               |                                                                                                            |
| <i>spinosad topical suspension 0.9 %</i>               | (Natroba)                        | Nivel 1               | \$                                                                                                         |
| ULESFIA TOPICAL LOTION 5 %                             |                                  | Nivel 3               |                                                                                                            |
| <b>Antivirales Tópicos</b>                             |                                  |                       |                                                                                                            |
| <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               | \$                                                                                                         |
| <i>penciclovir topical cream 1 %</i>                   | (Denavir)                        | Nivel 1               | \$                                                                                                         |
| ZOVIRAX TOPICAL OINTMENT 5 %                           | (acyclovir)                      | Nivel 3               | \$                                                                                                         |
| <b>Derivados De Pleuromutilina Tópica</b>              |                                  |                       |                                                                                                            |
| ALTABAX TOPICAL OINTMENT 1 %                           |                                  | Nivel 3               | ST: Must meet the following requirement: Mupirocin ointment in 120 days                                    |
| <b>Sulfomanidas Tópicas</b>                            |                                  |                       |                                                                                                            |
| ABENOR HP TOPICAL LOTION 15-4 %                        |                                  | Nivel 3               |                                                                                                            |
| ABENOR TOPICAL CREAM 10-4 %                            | (sulfacetamide-niacinamide)      | Nivel 3               |                                                                                                            |



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

| Nombre del Medicamento                                                |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| sulfacetamide sodium-sulfur topical cream 9.8-4.8 %                   | (Plexion)                        | Nivel 1               | \$                                                     |
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w) |                                  | Nivel 1               | \$                                                     |
| sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %                  | (Plexion)                        | Nivel 1               | \$                                                     |
| sulfacetamide sodium-sulfur topical pads, medicated 10-4 %            | (Sumaxin)                        | Nivel 1               |                                                        |
| sulfacetamide sodium-sulfur topical suspension 10-5 %                 |                                  | Nivel 1               | \$                                                     |
| sulfacetamide sodium-sulfur topical suspension 8-4 %                  | (SulfaCleanse 8-4)               | Nivel 1               | \$                                                     |
| sulfacetamide sodium-sulfur topical suspension 9-4.25 %               | (Clenia Plus)                    | Nivel 1               |                                                        |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %              |                                  | Nivel 1               | QL (1419 ML per 1 FILL)                                |
| SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %                             | (sulfacetamide sodium-sulfur)    | Nivel 1               |                                                        |
| SULFAMYLON TOPICAL CREAM 85 MG/G                                      |                                  | Nivel 3               | \$                                                     |
| SULFAMYLON TOPICAL PACKET 50 GRAM                                     | (mafenide acetate)               | Nivel 3               |                                                        |
| SUMADAN TOPICAL CLEANSER 9-4.5 %                                      | (sulfacetamide sodium-sulfur)    | Nivel 3               |                                                        |
| SUMADAN TOPICAL KIT 9-4.5 %                                           | (sulfacetamide-sulfur-cleansr23) | Nivel 3               |                                                        |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25   | (sulfact na-sul-avobnz-otn-ocsa) | Nivel 3               |                                                        |
| SUMAXIN CP TOPICAL KIT 10-4 %                                         |                                  | Nivel 3               |                                                        |
| SUMAXIN TOPICAL CLEANSER 9-4 %                                        | (sulfacetamide sodium-sulfur)    | Nivel 3               |                                                        |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %                                  |                                  | Nivel 1               |                                                        |
| <b>Dermatología - Antiinflamatorio</b>                                |                                  |                       |                                                        |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                          |                                  | Nivel 4               | PA; \$\$\$\$                                           |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                                  |                                  | Nivel 4               | PA; \$\$\$\$                                           |
| ANZUPGO TOPICAL CREAM 2 %                                             |                                  | Nivel 3               | PA; QL (60 GM per 30 days)                             |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML                     |                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML                      |                                  | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                   |
|-------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG                                | Nivel 4               | PA; \$\$\$\$                                                                                                                                                                             |
| OPZELURA TOPICAL CREAM 1.5 %                                            | Nivel 2               | PA; \$\$\$; QL (60 GM per 30 days)                                                                                                                                                       |
| <b>Antibióticos</b>                                                     |                       |                                                                                                                                                                                          |
| <b>Tópicos/Antiinflamatorio, Esteroides</b>                             |                       |                                                                                                                                                                                          |
| 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                                                                    |
| <b>Antiinflamatorio Esteroides Tópico</b>                               |                       |                                                                                                                                                                                          |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                                           | Nivel 3               |                                                                                                                                                                                          |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %                          | Nivel 1               |                                                                                                                                                                                          |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)                             | Nivel 1               | \$                                                                                                                                                                                       |
| ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)                           | Nivel 1               | ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                  |
| <i>alclometasone topical cream 0.05 %</i>                               | Nivel 1               | \$                                                                                                                                                                                       |
| <i>alclometasone topical ointment 0.05 %</i>                            | Nivel 1               |                                                                                                                                                                                          |
| <i>amcinonide topical cream 0.1 %</i>                                   | Nivel 1               | ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days |
| <i>amcinonide topical ointment 0.1 %</i>                                | Nivel 1               |                                                                                                                                                                                          |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Nivel 3               |                                                                                                                                                                                          |

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

| Nombre del Medicamento                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                               |
|--------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAPEX TOPICAL SHAMPOO 0.01 %                                 | Nivel 3               | \$                                                                                                                                                                                                                                   |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine) | Nivel 3               |                                                                                                                                                                                                                                      |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)     | Nivel 3               |                                                                                                                                                                                                                                      |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)  | Nivel 3               |                                                                                                                                                                                                                                      |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)  | Nivel 3               |                                                                                                                                                                                                                                      |
| <i>clobetasol scalp solution 0.05 %</i>                      | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical cream 0.025 %</i> (Impoyz)             | Nivel 1               | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days) |
| <i>clobetasol topical cream 0.05 %</i>                       | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                 | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical gel 0.05 %</i>                         | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)             | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical ointment 0.05 %</i>                    | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)            | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)  | Nivel 1               |                                                                                                                                                                                                                                      |
| <i>clobetasol-emollient topical cream 0.05 %</i>             | Nivel 1               | \$                                                                                                                                                                                                                                   |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)     | Nivel 1               | \$                                                                                                                                                                                                                                   |
| CLOBEX TOPICAL LOTION 0.05 % (clobetasol)                    | Nivel 3               |                                                                                                                                                                                                                                      |
| CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)                   | Nivel 3               |                                                                                                                                                                                                                                      |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol)         | Nivel 3               |                                                                                                                                                                                                                                      |
| <i>clocortolone pivalate topical cream 0.1 %</i>             | Nivel 1               | \$; ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %           | Nivel 3               |                                                                                                                                                                                                                                      |
| CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)                   | Nivel 3               |                                                                                                                                                                                                                                      |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                                |
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| CORDRAN TAPE LARGE ROLL<br>TOPICAL TAPE 4 MCG/CM2                          | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days) |
| CORDRAN TOPICAL CREAM 0.025 %                                              | Nivel 3               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                           |
| CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)                             | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days                                   |
| CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)                            | Nivel 3               |                                                                                                                                                                                                                                                                       |
| CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)                          | Nivel 3               | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)                                                                                                            |
| DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone)               | Nivel 3               |                                                                                                                                                                                                                                                                       |
| DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone and shower cap) | Nivel 3               |                                                                                                                                                                                                                                                                       |
| <i>desonide topical cream 0.05 %</i>                                       | Nivel 1               | \$                                                                                                                                                                                                                                                                    |
| <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                               |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>desonide topical lotion 0.05 %</i>                                    | Nivel 1               | \$                                                                                                                                                                                                                                                                                        |
| <i>desonide topical ointment 0.05 %</i>                                  | Nivel 1               | \$                                                                                                                                                                                                                                                                                        |
| DESOWEN TOPICAL CREAM 0.05 % (desonide)                                  | Nivel 3               | \$\$                                                                                                                                                                                                                                                                                      |
| <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 %</i> (Topicort)                 | Nivel 1               |                                                                                                                                                                                                                                                                                           |
| <i>desoximetasone topical ointment 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                      |
| <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) |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (betamethasone, augmented) | Nivel 3               |                                                                                                                                                                                                                                                                                           |
| DIVINIX TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)                  | Nivel 3               |                                                                                                                                                                                                                                                                                           |
| DIVINIX TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)               | Nivel 3               |                                                                                                                                                                                                                                                                                           |
| DIVINIX TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)               | Nivel 3               |                                                                                                                                                                                                                                                                                           |
| DOMELA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)                 | Nivel 3               |                                                                                                                                                                                                                                                                                           |



| Nombre del Medicamento                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                              |
|----------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DYNOMA TOPICAL CREAM 0.05-4 %                                                    | Nivel 3               |                                                                                                                                                                                                                                     |
| ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 %                               | Nivel 1               |                                                                                                                                                                                                                                     |
| <i>fluocinolone and shower cap scalp oil</i> 0.01 % (Derma-Smoothe/FS Scalp Oil) | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinolone topical cream</i> 0.01 %                                         | Nivel 1               |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical cream</i> 0.025 % (Synalar)                              | Nivel 1               |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical oil</i> 0.01 % (Derma-Smoothe/FS Body Oil)               | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinolone topical ointment</i> 0.025 % (Synalar)                           | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinolone topical solution</i> 0.01 % (Synalar)                            | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide topical cream</i> 0.05 %                                         | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide topical cream</i> 0.1 % (Vanos)                                  | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide topical gel</i> 0.05 %                                           | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide topical ointment</i> 0.05 %                                      | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide topical solution</i> 0.05 %                                      | Nivel 1               | \$                                                                                                                                                                                                                                  |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)                     | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>fluocinonide-emollient topical cream</i> 0.05 % (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</i> 0.05 %                                      | Nivel 1               | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days |
| <i>flurandrenolide topical lotion</i> 0.05 %                                     | Nivel 1               | \$                                                                                                                                                                                                                                  |
| <i>flurandrenolide topical ointment</i> 0.05 %                                   | Nivel 1               | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)                                                                          |
| <i>fluticasone propionate topical cream</i> 0.05 %                               | Nivel 1               | \$                                                                                                                                                                                                                                  |

| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                            |
|-------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser) | Nivel 1               | \$                                                                                                                                                                                                                |
| <i>fluticasone propionate topical ointment 0.005 %</i>      | Nivel 1               | \$                                                                                                                                                                                                                |
| <i>halcinonide topical cream 0.1 %</i> (Halog)              | Nivel 1               | \$\$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days |
| <i>halcinonide topical solution 0.1 %</i>                   | 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> (Lexette) | Nivel 1               | ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)                                                                                |
| <i>halobetasol propionate topical ointment 0.05 %</i>       | Nivel 1               | \$                                                                                                                                                                                                                |
| HALOG TOPICAL CREAM 0.1 % (halcinonide)                     | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days       |

| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HALOG TOPICAL OINTMENT 0.1 %                                                    | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days                                                  |
| HALOG TOPICAL SOLUTION 0.1 % (halcinonide)                                      | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days                                            |
| hydrocortisone acetate topical cream with perineal applicator 2.5 % (MiCort-HC) | Nivel 1               |                                                                                                                                                                                                                                                              |
| hydrocortisone butyrate topical cream 0.1 %                                     | Nivel 1               |                                                                                                                                                                                                                                                              |
| hydrocortisone butyrate topical lotion 0.1 %                                    | 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) |
| hydrocortisone butyrate topical ointment 0.1 %                                  | 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                          |
| hydrocortisone butyrate topical solution 0.1 %                                  | Nivel 1               |                                                                                                                                                                                                                                                              |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %                           | Nivel 3               |                                                                                                                                                                                                                                                              |
| hydrocortisone topical cream 1 % (Ala-Cort)                                     | Nivel 1               | \$                                                                                                                                                                                                                                                           |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                               |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| hydrocortisone topical cream 2.5 %                                          | Nivel 1               | \$                                                                                                                                                                                                                                   |
| hydrocortisone topical cream with perineal applicator 1 %                   | Nivel 1               |                                                                                                                                                                                                                                      |
| hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC) | Nivel 1               |                                                                                                                                                                                                                                      |
| hydrocortisone topical lotion 2 % (Ala-Scalp)                               | Nivel 1               | ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                              |
| hydrocortisone topical lotion 2.5 %                                         | Nivel 1               | \$                                                                                                                                                                                                                                   |
| hydrocortisone topical ointment 1 % (Anti-Itch (HC))                        | Nivel 1               | \$                                                                                                                                                                                                                                   |
| hydrocortisone topical ointment 2.5 %                                       | Nivel 1               | \$                                                                                                                                                                                                                                   |
| hydrocortisone topical solution 2.5 % (Texacort)                            | Nivel 1               | ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                              |
| hydrocortisone valerate topical cream 0.2 %                                 | Nivel 1               | \$                                                                                                                                                                                                                                   |
| hydrocortisone valerate topical ointment 0.2 %                              | Nivel 1               | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                    |
| HYDROXYM TOPICAL GEL 2 %                                                    | Nivel 3               |                                                                                                                                                                                                                                      |
| ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)                 | Nivel 3               |                                                                                                                                                                                                                                      |
| IMPOYZ TOPICAL CREAM 0.025 % (clobetasol)                                   | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days) |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)             | Nivel 3               |                                                                                                                                                                                                                                      |
| LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)                        | Nivel 3               | ST: Must meet any of the following requirements: Generic Halobetasol cream/ointment or Clobetasol foam in 120 days; QL (100 GM per 1 FILL)                                                                                           |
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 %                                        | Nivel 3               |                                                                                                                                                                                                                                      |

| Nombre del Medicamento                                     |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                       |
|------------------------------------------------------------|---------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCOID TOPICAL LOTION 0.1 %                                | (hydrocortisone butyrate)       | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days) |
| LUXIQ TOPICAL FOAM 0.12 %                                  | (betamethasone valerate)        | Nivel 3               |                                                                                                                                                                                                                                                              |
| MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %     | (hydrocortisone acetate)        | Nivel 1               |                                                                                                                                                                                                                                                              |
| <i>mometasone topical cream 0.1 %</i>                      |                                 | Nivel 1               | \$                                                                                                                                                                                                                                                           |
| <i>mometasone topical ointment 0.1 %</i>                   |                                 | Nivel 1               | \$                                                                                                                                                                                                                                                           |
| <i>mometasone topical solution 0.1 %</i>                   |                                 | Nivel 1               | \$                                                                                                                                                                                                                                                           |
| NOXIPAK TOPICAL KIT 0.01-20 %                              |                                 | Nivel 3               |                                                                                                                                                                                                                                                              |
| NUCORT TOPICAL LOTION 2 %                                  | (hydrocortisone acet-aloe vera) | Nivel 3               | \$                                                                                                                                                                                                                                                           |
| OLUX TOPICAL FOAM 0.05 %                                   | (clobetasol)                    | Nivel 3               |                                                                                                                                                                                                                                                              |
| OLUX-E TOPICAL FOAM 0.05 %                                 | (clobetasol-emollient)          | Nivel 3               |                                                                                                                                                                                                                                                              |
| PANDEL TOPICAL CREAM 0.1 %                                 |                                 | Nivel 3               | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days) |
| <i>prednicarbate topical cream 0.1 %</i>                   |                                 | Nivel 1               |                                                                                                                                                                                                                                                              |
| <i>prednicarbate topical ointment 0.1 %</i>                |                                 | Nivel 1               |                                                                                                                                                                                                                                                              |
| PROCTOCORT TOPICAL CREAM 1 %                               | (hydrocortisone)                | Nivel 3               |                                                                                                                                                                                                                                                              |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | (hydrocortisone)                | Nivel 1               |                                                                                                                                                                                                                                                              |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %  | (hydrocortisone)                | Nivel 1               | \$                                                                                                                                                                                                                                                           |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | (hydrocortisone)                | Nivel 1               |                                                                                                                                                                                                                                                              |
| QUINIXIL TOPICAL CREAM 0.1-5 %                             |                                 | Nivel 3               |                                                                                                                                                                                                                                                              |
| SANADERMRX TOPICAL KIT 0.1-5 %                             |                                 | Nivel 1               | QL (1 EA per 30 days)                                                                                                                                                                                                                                        |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                    |                                 | Nivel 2               |                                                                                                                                                                                                                                                              |

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                                                                                                                                                                                       |
|--------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCALACORT TOPICAL LOTION 2 % (hydrocortisone)                      | Nivel 3                      | ST: Must meet the following requirement:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                          |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                             | Nivel 3                      | ST: Must meet any of the following requirements:<br>Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                                                |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %                            | Nivel 3                      | QL (375 GM per 30 days)                                                                                                                                                                                                                                             |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % | Nivel 3                      | QL (375 GM per 30 days)                                                                                                                                                                                                                                             |
| SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)                       | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)                    | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)                     | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| SYNALAR TS TOPICAL KIT 0.01 %                                      | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TELIORA TOPICAL GEL 0.1-0.5 %                                      | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)          | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)                   | Nivel 3                      | \$; ST: Must meet the following requirement:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                      |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)             | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL GEL 0.05 % (desoximetasone)                       | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)          | Nivel 3                      |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 % (desoximetasone)         | Nivel 3                      | ST: Must meet any of the following requirements:<br>Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days |
| TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)         | Nivel 3                      | \$                                                                                                                                                                                                                                                                  |
| TOVET KIT TOPICAL COMBO PACK 0.05 %                                | Nivel 3                      |                                                                                                                                                                                                                                                                     |

| Nombre del Medicamento                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>triamcinolone acetonide topical aerosol</i> (Kenalog)<br>0.147 mg/gram | Nivel 1               | \$                                                                                                                                                                                                                                                                         |
| <i>triamcinolone acetonide topical cream</i><br>0.025 %, 0.1 %            | Nivel 1               | \$                                                                                                                                                                                                                                                                         |
| <i>triamcinolone acetonide topical cream</i> (Triderm)<br>0.5 %           | Nivel 1               | \$; QL (454 GM per 30 days)                                                                                                                                                                                                                                                |
| <i>triamcinolone acetonide topical lotion</i><br>0.025 %                  | Nivel 1               |                                                                                                                                                                                                                                                                            |
| <i>triamcinolone acetonide topical lotion</i> 0.1 %                       | Nivel 1               | \$                                                                                                                                                                                                                                                                         |
| <i>triamcinolone acetonide topical ointment</i><br>0.025 %, 0.1 %, 0.5 %  | Nivel 1               | \$                                                                                                                                                                                                                                                                         |
| <i>triamcinolone acetonide topical ointment</i> (Trianex)<br>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 0.5 % (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:<br>Betamethasone augmented (ointment, gel, lotion),<br>Fluocinonide 0.1% cream,<br>Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days) |
| VANOS TOPICAL CREAM 0.1 % (fluocinonide)                                  | Nivel 3               |                                                                                                                                                                                                                                                                            |
| VERDESO TOPICAL FOAM 0.05 %                                               | Nivel 3               | ST: Must meet the following requirement:<br>Fluocinolone Acetonide 0.01% body oil in 120 days                                                                                                                                                                              |
| WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %                                       | Nivel 3               |                                                                                                                                                                                                                                                                            |
| WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %                                | Nivel 3               |                                                                                                                                                                                                                                                                            |
| XILAPAK TOPICAL KIT 0.01 %                                                | Nivel 3               |                                                                                                                                                                                                                                                                            |
| <b>Antiinflamatorio Tópico, Nsaids</b>                                    |                       |                                                                                                                                                                                                                                                                            |
| 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               |                                                                                                                                                                                                                                                                            |



| Nombre del Medicamento                                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                | Nivel 3               |                                                        |
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 %                             | Nivel 1               |                                                        |
| <i>diclofenac sodium topical drops</i> 1.5 %                                                         | Nivel 1               | \$                                                     |
| <i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))                               | Nivel 1               |                                                        |
| <i>diclofenac sodium topical solution in metered-dose pump</i> 20 mg/gram /actuation(2 %) (Pennsaid) | Nivel 1               | \$                                                     |
| DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                        | Nivel 3               |                                                        |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 %                                                                | Nivel 3               |                                                        |
| DICLOGEN TOPICAL KIT 1.5-10-4 %                                                                      | Nivel 3               |                                                        |
| DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %                                                   | Nivel 3               |                                                        |
| DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                        | Nivel 3               |                                                        |
| DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                          | Nivel 3               |                                                        |
| DICLOTREX TOPICAL KIT 1.5-10-4 %                                                                     | Nivel 3               |                                                        |
| DIMENTHO TOPICAL KIT 1.5-10 %                                                                        | Nivel 3               |                                                        |
| DITHOL TOPICAL COMBO PACK 1.5-10 %                                                                   | Nivel 3               |                                                        |
| FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                                                  | Nivel 3               |                                                        |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)                                       | Nivel 3               |                                                        |
| FROTEK TOPICAL CREAM IN PACKET 10 %                                                                  | Nivel 3               |                                                        |
| FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                                   | Nivel 3               |                                                        |
| ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                       | Nivel 3               |                                                        |
| INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %                                         | Nivel 3               |                                                        |
| KERAXA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)                                           | Nivel 3               |                                                        |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                          |
|--------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------|
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %                                         | Nivel 3               | ST: Must meet the following requirement: generic Flector patch in 120 days; QL (1 EA per 1 day) |
| ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                          | Nivel 3               |                                                                                                 |
| PROFINAC TOPICAL KIT 1.5 %                                                     | Nivel 3               |                                                                                                 |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)                    | Nivel 3               |                                                                                                 |
| SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | Nivel 3               |                                                                                                 |
| VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %              | Nivel 3               |                                                                                                 |
| VENNGEL II TOPICAL KIT 1 %                                                     | Nivel 3               |                                                                                                 |
| VENNGEL ONE TOPICAL KIT 1 %                                                    | Nivel 1               |                                                                                                 |
| 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               |                                                                                                 |
| <b>Top. Antiinflamatorio,Inhib De Fosfodiesterasa-4 (Pde4)</b>                 |                       |                                                                                                 |
| EUCRISA TOPICAL OINTMENT 2 %                                                   | Nivel 2               | PA; QL (100 GM per 30 days)                                                                     |
| ZORYVE TOPICAL CREAM 0.15 %                                                    | Nivel 2               | PA; QL (60 GM per 30 days)                                                                      |
| ZORYVE TOPICAL FOAM 0.3 %                                                      | Nivel 2               | PA; QL (60 GM per 30 days)                                                                      |
| <b>Dermatología - Medicamentos Antipruriginosos</b>                            |                       |                                                                                                 |
| <b>Antiprurítico, Tópico</b>                                                   |                       |                                                                                                 |
| doxepin topical cream 5 % (Prudoxin)                                           | Nivel 1               | \$. ST: Must meet the following requirement: Topical Corticosteroid in 120 days                 |
| LEVICYN ANTIPRURITIC TOPICAL GEL                                               | Nivel 3               |                                                                                                 |
| <b>Dermatología - Misceláneo</b>                                               |                       |                                                                                                 |
| DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %                      | Nivel 3               |                                                                                                 |

| Nombre del Medicamento                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|-------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Agentes Antiseborreico</b>                                     |                       |                                                                                                                     |
| LOUTREX TOPICAL CREAM                                             | Nivel 1               |                                                                                                                     |
| MICURADERM TOPICAL EMULSION                                       | Nivel 3               |                                                                                                                     |
| OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %    | Nivel 2               |                                                                                                                     |
| OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)           | Nivel 3               |                                                                                                                     |
| OVACE PLUS TOPICAL CREAM 10 %                                     | Nivel 3               |                                                                                                                     |
| OVACE PLUS TOPICAL LOTION 9.8 %                                   | Nivel 3               | ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days |
| OVACE PLUS WASH TOPICAL (sulfacetamide sodium) CLEANSER, GEL 10 % | Nivel 3               |                                                                                                                     |
| OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)                | Nivel 3               | \$                                                                                                                  |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)           | Nivel 3               | \$                                                                                                                  |
| PROMISEB TOPICAL CREAM                                            | Nivel 3               |                                                                                                                     |
| selenium sulfide topical lotion 2.5 %                             | Nivel 1               | \$                                                                                                                  |
| selenium sulfide topical shampoo 2.25 %, 2.3 %                    | Nivel 1               | \$                                                                                                                  |
| sulfacetamide sodium topical cleanser 10 % (Ovace)                | Nivel 1               | \$                                                                                                                  |
| sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash) | Nivel 1               | \$                                                                                                                  |
| sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)    | Nivel 1               | \$                                                                                                                  |
| sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)           | Nivel 1               |                                                                                                                     |
| TERSI FOAM TOPICAL FOAM 2.25 %                                    | Nivel 3               |                                                                                                                     |
| <b>Agentes Oxidantes</b>                                          |                       |                                                                                                                     |
| ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %     | Nivel 3               |                                                                                                                     |
| DELUXO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %          | Nivel 3               |                                                                                                                     |
| EPICYN TOPICAL SPRAY, NON-AEROSOL                                 | Nivel 3               |                                                                                                                     |
| HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %       | Nivel 3               |                                                                                                                     |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %                    | Nivel 3               |                                                                                                                     |
| HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 % | Nivel 3               | \$                                                                                                                  |

| Nombre del Medicamento                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                          |
|------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------|
| LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %                      | Nivel 3               |                                                                                                 |
| MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 %-0.023 %            | Nivel 3               |                                                                                                 |
| RENOVAR IRRIGATION IRRIGATION SOLUTION                                 | Nivel 3               |                                                                                                 |
| RENOVAR TOPICAL SOLUTION                                               | Nivel 3               |                                                                                                 |
| <b>Agentes Tópicos Antineoplásicos &amp; Lesiones Premalignas</b>      |                       |                                                                                                 |
| <i>bexarotene topical gel 1 %</i> (Targretin)                          | Nivel 4               | PA                                                                                              |
| CARAC TOPICAL CREAM 0.5 % (fluorouracil)                               | Nivel 3               | PA                                                                                              |
| <i>diclofenac sodium topical gel 3 %</i>                               | Nivel 1               | \$; QL (100 GM per 1 FILL)                                                                      |
| EFUDEX TOPICAL CREAM 5 % (fluorouracil)                                | Nivel 3               | \$                                                                                              |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                        | Nivel 1               | PA                                                                                              |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                         | Nivel 1               | \$                                                                                              |
| <i>fluorouracil topical solution 2 %</i>                               | Nivel 1               |                                                                                                 |
| <i>fluorouracil topical solution 5 %</i>                               | Nivel 1               | \$                                                                                              |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %                        | Nivel 3               | \$\$\$; QL (5 EA per 1 FILL)                                                                    |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %                        | Nivel 3               | \$\$\$; QL (5 EA per 1 FILL)                                                                    |
| PANRETIN TOPICAL GEL 0.1 %                                             | Nivel 4               | QL (60 GM per 28 days)                                                                          |
| TARGRETIN TOPICAL GEL 1 % (bexarotene)                                 | Nivel 4               | PA; \$\$\$\$                                                                                    |
| TOLAK TOPICAL CREAM 4 %                                                | Nivel 2               | \$                                                                                              |
| VALCHLOR TOPICAL GEL 0.016 %                                           | Nivel 4               | PA                                                                                              |
| <b>Anestésico Local Antiinflamatorio Esteroideo Tópico</b>             |                       |                                                                                                 |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 %                                     | Nivel 2               |                                                                                                 |
| EPIFOAM TOPICAL FOAM 1-1 %                                             | Nivel 3               | \$; ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.35-1 %</i>                 | Nivel 1               |                                                                                                 |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>                  | Nivel 1               | \$                                                                                              |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort) | Nivel 1               | \$                                                                                              |
| NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %                    | Nivel 3               |                                                                                                 |

| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                      |
|----------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------|
| 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               |                                                                                             |
| <b>Anestésicos Locales Tópicos</b>                                   |                       |                                                                                             |
| ANACAINE TOPICAL OINTMENT 10 %                                       | Nivel 3               |                                                                                             |
| ANASTIA TOPICAL LOTION 2.75 %                                        | Nivel 3               |                                                                                             |
| ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)             | Nivel 1               |                                                                                             |
| ASTERO TOPICAL GEL WITH PUMP 4 %                                     | Nivel 3               |                                                                                             |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)           | Nivel 3               | \$                                                                                          |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY                 | Nivel 3               |                                                                                             |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY                        | Nivel 3               |                                                                                             |
| DERMACINRX LIDOCAN TOPICAL 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               |                                                                                             |
| DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 %                     | Nivel 3               |                                                                                             |
| DYCLOPRO TOPICAL SOLUTION 0.5 %                                      | Nivel 1               |                                                                                             |
| ELEMAR TOPICAL KIT 5-6 %                                             | Nivel 3               |                                                                                             |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 %                                | Nivel 3               |                                                                                             |

| Nombre del Medicamento                                              |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| <i>ethyl chloride topical aerosol,spray 100 %</i>                   |                                  | Nivel 1               | \$                                                     |
| HURRI-FREEZE TOPICAL AEROSOL,SPRAY                                  |                                  | Nivel 3               |                                                        |
| ILIDERM TOPICAL SPRAY, NON-AEROSOL                                  |                                  | Nivel 3               |                                                        |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %                |                                  | Nivel 1               |                                                        |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %           | (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               |                                                        |
| LDO PLUS TOPICAL GEL WITH PUMP 4 %                                  |                                  | Nivel 3               |                                                        |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>                   |                                  | Nivel 1               |                                                        |
| <i>lidocaine hcl topical cream 3 %</i>                              | (Lidopin)                        | Nivel 1               | \$                                                     |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>               | (DermacinRx Lidocan)             | Nivel 1               | \$; QL (90 EA per 30 days)                             |
| <i>lidocaine topical ointment 5 %</i>                               |                                  | Nivel 1               | \$; QL (240 GM per 30 days)                            |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                 |                                  | Nivel 1               | \$                                                     |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>                   | (Anodyne LPT)                    | Nivel 1               | \$                                                     |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> | (L.E.T. (lido-epineph-tetra))    | Nivel 1               |                                                        |
| <i>lidocaine-tetracaine topical cream 7-7 %</i>                     | (Pliaglis)                       | Nivel 1               |                                                        |
| LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %                    | (lidocaine)                      | Nivel 1               | QL (90 EA per 30 days)                                 |
| LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %                     | (lidocaine)                      | Nivel 1               | QL (90 EA per 30 days)                                 |
| LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %                      | (lidocaine)                      | Nivel 1               | QL (90 EA per 30 days)                                 |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %                       | (lidocaine)                      | Nivel 3               | QL (90 EA per 30 days)                                 |
| LIDOPIN TOPICAL CREAM 3 %                                           | (lidocaine hcl)                  | Nivel 3               |                                                        |
| LIDOPIN TOPICAL CREAM 3.25 %                                        |                                  | Nivel 3               |                                                        |
| LIDOPURE PATCH TOPICAL COMBO PACK 5 %                               |                                  | Nivel 1               |                                                        |
| LIDORX TOPICAL GEL WITH PUMP 3 %                                    |                                  | Nivel 3               |                                                        |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %            |                                  | Nivel 3               |                                                        |

| <b>Nombre del Medicamento</b>                                | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                  |
|--------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %        | Nivel 3                      |                                                                                                |
| LMR PLUS TOPICAL KIT 5-6 %                                   | Nivel 3                      |                                                                                                |
| MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 %           | Nivel 3                      |                                                                                                |
| MOXICAINE TOPICAL KIT 5 %                                    | Nivel 1                      |                                                                                                |
| NOBELA TOPICAL OINTMENT 10-10-20 %                           | Nivel 3                      |                                                                                                |
| NOLIRA TOPICAL CREAM 23-7 %                                  | Nivel 3                      |                                                                                                |
| NUMBONEX TOPICAL LOTION 2.75 %                               | Nivel 3                      |                                                                                                |
| NYNUTEY TOPICAL CREAM 23-7 %                                 | Nivel 3                      |                                                                                                |
| PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY         | Nivel 3                      | \$                                                                                             |
| PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY                  | Nivel 3                      | \$                                                                                             |
| PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %                     | Nivel 3                      |                                                                                                |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %       | Nivel 3                      |                                                                                                |
| PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % | Nivel 3                      |                                                                                                |
| PROXIVOL TOPICAL GEL 2 %                                     | Nivel 3                      |                                                                                                |
| REGENECARE TOPICAL GEL 2 %                                   | Nivel 3                      |                                                                                                |
| REGENECARE WITH ALOE TOPICAL GEL 2 %                         | Nivel 3                      |                                                                                                |
| SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 %             | Nivel 3                      |                                                                                                |
| SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY                     | Nivel 3                      | \$                                                                                             |
| SYNTERMA PLUS TOPICAL KIT 5-6 %                              | Nivel 3                      |                                                                                                |
| TRANZAREL TOPICAL GEL 4 %                                    | Nivel 3                      |                                                                                                |
| WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %                | Nivel 3                      |                                                                                                |
| XYLIDERM TOPICAL KIT 5 %                                     | Nivel 3                      |                                                                                                |
| ZILACAINE PATCH TOPICAL COMBO PACK 5 %                       | Nivel 3                      |                                                                                                |
| ZILOVAL TOPICAL KIT 5 %                                      | Nivel 1                      |                                                                                                |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %               | Nivel 3                      | ST: Must meet the following requirement: Lidoderm 5% patch in 120 days; QL (90 EA per 30 days) |



| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antiperspirantes</b>                                                         |                       |                                                        |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)                    | Nivel 2               |                                                        |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                                | Nivel 2               |                                                        |
| <b>Antisépticos Del Yodo</b>                                                    |                       |                                                        |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)        | Nivel 3               |                                                        |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep) | Nivel 1               |                                                        |
| <b>Antisépticos, Misceláneos</b>                                                |                       |                                                        |
| <i>guaiacol liquid</i>                                                          | Nivel 3               |                                                        |
| <b>Emolientes</b>                                                               |                       |                                                        |
| <i>ammonium lactate topical cream 12 %</i>                                      | Nivel 1               | \$                                                     |
| <i>ammonium lactate topical lotion 12 %</i> (AmLactin)                          | Nivel 1               | \$                                                     |
| ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL                                    | Nivel 3               |                                                        |
| ATRAPRO HYDROGEL TOPICAL GEL                                                    | Nivel 3               |                                                        |
| AVO CREAM TOPICAL EMULSION                                                      | Nivel 1               | \$                                                     |
| CELACYN TOPICAL GEL WITH PUMP                                                   | Nivel 3               |                                                        |
| CERACADE TOPICAL EMULSION                                                       | Nivel 3               |                                                        |
| CERAMAX TOPICAL CREAM                                                           | Nivel 3               |                                                        |
| CERAMAX TOPICAL LOTION                                                          | Nivel 3               |                                                        |
| DERMASO PLUS TOPICAL CREAM                                                      | Nivel 3               |                                                        |
| DEXERYL TOPICAL CREAM                                                           | Nivel 3               |                                                        |
| EMULSION SB TOPICAL EMULSION                                                    | Nivel 1               |                                                        |
| ENTTY TOPICAL SPRAY, NON-AEROSOL                                                | Nivel 3               |                                                        |
| EPICERAM TOPICAL EMULSION, EXTENDED RELEASE                                     | Nivel 3               |                                                        |
| HALUCORT TOPICAL GEL                                                            | Nivel 3               |                                                        |
| HAPRODERM TOPICAL GEL                                                           | Nivel 3               |                                                        |
| HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL                                    | Nivel 1               |                                                        |
| HPR PLUS TOPICAL CREAM                                                          | Nivel 3               |                                                        |
| HPR PLUS TOPICAL FOAM                                                           | Nivel 3               |                                                        |
| HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 %      | Nivel 1               |                                                        |
| HPR TOPICAL FOAM                                                                | Nivel 3               |                                                        |
| KERASTAT TOPICAL CREAM                                                          | Nivel 3               |                                                        |
| KERASTAT TOPICAL GEL 5 %                                                        | Nivel 3               |                                                        |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL                                       | Nivel 3               |                                                        |

| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| LOYON TOPICAL SPRAY, NON-AEROSOL                                                | Nivel 3               |                                                        |
| LUXAMEND TOPICAL CREAM                                                          | Nivel 3               |                                                        |
| MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL                         | Nivel 1               |                                                        |
| MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %                     | Nivel 1               |                                                        |
| NEOSALUS TOPICAL CREAM                                                          | Nivel 3               |                                                        |
| NEOSALUS TOPICAL LOTION                                                         | Nivel 3               |                                                        |
| NUTRASEB TOPICAL CREAM                                                          | Nivel 3               |                                                        |
| PRESERA TOPICAL FOAM                                                            | Nivel 3               |                                                        |
| PRUCLAIR TOPICAL CREAM                                                          | Nivel 1               |                                                        |
| PRUMYX TOPICAL CREAM                                                            | Nivel 1               |                                                        |
| SEBUDERM TOPICAL GEL                                                            | Nivel 3               |                                                        |
| SONAFINE TOPICAL EMULSION                                                       | Nivel 1               |                                                        |
| XCLAIR TOPICAL CREAM                                                            | Nivel 3               |                                                        |
| <b>Irrigantes</b>                                                               |                       |                                                        |
| <i>acetic acid irrigation solution 0.25 %</i>                                   | Nivel 1               | \$                                                     |
| <i>lactated ringers irrigation solution</i>                                     | Nivel 3               |                                                        |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>        | Nivel 1               |                                                        |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L                                 | Nivel 3               |                                                        |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L                       | Nivel 3               |                                                        |
| <i>ringer's irrigation solution</i>                                             | Nivel 1               |                                                        |
| <i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)               | Nivel 1               | \$                                                     |
| <i>sorbitol irrigation solution 3 %</i>                                         | Nivel 1               |                                                        |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>            | Nivel 1               |                                                        |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %                                    | Nivel 3               | \$                                                     |
| <i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water) | Nivel 1               | \$                                                     |
| <b>Irritantes/Contraírritantes</b>                                              |                       |                                                        |
| <i>cantharidin in acetone topical solution 0.7 %</i>                            | Nivel 1               |                                                        |
| <i>methyl salicylate oil</i> (Wintergreen Oil)                                  | Nivel 1               |                                                        |
| <i>methyl salicylate topical liquid</i>                                         | Nivel 1               |                                                        |
| QUTENZA TOPICAL KIT 8 %                                                         | Nivel 3               | PA                                                     |
| WINTERGREEN OIL OIL (methyl salicylate)                                         | Nivel 1               |                                                        |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %                                   | Nivel 3               | PA                                                     |

| Nombre del Medicamento                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Preparados Tópicos, Varios</b>                                      |                       |                                                        |
| KEFUNOVA TOPICAL CREAM 5-0.005 %                                       | Nivel 3               |                                                        |
| MEDIHONEY (HONEY) TOPICAL PASTE 100 %                                  | Nivel 3               |                                                        |
| <b>Protecciones</b>                                                    |                       |                                                        |
| DERMELLE TOPICAL GEL                                                   | Nivel 3               |                                                        |
| DERPIXA TOPICAL GEL                                                    | Nivel 3               |                                                        |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG                                   | Nivel 3               |                                                        |
| GENADUR TOPICAL LIQUID                                                 | Nivel 3               | \$\$                                                   |
| JUVAZIN TOPICAL GEL                                                    | Nivel 3               |                                                        |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %                             | Nivel 1               |                                                        |
| PR CREAM TOPICAL CREAM                                                 | Nivel 1               |                                                        |
| PROSILK GEL TOPICAL GEL                                                | Nivel 3               |                                                        |
| RADIAPLEXRX TOPICAL GEL                                                | Nivel 3               |                                                        |
| RECEDO TOPICAL GEL                                                     | Nivel 3               | \$                                                     |
| SAFRYCYN TOPICAL CREAM 0.2 %                                           | Nivel 3               |                                                        |
| SCARCARE TOPICAL KIT 2 X 5.5 "                                         | Nivel 3               |                                                        |
| SCARSILK GEL TOPICAL GEL                                               | Nivel 3               |                                                        |
| SCARTRATE TOPICAL CREAM 5-2.25 %                                       | Nivel 3               |                                                        |
| STRATAMARK TOPICAL GEL                                                 | Nivel 3               |                                                        |
| STRATATRIZ TOPICAL GEL                                                 | Nivel 3               |                                                        |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum) | Nivel 1               |                                                        |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 %                                    | Nivel 3               |                                                        |
| <i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))           | Nivel 1               |                                                        |
| <i>zinc oxide topical paste 25 %</i>                                   | Nivel 1               |                                                        |
| <b>Queratolíticos</b>                                                  |                       |                                                        |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %                           | Nivel 1               |                                                        |
| BENZEPRO TOPICAL TOWELETTE 6 %                                         | Nivel 1               |                                                        |
| <i>benzoyl peroxide topical cleanser 7 %</i> (Pacnex)                  | Nivel 1               |                                                        |
| <i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)                  | Nivel 1               |                                                        |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)                                 | Nivel 1               |                                                        |
| CEM-UREA TOPICAL GEL 45 % (urea)                                       | Nivel 1               |                                                        |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                              |
|--------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------|
| CONDYLOX TOPICAL GEL 0.5 % (podofilox)                                   | Nivel 3               | ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day) |
| HYDRO 35 TOPICAL FOAM 35 % (urea)                                        | Nivel 3               |                                                                                                     |
| HYDRO 40 TOPICAL FOAM 40 %                                               | Nivel 3               |                                                                                                     |
| KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)                             | Nivel 3               | \$                                                                                                  |
| METDRAY TOPICAL GEL 17-2 %                                               | Nivel 3               |                                                                                                     |
| NENDRUX TOPICAL GEL 40-5 %                                               | Nivel 3               |                                                                                                     |
| PACNEX HP TOPICAL PADS, MEDICATED 7 %                                    | Nivel 3               |                                                                                                     |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 %                                 | Nivel 3               |                                                                                                     |
| PODOCON TOPICAL LIQUID 25 %                                              | Nivel 1               |                                                                                                     |
| podofilox topical gel 0.5 % (Condylox)                                   | Nivel 1               | ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day) |
| podofilox topical solution 0.5 %                                         | Nivel 1               | QL (0.5 ML per 1 day)                                                                               |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %                                 | Nivel 1               |                                                                                                     |
| PRONAL TOPICAL GEL 10-40 %                                               | Nivel 3               |                                                                                                     |
| RAYASAL TOPICAL CREAM 5.9 %                                              | Nivel 3               |                                                                                                     |
| RYNODERM TOPICAL CREAM 37.5 %                                            | Nivel 3               |                                                                                                     |
| SALICATE TOPICAL LIQUID 10 %                                             | Nivel 3               |                                                                                                     |
| salicylic acid topical cream 6 % (Salimez)                               | Nivel 1               |                                                                                                     |
| salicylic acid topical cream,extended release 6 %                        | Nivel 1               |                                                                                                     |
| salicylic acid topical film forming liquid w/appl 27.5 % (Virasal)       | Nivel 1               | \$                                                                                                  |
| salicylic acid topical film-forming soln er w/ appl 28.5 % (UltraSal-ER) | Nivel 1               |                                                                                                     |
| salicylic acid topical foam 6 % (Salvax)                                 | Nivel 1               | \$                                                                                                  |
| salicylic acid topical gel 6 % (Salynta)                                 | Nivel 1               | \$                                                                                                  |
| salicylic acid topical liquid 26 %                                       | Nivel 1               |                                                                                                     |
| salicylic acid topical lotion 6 %                                        | Nivel 1               |                                                                                                     |
| salicylic acid topical lotion,extended release 6 %                       | Nivel 1               |                                                                                                     |
| salicylic acid topical ointment 3 %                                      | Nivel 1               |                                                                                                     |
| salicylic acid topical shampoo 6 % (Keralyt)                             | Nivel 1               |                                                                                                     |
| salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %      | Nivel 1               |                                                                                                     |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| SALIMEZ FORTE TOPICAL CREAM 10 %                                         | Nivel 3               |                                                        |
| SALIMEZ TOPICAL CREAM 6 % (salicylic acid)                               | Nivel 3               |                                                        |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 %                                      | Nivel 3               |                                                        |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)                                 | Nivel 1               |                                                        |
| SALYCIM TOPICAL CREAM 6 % (salicylic acid)                               | Nivel 3               |                                                        |
| SALYNTRA TOPICAL GEL 6 % (salicylic acid)                                | Nivel 1               |                                                        |
| silver nitrate applicators topical stick 75-25 %                         | Nivel 1               | \$                                                     |
| silver nitrate topical solution 10 %                                     | Nivel 1               |                                                        |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid) | Nivel 3               |                                                        |
| URAMAXIN GT TOPICAL GEL 45 % (urea)                                      | Nivel 3               |                                                        |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %                              | Nivel 3               |                                                        |
| URAMAXIN TOPICAL CREAM 45 % (urea)                                       | Nivel 3               |                                                        |
| URAMAXIN TOPICAL FOAM 20 %                                               | Nivel 3               |                                                        |
| URAMAXIN TOPICAL GEL 45 % (urea)                                         | Nivel 3               |                                                        |
| URAMAXIN TOPICAL LOTION 45 % (urea)                                      | Nivel 3               |                                                        |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)                             | Nivel 1               |                                                        |
| urea topical cream 39 % (Xurea)                                          | Nivel 1               | \$                                                     |
| urea topical cream 39.5 %, 41 %, 47 %                                    | Nivel 1               |                                                        |
| urea topical cream 40 %                                                  | 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               |                                                        |
| VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)       | Nivel 3               |                                                        |
| WAYZEN TOPICAL GEL 40-5 %                                                | Nivel 3               |                                                        |
| WELERIS TOPICAL GEL 17-2 %                                               | Nivel 3               |                                                        |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %                          | Nivel 3               |                                                        |
| XIRUN TOPICAL GEL 10-40 %                                                | Nivel 3               |                                                        |
| XUREA TOPICAL CREAM 39 % (urea)                                          | Nivel 3               |                                                        |
| <b>Tópico/Membrana Mucosa/Subcut. Enzimas</b>                            |                       |                                                        |
| NEXOBRID TOPICAL GEL 8.8 %                                               | Nivel 3               |                                                        |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                    | Nivel 3               | PA; \$\$                                               |

| Nombre del Medicamento                                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                      |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
| <b>Dermatología - Soriasis/Eccema</b>                                                                       |                       |                                                                             |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) | Nivel 4               | PA; \$\$\$\$\$                                                              |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)                                           | Nivel 4               | PA; \$\$\$\$\$                                                              |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)                                                  | Nivel 4               | PA                                                                          |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)                 | Nivel 4               | PA                                                                          |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                      | Nivel 4               | PA                                                                          |
| TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                                        | Nivel 4               | PA                                                                          |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML                                                | Nivel 4               | PA                                                                          |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML                                                         | Nivel 4               | PA                                                                          |
| <b>Agentes Antipsoriásicos</b>                                                                              |                       |                                                                             |
| <i>calcipotriene scalp solution 0.005 %</i>                                                                 | Nivel 1               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| <i>calcipotriene topical cream 0.005 %</i>                                                                  | Nivel 1               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| <i>calcipotriene topical foam 0.005 %</i> (Sorilux)                                                         | Nivel 1               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| <i>calcipotriene topical ointment 0.005 %</i>                                                               | Nivel 1               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                                                    | Nivel 1               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| DIOOXIA TOPICAL CREAM 0.005-4 %                                                                             | Nivel 3               |                                                                             |

| Nombre del Medicamento                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                                                          |
|---------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRITHOCREME HP TOPICAL CREAM 1 %                  | Nivel 2               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                                                     |
| DUOBRII TOPICAL LOTION 0.01-0.045 %               | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days) |
| PURAZIL TOPICAL CREAM 0.005-4 %                   | Nivel 3               |                                                                                                                                                                                                                                                                                                 |
| SORILUX TOPICAL FOAM 0.005 % (calcipotriene)      | Nivel 3               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                                                     |
| tazarotene topical cream 0.05 % (Tazorac)         | Nivel 1               | \$; Age (Max 39 Years)                                                                                                                                                                                                                                                                          |
| tazarotene topical cream 0.1 % (Tazorac)          | Nivel 1               |                                                                                                                                                                                                                                                                                                 |
| tazarotene topical gel 0.05 %, 0.1 % (Tazorac)    | Nivel 1               | \$; Age (Max 39 Years)                                                                                                                                                                                                                                                                          |
| TAZORAC TOPICAL CREAM 0.05 % (tazarotene)         | Nivel 3               | \$\$; Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| TAZORAC TOPICAL CREAM 0.1 % (tazarotene)          | Nivel 3               | \$\$                                                                                                                                                                                                                                                                                            |
| TAZORAC TOPICAL GEL 0.05 % (tazarotene)           | Nivel 3               | Age (Max 39 Years)                                                                                                                                                                                                                                                                              |
| TAZORAC TOPICAL GEL 0.1 % (tazarotene)            | Nivel 3               | \$\$; Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| TRIONEX TOPICAL KIT 0.005 %                       | Nivel 3               |                                                                                                                                                                                                                                                                                                 |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol) | Nivel 3               | \$\$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| VTAMA TOPICAL CREAM 1 %                           | Nivel 2               | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                                                      |
| ZITHRANOL TOPICAL SHAMPOO 1 %                     | Nivel 3               | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                                                     |
| ZORYVE TOPICAL CREAM 0.3 %                        | Nivel 2               | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                                                      |
| <b>Agentes Antipsoriáticos, Sistémicos</b>        |                       |                                                                                                                                                                                                                                                                                                 |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg      | Nivel 4               | \$                                                                                                                                                                                                                                                                                              |



| Nombre del Medicamento                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>160 MG/ML, 320 MG/2 ML | Nivel 4               | PA; \$\$\$\$\$                                         |
| BIMZELX SUBCUTANEOUS SYRINGE<br>160 MG/ML, 320 MG/2 ML                       | Nivel 4               | PA; \$\$\$\$\$                                         |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML                   | Nivel 4               | PA                                                     |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR 150<br>MG/ML              | Nivel 4               | PA                                                     |
| COSENTYX PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML                          | Nivel 4               | PA                                                     |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.5 ML                     | Nivel 4               | PA                                                     |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR 300<br>MG/2 ML            | Nivel 4               | PA                                                     |
| <i>methoxsalen oral capsule, liqd-filled, rapid<br/>rel 10 mg</i>            | Nivel 1               |                                                        |
| SILIQ SUBCUTANEOUS SYRINGE 210<br>MG/1.5 ML                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                               | Nivel 4               | PA                                                     |
| SKYRIZI SUBCUTANEOUS SYRINGE<br>150 MG/ML                                    | Nivel 4               | PA                                                     |
| SOTYKTU ORAL TABLET 6 MG                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| SPEVIGO SUBCUTANEOUS SYRINGE<br>150 MG/ML, 300 MG/2 ML                       | Nivel 4               |                                                        |
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML        | Nivel 4               | PA; \$\$\$\$\$                                         |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML        | Nivel 4               | PA; \$\$\$\$\$                                         |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML                 | Nivel 4               | PA; \$\$\$\$\$                                         |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 20 MG/0.25 ML                          | Nivel 4               | PA                                                     |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 40 MG/0.5 ML, 80 MG/ML                 | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                              |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                           |
|-----------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Agentes Inmunosupresores Tópicos</b>             |                                  |                       |                                                                                                                                                                                                                                  |
| ELIDEL TOPICAL CREAM 1 %                            | (pimecrolimus)                   | Nivel 3               | \$; ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days |
| ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %   | (tacrolimus-hyaluronate-niacin)  | Nivel 3               |                                                                                                                                                                                                                                  |
| ELYZIA TOPICAL OINTMENT 0.1-4 %                     | (tacrolimus-niacinamide)         | Nivel 3               |                                                                                                                                                                                                                                  |
| HOVYN TOPICAL SOLUTION 0.1 %                        |                                  | Nivel 3               |                                                                                                                                                                                                                                  |
| HYFTOR TOPICAL GEL 0.2 %                            |                                  | Nivel 4               | PA                                                                                                                                                                                                                               |
| NUJO TOPICAL SOLUTION 0.1 %                         |                                  | Nivel 3               |                                                                                                                                                                                                                                  |
| NUJU TOPICAL CREAM 0.1 %                            | (tacrolimus-vehicle base no.238) | Nivel 3               |                                                                                                                                                                                                                                  |
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % | (tacrolimus-hyaluronate-niacin)  | Nivel 3               |                                                                                                                                                                                                                                  |
| OXIANUJO TOPICAL OINTMENT 0.1-4 %                   | (tacrolimus-niacinamide)         | Nivel 3               |                                                                                                                                                                                                                                  |
| <i>pimecrolimus topical cream 1 %</i>               | (Elidel)                         | Nivel 1               | ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days     |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>    |                                  | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days |
| VEVEN TOPICAL CREAM 0.1 %                           | (tacrolimus-vehicle base no.238) | Nivel 3               |                                                                                                                                                                                                                                  |
| <b>Agentes Tópicos, Varios</b>                      |                                  |                       |                                                                                                                                                                                                                                  |
| COLLATYL TOPICAL GEL 1 %                            |                                  | Nivel 3               |                                                                                                                                                                                                                                  |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                |
|--------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------|
| L-MESITRAN SOFT TOPICAL GEL 40 %                                               | Nivel 3               |                                                                                       |
| MEDIHONEY (HONEY) TOPICAL GEL 80 %                                             | Nivel 3               |                                                                                       |
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %                    | Nivel 3               |                                                                                       |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                         | Nivel 3               |                                                                                       |
| OCM TOPICAL OINTMENT IN PACKET                                                 | Nivel 3               |                                                                                       |
| OMEZA TOPICAL OINTMENT IN PACKET                                               | Nivel 3               |                                                                                       |
| <i>urea topical cream 20 %</i> (Gormel)                                        | Nivel 1               | \$                                                                                    |
| <b>Vit D Tópica Análoga/Antiinflamatorio, Steroideo</b>                        |                       |                                                                                       |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>              | Nivel 1               | \$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days       |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex) | Nivel 1               | \$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days       |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)              | Nivel 3               |                                                                                       |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %                                            | Nivel 2               | \$\$\$                                                                                |
| PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)               | Nivel 3               |                                                                                       |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)        | Nivel 3               | \$\$\$\$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| WYNZORA TOPICAL CREAM 0.005-0.064 %                                            | Nivel 3               | ST: Must meet the following requirement: generic Taclonex ointment in 120 days        |
| <b>Dermatología - Trastornos De Pigmentación</b>                               |                       |                                                                                       |
| <b>Agentes De Hipopigmentación</b>                                             |                       |                                                                                       |
| BLANCHE TOPICAL CREAM 4 % (hydroquinone)                                       | Nivel 3               |                                                                                       |
| <i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)                       | Nivel 1               | \$                                                                                    |
| KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %                                     | Nivel 3               |                                                                                       |
| KATARVIA TOPICAL EMULSION 4-0.025 %                                            | Nivel 3               |                                                                                       |

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

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

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

| Nombre del Medicamento                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                           |
|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------|
| <b>Antihiperoglucémicos, Inhib. De Alfa-Glucosidasa (N-S)</b>                                    |                       |                                                                                                  |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)                                       | Nivel 1               | \$                                                                                               |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                 | Nivel 1               |                                                                                                  |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)                                              | Nivel 3               |                                                                                                  |
| <b>Antihiperoglucémicos, Inhibidor (Dpp-4) &amp; Comb. De Biguanida</b>                          |                       |                                                                                                  |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)                      | Nivel 3               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                                       | Nivel 2               |                                                                                                  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG                 | Nivel 2               |                                                                                                  |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                                      | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days     |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG                       | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days     |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)                             | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days     |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i> | Nivel 1               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| <b>Antihiperoglucémicos, Inhibidores Dpp-4</b>                                                   |                       |                                                                                                  |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)                                            | Nivel 3               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| <i>alogliptin oral tablet 6.25 mg</i>                                                            | Nivel 3               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                         | Nivel 2               |                                                                                                  |



| Nombre del Medicamento                                                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                       |
|---------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|
| NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin)                                                                | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                                                                   | Nivel 1               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)                                                 | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| TRADJENTA ORAL TABLET 5 MG                                                                                    | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)                                                        | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days |
| <b>Antihiperoglucémicos, Miméticos De Incretina (Glp-1 Agonistas De Recep.)</b>                               |                       |                                                                                              |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                                        | Nivel 3               | PA; \$\$                                                                                     |
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>     | Nivel 1               | PA                                                                                           |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)                       | Nivel 3               | PA; \$                                                                                       |
| 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; \$\$                                                                                     |
| RYBELSUS ORAL TABLET 14 MG, 7 MG                                                                              | Nivel 2               | PA; \$\$\$                                                                                   |
| RYBELSUS ORAL TABLET 3 MG                                                                                     | Nivel 2               | PA; \$\$                                                                                     |
| 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; \$\$                                                                                     |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)                              | Nivel 3               | PA; \$\$                                                                                     |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)                              | Nivel 3               | PA; \$\$                                                                                     |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                             |
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| <b>Antihiper glucémicos, Potenciador De Resp.-Insul &amp; Cmb Biguanida</b> |                       |                                                                                                                                                    |
| ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)                 | Nivel 3               | 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               | \$; 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               | \$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days |
| <b>Antihiper glucémicos, Potenciador De Respuestas De Insulina (N-S)</b>    |                       |                                                                                                                                                    |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)                        | Nivel 3               |                                                                                                                                                    |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)                 | Nivel 1               | \$                                                                                                                                                 |
| <b>Antihiper glucémicos, Respuesta-Insulina &amp; Comb. De Liberación</b>   |                       |                                                                                                                                                    |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)             | Nivel 3               | ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days     |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)      | Nivel 1               | ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days     |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| <b>Antihiperoglucémicos, Tipo De Biguanida (No-Sulfonilurea)</b>           |                       |                                                                                                                                                                                                                    |
| DM2 COMBO PACK, TABLET AND STRIP 500 MG                                    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                        | Nivel 1               | \$\$                                                                                                                                                                                                               |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                      | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>metformin oral tablet 625 mg, 750 mg</i>                                | Nivel 1               |                                                                                                                                                                                                                    |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>         | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>        | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>      | Nivel 1               | \$; ST: Must meet the following requirement: Metformin Hcl in 120 days                                                                                                                                             |
| RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)                               | Nivel 3               |                                                                                                                                                                                                                    |
| <b>Antihiperoglucémicos, Tipo De Estimulante De Liberación De Insulina</b> |                       |                                                                                                                                                                                                                    |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                            | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>glimepiride oral tablet 3 mg</i>                                        | Nivel 1               |                                                                                                                                                                                                                    |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                   | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>glipizide oral tablet 2.5 mg</i>                                        | Nivel 1               |                                                                                                                                                                                                                    |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>     | Nivel 1               | \$                                                                                                                                                                                                                 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide)     | Nivel 3               | \$                                                                                                                                                                                                                 |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                 | Nivel 1               |                                                                                                                                                                                                                    |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                         | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                               | Nivel 1               | \$                                                                                                                                                                                                                 |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                          | Nivel 1               | \$                                                                                                                                                                                                                 |
| <b>Antihiperoglucémicos, Agonistas De Receptor De Insulina &amp; Glp-1</b> |                       |                                                                                                                                                                                                                    |
| SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                  | Nivel 2               | \$\$                                                                                                                                                                                                               |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                   |
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| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)    | Nivel 2               | \$\$\$                                                                                                                   |
| <b>Antihiperoglucémicos,Dpp-4 Inhib De Enzima &amp;Tiazolidinediona</b> |                       |                                                                                                                          |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni) | Nivel 3               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days                         |
| <i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>           | Nivel 3               | \$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days                         |
| OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)        | Nivel 3               | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days                             |
| <b>Antihiperoglucémicos-Bloqueador De Receptor De Glucocorticoides</b>  |                       |                                                                                                                          |
| KORLYM ORAL TABLET 300 MG (mifepristone)                                | Nivel 4               | PA                                                                                                                       |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                         | Nivel 4               | PA                                                                                                                       |
| <b>Antihiperoglucémicos-Sod/Gluc Cotransport2(SglT2)Inhib</b>           |                       |                                                                                                                          |
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)                             | Nivel 3               | ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days       |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)             | Nivel 2               | \$\$                                                                                                                     |
| INPEFA ORAL TABLET 200 MG, 400 MG                                       | Nivel 3               | ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days       |
| INVOKANA ORAL TABLET 100 MG, 300 MG                                     | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                      | Nivel 2               |                                                                                                                          |
| STEGLATRO ORAL TABLET 15 MG, 5 MG                                       | Nivel 3               | ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days       |

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

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)  | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                 |
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| AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)              | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)   | Nivel 3               | \$, ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)     | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |



| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)           | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| <b>Nombre del Medicamento</b>                                 | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                                                                                                                                      |
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| CHOICEDM CLARUS STRIP (blood sugar diagnostic)                | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)              | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)        | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)      | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)      | Nivel 2               | \$                                                                                                                                                                                                                 |
| CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)       | Nivel 2               | \$                                                                                                                                                                                                                 |
| CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)           | Nivel 2               | \$                                                                                                                                                                                                                 |
| DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EASY PLUS II TEST STRIP (blood sugar diagnostic)             | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EASY STEP STRIP (blood sugar diagnostic)                     | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                 |
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| EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)  | Nivel 3               | \$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |

| Nombre del Medicamento                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                 |
|------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASYGLUCO TEST STRIP (blood sugar diagnostic)              | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| EASYMAX STRIP (blood sugar diagnostic)                     | Nivel 3               | \$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)         | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| <b>Nombre del Medicamento</b>                             | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                                                                                                                                      |
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| EVENCARE G2 STRIP (blood sugar diagnostic)                | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EVENCARE G3 TEST STRIP (blood sugar diagnostic)           | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic) | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic)      | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EVENCARE TEST STRIP (blood sugar diagnostic)              | Nivel 3                      | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)             | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| EZ SMART TEST STRIP (blood sugar diagnostic)                  | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |



| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                |
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| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)     | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days    |
| FORA G20 STRIP (blood sugar diagnostic)                     | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days    |
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days    |
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | §; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA TEST STRIP STRIP (blood sugar diagnostic)              | Nivel 3               | §; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| FORA TN'G ADVAN PRO TEST STRIP (blood sugar diagnostic) STRIP | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA TN'G VOICE TEST STRIPS (blood sugar diagnostic) STRIP    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA V10 STRIP (blood sugar diagnostic)                       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORA V10-V12-D10-D20 STRIPS (blood sugar diagnostic) STRIP    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FORACARE GD20 STRIP (blood sugar diagnostic)                  | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento               |                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| FORACARE GD40 TEST STRIPS STRIP      | (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| FREESTYLE INSULINX STRIP             | (blood sugar diagnostic) | Nivel 2               |                                                                                                                                                                                                                    |
| FREESTYLE INSULINX TEST STRIPS STRIP | (blood sugar diagnostic) | Nivel 2               |                                                                                                                                                                                                                    |
| FREESTYLE LITE STRIPS STRIP          | (blood sugar diagnostic) | Nivel 2               |                                                                                                                                                                                                                    |
| FREESTYLE PRECISION NEO STRIPS STRIP | (blood sugar diagnostic) | Nivel 2               |                                                                                                                                                                                                                    |
| FREESTYLE TEST STRIP                 | (blood sugar diagnostic) | Nivel 2               |                                                                                                                                                                                                                    |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP | (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP | (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GLUCO NAVII TEST STRIP STRIP         | (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)               | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GM100 STRIP (blood sugar diagnostic)                          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)     | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| IHEALTH GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)           | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| MYGLUCOHEALTH STRIP (blood sugar diagnostic)              | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| ONETOUCH VERIO TEST STRIPS (blood sugar diagnostic) STRIP   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| OPTIUM EZ STRIP (blood sugar diagnostic)                    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| OPTIUM TEST STRIP (blood sugar diagnostic)                  | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)            | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |



| Nombre del Medicamento                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRECISION PCX TEST STRIP (blood sugar diagnostic)           | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)         | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)          | Nivel 2               |                                                                                                                                                                                                                    |

| Nombre del Medicamento                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| PREMIER TEST STRIP STRIP (blood sugar diagnostic)         | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PREMIUM V10 STRIP (blood sugar diagnostic)                | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| QUINTET AC STRIP (blood sugar diagnostic)                 | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| QUINTET GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| REFUAH PLUS STRIP (blood sugar diagnostic)                 | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| RELION ULTIMA STRIP (blood sugar diagnostic)               | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
|-----------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)          | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)  | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| SMARTEST TEST STRIP (blood sugar diagnostic)              | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                 |
|---------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)           | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)            | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                 | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days     |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Nivel 3               | \$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic) | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| TRUETRACK TEST STRIP (blood sugar diagnostic)       | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ULTRATRAK STRIP (blood sugar diagnostic)            | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)   | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                             |
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| UNISTrip1 TEST STRIP STRIP (blood sugar diagnostic)                        | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)                    | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| <b>Equipod Médicos Duraderos, Misc. (Grupo 1)</b>                          |                       |                                                                                                                                                                                                                    |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE                                      | Nivel 3               | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| <b>Hiperglucémicos</b>                                                     |                       |                                                                                                                                                                                                                    |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                            | Nivel 2               |                                                                                                                                                                                                                    |
| diazoxide oral suspension 50 mg/ml (Proglycem)                             | Nivel 1               | \$\$                                                                                                                                                                                                               |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)      | Nivel 3               | ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days                                                                                                                                      |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG                   | Nivel 1               | \$\$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days                                                                                                                                |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | Nivel 2               |                                                                                                                                                                                                                    |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | Nivel 2               |                                                                                                                                                                                                                    |

| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                   |
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| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                           | Nivel 2               |                                                                                                                          |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                           | Nivel 2               |                                                                                                                          |
| GVOKE SUBCUTANEOUS SOLUTION<br>1 MG/0.2 ML                                                             | Nivel 2               |                                                                                                                          |
| PROGLYCEM ORAL SUSPENSION 50 (diazoxide)<br>MG/ML                                                      | Nivel 3               |                                                                                                                          |
| ZEGALOGUE AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.6 MG/0.6 ML                                  | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days                                      |
| ZEGALOGUE SYRINGE<br>SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                                                | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days                                      |
| <b>Inhibidor De Antihiperoglucémicos-Sglt2 &amp; Comb De Biguanida</b>                                 |                       |                                                                                                                          |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG                                 | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG      | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG                              | Nivel 3               | ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days       |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                                  | Nivel 2               |                                                                                                                          |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG    | Nivel 2               |                                                                                                                          |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG (dapaglifloz propaned-metformin) | Nivel 2               | \$\$                                                                                                                     |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG                        | Nivel 2               | \$\$                                                                                                                     |



| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                            |
|--------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Insulinas</b>                                                                                       |                       |                                                                                                                   |
| ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML             | Nivel 3               | \$; ST: Must meet the following requirement:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days |
| ADMELOG U-100 INSULIN LISPRO (insulin lispro)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                  | Nivel 3               | \$; ST: Must meet the following requirement:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days |
| AFREZZA INHALATION CARTRIDGE<br>WITH INHALER 12 UNIT, 4 UNIT (90)/ 8<br>UNIT (90)                      | Nivel 3               | PA; \$\$\$                                                                                                        |
| AFREZZA INHALATION CARTRIDGE<br>WITH INHALER 4 UNIT, 8 UNIT                                            | Nivel 3               | PA; \$\$                                                                                                          |
| AFREZZA INHALATION CARTRIDGE<br>WITH INHALER 4 UNIT/8 UNIT/ 12<br>UNIT (60), 8 UNIT (90)/ 12 UNIT (90) | Nivel 3               | PA; \$\$\$\$                                                                                                      |
| APIDRA SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                               | Nivel 3               | ST: Must meet the following requirement:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days     |
| APIDRA U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                           | Nivel 3               | ST: Must meet the following requirement:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days     |
| BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)    | Nivel 3               | \$; ST: Must meet any of the following requirements:<br>Semglee (yfgn), Toujeo, or Tresiba in 120 days            |
| BASAGLAR TEMPO PEN(U-100)INSLN<br>SUBCUTANEOUS INSULIN PEN,<br>SENSOR 100 UNIT/ML (3 ML)               | Nivel 3               | \$; ST: Must meet 2 of the following requirements:<br>Insulin glargine-yfgn, Toujeo or Tresiba in 365 days        |
| FIASP FLEXTOUCH U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                        | Nivel 2               | \$                                                                                                                |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (3 ML)                            | Nivel 2               | \$\$                                                                                                              |
| FIASP PUMPCART SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML (1.6 ML)                                          | Nivel 2               | \$\$\$                                                                                                            |

| Nombre del Medicamento                                                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                        |
|---------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                   | Nivel 2               | \$\$                                                                                                                          |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)           | Nivel 3               | \$                                                                                                                            |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)                           | Nivel 3               | \$                                                                                                                            |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)                                     | Nivel 2               | \$\$\$                                                                                                                        |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)                                  | Nivel 2               | \$                                                                                                                            |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamin-lispro) | Nivel 3               | \$                                                                                                                            |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)                              | Nivel 2               | \$                                                                                                                            |
| HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML                             | Nivel 3               | \$; ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (non tempo version) in 365 days |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML                                                | Nivel 2               | \$                                                                                                                            |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)                                | Nivel 3               | \$                                                                                                                            |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                                 | Nivel 2               | \$                                                                                                                            |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                                | Nivel 2               | \$                                                                                                                            |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                               | Nivel 2               | \$                                                                                                                            |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                         | Nivel 2               | \$                                                                                                                            |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML                                           | Nivel 2               | \$                                                                                                                            |

| Nombre del Medicamento                                                             |                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                     |
|------------------------------------------------------------------------------------|-----------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                   |                                   | Nivel 2               | \$\$\$                                                                                                     |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)         |                                   | Nivel 2               | \$\$\$                                                                                                     |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | (Novolog Mix 70-30FlexPen U-100)  | Nivel 3               | ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days                     |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>    | (Novolog Mix 70-30 U-100 Insulin) | Nivel 3               | ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days                     |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                     | (Novolog PenFill U-100 Insulin)   | Nivel 3               | ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>            | (Novolog FlexPen U-100 Insulin)   | Nivel 3               | ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>                      | (Novolog U-100 Insulin aspart)    | Nivel 3               | ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>           | (Semglee(insulin glarg-yfgn)Pen)  | Nivel 2               |                                                                                                            |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                     | (Semglee(insulin glargine-yfgn))  | Nivel 2               |                                                                                                            |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> | (Humalog Mix 75-25 KwikPen)       | Nivel 1               | \$                                                                                                         |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                         | (Admelog SoloStar U-100 Insulin)  | Nivel 1               | \$                                                                                                         |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>              | (Humalog Junior KwikPen U-100)    | Nivel 1               | \$                                                                                                         |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                            | (Admelog U-100 Insulin lispro)    | Nivel 1               | \$                                                                                                         |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                             |                                   | Nivel 3               |                                                                                                            |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML                                           |                                   | Nivel 3               |                                                                                                            |

| <b>Nombre del Medicamento</b>                                                                             | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                                                   |
|-----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                                        | Nivel 2                      | \$\$                                                                                                                            |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)                                 | Nivel 2                      | \$\$\$                                                                                                                          |
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML                               | Nivel 3                      | \$\$; ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (non tempo version) in 365 days |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                   | Nivel 2                      | \$\$                                                                                                                            |
| MERIOLOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                             | Nivel 3                      | ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days                      |
| MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                                | Nivel 3                      | ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days                      |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                                   | Nivel 2                      | \$                                                                                                                              |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                                  | Nivel 2                      | \$                                                                                                                              |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                             | Nivel 2                      | \$                                                                                                                              |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                           | Nivel 2                      | \$                                                                                                                              |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                             | Nivel 2                      | \$                                                                                                                              |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML                                             | Nivel 2                      | \$                                                                                                                              |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)          | Nivel 2                      | \$                                                                                                                              |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart) | Nivel 2                      | \$                                                                                                                              |

| Nombre del Medicamento                                                      |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                |
|-----------------------------------------------------------------------------|----------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | Nivel 2               | \$                                                                                                    |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | (insulin aspart u-100)           | Nivel 2               | \$                                                                                                    |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | (insulin aspart u-100)           | Nivel 2               | \$                                                                                                    |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML            | (insulin glargine-yfgn)          | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | (insulin glargine-yfgn)          | Nivel 3               | ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days       |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | (insulin glargine u-300 conc)    | Nivel 2               | \$\$                                                                                                  |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc)    | Nivel 2               | \$\$                                                                                                  |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | (insulin degludec)               | Nivel 2               | \$\$                                                                                                  |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | (insulin degludec)               | Nivel 2               | \$\$                                                                                                  |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | (insulin degludec)               | Nivel 2               | \$\$                                                                                                  |
| <b>Preparados Para Úlcera Diabetica, Tópicos</b>                            |                                  |                       |                                                                                                       |
| REGRANEX TOPICAL GEL 0.01 %                                                 |                                  | Nivel 2               | \$\$\$                                                                                                |
| <b>Pruebas De Glucosa En Orina</b>                                          |                                  |                       |                                                                                                       |
| DIASTIX STRIP                                                               |                                  | Nivel 3               | \$                                                                                                    |
| <b>Suministros Diabeticos</b>                                               |                                  |                       |                                                                                                       |
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION                                         | (blood glucose contrl hi,normal) | Nivel 3               |                                                                                                       |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION                                       |                                  | Nivel 3               |                                                                                                       |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION                                     |                                  | Nivel 3               |                                                                                                       |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION                                     | (blood glucose control, normal)  | Nivel 3               |                                                                                                       |

| <b>Nombre del Medicamento</b>             |                                  | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|-------------------------------------------|----------------------------------|------------------------------|---------------------------------------------------------------|
| ACCUTREND GLUCOSE CONTROL SOLUTION        |                                  | Nivel 3                      |                                                               |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION   | (blood glucose control, low)     | Nivel 3                      |                                                               |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION    | (blood glucose control, high)    | Nivel 3                      |                                                               |
| AGAMATRIX CONTROL SOLN-HIGH SOLUTION      | (blood glucose control, high)    | Nivel 3                      |                                                               |
| AGAMATRIX CONTROL SOLN-NORMAL SOLUTION    | (blood glucose control, normal)  | Nivel 3                      |                                                               |
| AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION   | (blood glucose contrl hi,normal) | Nivel 3                      |                                                               |
| ASSURE 4 CONTROL SOLUTION COMBO PACK      |                                  | Nivel 3                      |                                                               |
| ASSURE DOSE NORMAL CONTROL SOLUTION       | (blood glucose control, normal)  | Nivel 3                      |                                                               |
| ASSURE DOSE NORM-HI CONTROL SOLUTION      | (blood glucose contrl hi,normal) | Nivel 3                      |                                                               |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION    | (blood glucose contrl hi,normal) | Nivel 3                      |                                                               |
| AUTOSOFT 30 INFUSION SET                  |                                  | Nivel 3                      |                                                               |
| AUTOSOFT 90 INFUSION SET                  |                                  | Nivel 3                      |                                                               |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET |                                  | Nivel 3                      |                                                               |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET |                                  | Nivel 3                      |                                                               |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY KIT                         |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE      |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE       |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE       |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE     |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE        |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE      |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE       |                                  | Nivel 3                      |                                                               |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE       |                                  | Nivel 3                      |                                                               |

| Nombre del Medicamento                         |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE           |                                  | Nivel 3               |                                                        |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE           |                                  | Nivel 3               |                                                        |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE            |                                  | Nivel 3               |                                                        |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE          |                                  | Nivel 3               |                                                        |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE           |                                  | Nivel 3               |                                                        |
| <i>blood glucose contrl hi,normal solution</i> | (2Tek Control (High-Normal))     | Nivel 3               |                                                        |
| <i>blood glucose control, normal solution</i>  | (Accu-Chek SmartView Contrl Sol) | Nivel 3               |                                                        |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION        | (blood glucose control, low)     | Nivel 3               |                                                        |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION        | (blood glucose control, normal)  | Nivel 3               |                                                        |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION        | (blood glucose control, high)    | Nivel 3               |                                                        |
| CARESENS CONTROL A AND B SOLUTION              | (blood glucose contrl hi,normal) | Nivel 3               |                                                        |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION          | (blood glucose contrl hi,normal) | Nivel 3               |                                                        |
| CEQUR SIMPLICITY DEVICE 2 UNIT                 |                                  | Nivel 2               |                                                        |
| CEQUR SIMPLICITY INSERTER                      |                                  | Nivel 2               |                                                        |
| CHOICE DM CLARUS NORM CONTROL SOLUTION         | (blood glucose control, normal)  | Nivel 3               |                                                        |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION         | (blood glucose control, low)     | Nivel 3               |                                                        |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION         | (blood glucose control, normal)  | Nivel 3               |                                                        |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION         | (blood glucose control, high)    | Nivel 3               |                                                        |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION        | (blood glucose control, high)    | Nivel 3               | \$                                                     |
| CONTOUR CONTROL SOLUTION, LOW SOLUTION         | (blood glucose control, low)     | Nivel 3               | \$                                                     |
| CONTOUR CONTROL SOLUTION, NML SOLUTION         | (blood glucose control, normal)  | Nivel 3               | \$                                                     |
| CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION        | (blood glucose control, low)     | Nivel 3               | \$                                                     |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION        | (blood glucose control, normal)  | Nivel 3               | \$                                                     |

| Nombre del Medicamento                  |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso  |
|-----------------------------------------|---------------------------------|-----------------------|---------------------------------------------------------|
| DEXCOM G6 RECEIVER                      |                                 | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 SENSOR DEVICE                 |                                 | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 TRANSMITTER DEVICE            |                                 | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 RECEIVER                      |                                 | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 SENSOR DEVICE                 |                                 | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DIATRUE CONTROL SOLN NORMAL SOLUTION    | (blood glucose control, normal) | Nivel 3               |                                                         |
| DIATRUE CONTROL SOLUTION HIGH SOLUTION  | (blood glucose control, high)   | Nivel 3               |                                                         |
| DIATRUE CONTROL SOLUTION LOW SOLUTION   | (blood glucose control, low)    | Nivel 3               |                                                         |
| EASY PLUS II HIGH CONTROL SOLUTION      | (blood glucose control, high)   | Nivel 3               |                                                         |
| EASY PLUS II LOW CONTROL SOLUTION       | (blood glucose control, low)    | Nivel 3               |                                                         |
| EASY STEP HIGH CONTROL SOLN SOLUTION    | (blood glucose control, high)   | Nivel 3               |                                                         |
| EASY STEP LOW CONTROL SOLUTION SOLUTION | (blood glucose control, low)    | Nivel 3               |                                                         |
| EASY STEP NORMAL CONTROL SOLN SOLUTION  | (blood glucose control, normal) | Nivel 3               |                                                         |
| EASY TALK HIGH CONTROL SOLUTION         | (blood glucose control, high)   | Nivel 3               |                                                         |
| EASY TALK LOW CONTROL SOLUTION          | (blood glucose control, low)    | Nivel 3               |                                                         |
| EASY TALK PLUS II HIGH CONTROL SOLUTION | (blood glucose control, high)   | Nivel 3               |                                                         |
| EASY TALK PLUS II LOW CONTROL SOLUTION  | (blood glucose control, low)    | Nivel 3               |                                                         |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION |                                 | Nivel 3               |                                                         |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION    |                                 | Nivel 3               |                                                         |
| EASY TRAK HIGH CONTROL SOLUTION         | (blood glucose control, high)   | Nivel 3               |                                                         |



| Nombre del Medicamento                   |                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------|------------------------------------|-----------------------|--------------------------------------------------------|
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION   | (blood glucose control, normal)    | Nivel 3               |                                                        |
| EASY TRAK LOW CONTROL SOLUTION           | (blood glucose control, low)       | Nivel 3               |                                                        |
| EASYMAX 15 LEVEL 2 SOLUTION              | (blood glucose control, normal)    | Nivel 3               |                                                        |
| EASYMAX NORMAL CONTROL SOLUTION          | (blood glucose control, normal)    | Nivel 3               |                                                        |
| ELEMENT COMPACT HIGH CONTROL SOLUTION    | (blood glucose control, high)      | Nivel 3               |                                                        |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION  | (blood glucose control, normal)    | Nivel 3               |                                                        |
| ELEMENT HIGH CONTROL SOLUTION            | (blood glucose control, high)      | Nivel 3               |                                                        |
| ELEMENT LOW CONTROL SOLUTION             | (blood glucose control, low)       | Nivel 3               |                                                        |
| ELEMENT NORMAL CONTROL SOLUTION          | (blood glucose control, normal)    | Nivel 3               |                                                        |
| EMBRACE EVO LEVEL 1 SOLUTION             | (blood glucose control, low)       | Nivel 3               |                                                        |
| EMBRACE GLUCOSE CONTROL HIGH SOLUTION    | (blood glucose control, high)      | Nivel 3               |                                                        |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION     | (blood glucose control, low)       | Nivel 3               |                                                        |
| EMBRACE PRO SOLUTION                     | (blood glucose control, hi,normal) | Nivel 3               |                                                        |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION  | (blood glucose control, high)      | Nivel 3               |                                                        |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION   | (blood glucose control, low)       | Nivel 3               |                                                        |
| EVENCARE G2 SOLUTION                     |                                    | Nivel 3               |                                                        |
| EVENCARE G3 CONTROL SOLUTION             |                                    | Nivel 3               |                                                        |
| EVENCARE SOLUTION                        |                                    | Nivel 3               |                                                        |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE |                                    | Nivel 3               | PA; \$\$\$\$                                           |
| EVERSENSE 365 TRANSMITTER DEVICE         |                                    | Nivel 3               | PA; \$\$                                               |
| EVOLUTION NORMAL CONTROL SOLUTION        | (blood glucose control, normal)    | Nivel 3               |                                                        |
| EZ SMART CONTROL SOLUTION                | (blood glucose control, low)       | Nivel 3               |                                                        |
| FORA HIGH CONTROL SOLUTION               | (blood glucose control, high)      | Nivel 3               |                                                        |
| FORA LOW CONTROL SOLUTION                | (blood glucose control, low)       | Nivel 3               |                                                        |

| Nombre del Medicamento                  |                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso  |
|-----------------------------------------|---------------------------------------|-----------------------|---------------------------------------------------------|
| FORA NORMAL CONTROL SOLUTION            | (blood glucose control, normal)       | Nivel 3               | \$                                                      |
| FORACARE GDH HIGH CONTROL SOLUTION      | (blood glucose control, high)         | Nivel 3               |                                                         |
| FORACARE GDH LOW CONTROL SOLUTION       | (blood glucose control, low)          | Nivel 3               |                                                         |
| FORACARE GDH NORMAL CONTROL SOLUTION    | (blood glucose control, normal)       | Nivel 3               |                                                         |
| FREESTYLE CONTROL SOLUTION              |                                       | Nivel 3               |                                                         |
| FREESTYLE LIBRE 14 DAY READER           |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 14 DAY SENSOR KIT       |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE    |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 READER                |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 SENSOR KIT            |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE    |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 READER                |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 SENSOR DEVICE         |                                       | Nivel 2               | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| GE100 CONTROL SOLUTION NORMAL SOLUTION  | (blood glucose control, normal)       | Nivel 3               |                                                         |
| GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION | (blood glucose control, high, normal) | Nivel 3               |                                                         |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION    | (blood glucose control, normal)       | Nivel 3               |                                                         |
| GLUCOCARD EXPRESSION SOLUTION           | (blood glucose control, normal)       | Nivel 3               |                                                         |
| GLUCOCARD SHINE SOLUTION                | (blood glucose control, normal)       | Nivel 3               |                                                         |
| GLUCOCOM AUTOLINK                       |                                       | Nivel 3               |                                                         |
| GLUCOCOM CONTROL HIGH SOLUTION          | (blood glucose control, high)         | Nivel 3               |                                                         |

| Nombre del Medicamento                                 |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------|---------------------------------|-----------------------|--------------------------------------------------------|
| GLUCOCOM CONTROL NORMAL SOLUTION                       | (blood glucose control, normal) | Nivel 3               |                                                        |
| GLUCOSE CONTROL SOLUTION                               | (blood glucose control, normal) | Nivel 3               |                                                        |
| GLUCOSE KETONE CONTROL SOLN SOLUTION                   | (blood glucose control, normal) | Nivel 3               |                                                        |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION                | (blood glucose control, normal) | Nivel 3               |                                                        |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE                       |                                 | Nivel 3               | PA                                                     |
| GUARDIAN 4 TRANSMITTER DEVICE                          |                                 | Nivel 3               | PA                                                     |
| GUARDIAN CONNECT TRANSMITTER DEVICE                    |                                 | Nivel 3               | PA                                                     |
| GUARDIAN LINK 3 TRANSMITTER DEVICE                     |                                 | Nivel 3               | PA; \$\$                                               |
| GUARDIAN SENSOR 3 DEVICE                               |                                 | Nivel 3               | PA; \$\$                                               |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION                    |                                 | Nivel 3               |                                                        |
| IHEALTH CONTROL SOLN LEVEL 2 SOLUTION                  | (blood glucose control, normal) | Nivel 3               |                                                        |
| ILET INFUSION KIT-INSET 23" COMBO PACK                 |                                 | Nivel 3               | \$\$                                                   |
| ILET INFUSION KIT-INSET 32" COMBO PACK                 |                                 | Nivel 3               | \$\$                                                   |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK              |                                 | Nivel 3               | \$\$                                                   |
| ILET INSULIN PUMP                                      |                                 | Nivel 3               | PA; \$\$\$\$                                           |
| ILET STARTER KIT CONTACT KIT                           |                                 | Nivel 3               | \$\$                                                   |
| ILET STARTER KIT-INSET KIT                             |                                 | Nivel 3               | \$\$                                                   |
| INFINITY CONTROL SOLUTION HIGH SOLUTION                | (blood glucose control, high)   | Nivel 3               |                                                        |
| INFINITY CONTROL SOLUTION LOW SOLUTION                 | (blood glucose control, low)    | Nivel 3               |                                                        |
| INFINITY CONTROL SOLUTION NORM SOLUTION                | (blood glucose control, normal) | Nivel 3               |                                                        |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      |                                 | Nivel 2               |                                                        |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      |                                 | Nivel 2               |                                                        |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      |                                 | Nivel 2               |                                                        |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN |                                 | Nivel 2               |                                                        |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN |                                 | Nivel 2               |                                                        |

| Nombre del Medicamento                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN           | Nivel 2               |                                                        |
| MEDISENSE COMBO PACK                                             | Nivel 3               |                                                        |
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK                          | Nivel 3               |                                                        |
| MEDISENSE GLUCOSE KETONE COMBO PACK                              | Nivel 3               |                                                        |
| MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)   | Nivel 3               |                                                        |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET                      | Nivel 3               |                                                        |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET                      | Nivel 3               |                                                        |
| METER-CHECK SOLUTION (blood glucose control, normal)             | Nivel 3               |                                                        |
| MICRODOT HIGH-LOW CONTROL SOLUTION                               | Nivel 3               |                                                        |
| MICRODOT NORMAL CONTROL SOLUTION (blood glucose control, normal) | Nivel 3               |                                                        |
| MINIMED 630G INSULIN PUMP                                        | Nivel 3               | PA                                                     |
| MINIMED 770G INSULIN PUMP                                        | Nivel 3               | PA                                                     |
| MINIMED 780G INSULIN PUMP                                        | Nivel 3               | PA                                                     |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET                      | Nivel 3               |                                                        |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET                      | Nivel 3               |                                                        |
| MINIMED QUICK SET 18" INFUSION SET                               | Nivel 3               |                                                        |
| MINIMED QUICK SET 23" INFUSION SET                               | Nivel 3               |                                                        |
| MINIMED QUICK SET 32" INFUSION SET                               | Nivel 3               |                                                        |
| MINIMED QUICK SET 43" INFUSION SET                               | Nivel 3               |                                                        |
| MINIMED SILHOUETTE 18" INFUSION SET                              | Nivel 3               |                                                        |
| MINIMED SILHOUETTE 23" INFUSION SET                              | Nivel 3               |                                                        |
| MINIMED SILHOUETTE 32" INFUSION SET                              | Nivel 3               |                                                        |
| MINIMED SILHOUETTE 43" INFUSION SET                              | Nivel 3               |                                                        |
| MINIMED SURE T 18" INFUSION SET                                  | Nivel 3               |                                                        |
| MINIMED SURE T 23" INFUSION SET                                  | Nivel 3               |                                                        |
| MINIMED SURE T 32" INFUSION SET                                  | Nivel 3               |                                                        |

| Nombre del Medicamento                                |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| MYGLUCOHEALTH CONTROL SOLUTION                        | (blood glucose ctl high,nml,low) | Nivel 3               |                                                        |
| NOVAMAX PLUS GLU-KET SOLUTION                         |                                  | Nivel 3               |                                                        |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                 |                                  | Nivel 3               | \$                                                     |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE    |                                  | Nivel 2               |                                                        |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE |                                  | Nivel 2               |                                                        |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE   |                                  | Nivel 2               |                                                        |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE |                                  | Nivel 2               |                                                        |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE |                                  | Nivel 2               |                                                        |
| OMNIPOD DASH PDM KIT (GEN 4)                          |                                  | Nivel 2               |                                                        |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE      |                                  | Nivel 2               |                                                        |
| ON CALL EXPRESS CONTROL SOLUTION                      | (blood glucose ctl high,nml,low) | Nivel 3               |                                                        |
| ONETOUCH ULTRA CONTROL SOLUTION                       | (blood glucose control, normal)  | Nivel 3               |                                                        |
| ONETOUCH VERIO HIGH CONTROL SOLUTION                  | (blood glucose control, high)    | Nivel 3               |                                                        |
| ONETOUCH VERIO MID CONTROL SOLUTION                   | (blood glucose control, normal)  | Nivel 3               |                                                        |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION               |                                  | Nivel 3               |                                                        |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK             |                                  | Nivel 3               |                                                        |
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK             |                                  | Nivel 3               |                                                        |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION                | (blood glucose control, low)     | Nivel 3               |                                                        |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION                | (blood glucose control, high)    | Nivel 3               |                                                        |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION                  | (blood glucose control, high)    | Nivel 3               |                                                        |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION               | (blood glucose control, high)    | Nivel 3               |                                                        |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION               | (blood glucose control, normal)  | Nivel 3               |                                                        |
| SIMPLERA SENSOR DEVICE                                |                                  | Nivel 3               | PA                                                     |
| SIMPLERA SYNC SENSOR DEVICE                           |                                  | Nivel 3               | PA                                                     |

| Nombre del Medicamento                    |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------|---------------------------------|-----------------------|--------------------------------------------------------|
| SMARTTEST CONTROL SOLUTION                | (blood glucose control, normal) | Nivel 3               |                                                        |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION   | (blood glucose control, low)    | Nivel 3               |                                                        |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION   | (blood glucose control, high)   | Nivel 3               |                                                        |
| SURE-TEST EASYPLUS MINI SOLUTION          | (blood glucose control, normal) | Nivel 3               |                                                        |
| T:FLEX SUBCUTANEOUS CARTRIDGE             |                                 | Nivel 3               |                                                        |
| T:SLIM X2 BASAL-IQ INSULIN PMP            |                                 | Nivel 3               | PA                                                     |
| T:SLIM X2 CONTROL-IQ                      |                                 | Nivel 3               | PA                                                     |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE          |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM MOBI SYSTEM                        |                                 | Nivel 3               | PA                                                     |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK   |                                 | Nivel 3               |                                                        |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK |                                 | Nivel 3               |                                                        |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK  |                                 | Nivel 3               |                                                        |
| TD GOLD LEVEL 1 CONTROL SOLUTION          | (blood glucose control, low)    | Nivel 3               |                                                        |
| TD GOLD LEVEL 2 CONTROL SOLUTION          | (blood glucose control, normal) | Nivel 3               |                                                        |
| TELCARE CONTROL SOLUTION                  |                                 | Nivel 3               |                                                        |
| TEMPO SMART BUTTON DEVICE                 |                                 | Nivel 3               |                                                        |
| TEMPO WELCOME KIT KIT                     |                                 | Nivel 3               |                                                        |

| Nombre del Medicamento                                 |                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------|-----------------------------------|-----------------------|--------------------------------------------------------|
| TRUE METRIX LEVEL 1 SOLUTION                           | (blood glucose control, low)      | Nivel 3               | \$                                                     |
| TRUE METRIX LEVEL 2 SOLUTION                           | (blood glucose control, normal)   | Nivel 3               | \$                                                     |
| TRUE METRIX LEVEL 3 SOLUTION                           | (blood glucose control, high)     | Nivel 3               | \$                                                     |
| TRUSTEEL INFUSION SET 23" INFUSION SET                 |                                   | Nivel 3               |                                                        |
| TRUSTEEL INFUSION SET 32" INFUSION SET                 |                                   | Nivel 3               |                                                        |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION                    |                                   | Nivel 3               |                                                        |
| ULTRATRAK NORMAL CONTROL SOLUTION                      | (blood glucose control, normal)   | Nivel 3               |                                                        |
| ULTRATRAK ULTIMATE SOLUTION                            |                                   | Nivel 3               |                                                        |
| UNISTIK 2 EXTRA LANCET 21 GAUGE                        | (lancets)                         | Nivel 2               |                                                        |
| UNISTIK 2 NORMAL LANCET 21 GAUGE                       | (lancets)                         | Nivel 2               |                                                        |
| UNISTRIP LOW CONTROL SOLUTION                          | (blood glucose control, low)      | Nivel 3               |                                                        |
| VARISOFT INFUSION SET 23" INFUSION SET                 |                                   | Nivel 3               |                                                        |
| VARISOFT INFUSION SET 32" INFUSION SET                 |                                   | Nivel 3               |                                                        |
| VARISOFT INFUSION SET 43" INFUSION SET                 |                                   | Nivel 3               |                                                        |
| V-GO 20 DEVICE                                         |                                   | Nivel 2               |                                                        |
| V-GO 30 DEVICE                                         |                                   | Nivel 2               |                                                        |
| V-GO 40 DEVICE                                         |                                   | Nivel 2               |                                                        |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION                | (blood glucose ctrl high,nml,low) | Nivel 3               |                                                        |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION                 |                                   | Nivel 3               |                                                        |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION                    | (blood glucose control, normal)   | Nivel 3               |                                                        |
| <b>Enfermedad Cardiovascular - Agentes Misceláneos</b> |                                   |                       |                                                        |
| ATTRUBY ORAL TABLET 356 MG                             |                                   | Nivel 4               | PA                                                     |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG        |                                   | Nivel 4               | PA                                                     |
| LODOCO ORAL TABLET 0.5 MG                              |                                   | Nivel 3               |                                                        |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                |                                   | Nivel 3               | PA                                                     |
| VYNDAMAX ORAL CAPSULE 61 MG                            |                                   | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| VYNDAQEL ORAL CAPSULE 20 MG                                                                                                    | Nivel 4               | PA                                                                                                                                    |
| <b>Agentes Antianginas &amp; Anti-Isquémicos, No Hemodinámicos</b>                                                             |                       |                                                                                                                                       |
| ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG                                                        | Nivel 3               | PA                                                                                                                                    |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                                  | Nivel 1               | \$; QL (60 EA per 30 days)                                                                                                            |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                                    | Nivel 1               | \$; QL (120 EA per 30 days)                                                                                                           |
| <b>Agentes Vasopresores Adrenérgicos</b>                                                                                       |                       |                                                                                                                                       |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)                                                                | Nivel 4               | PA; \$                                                                                                                                |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                               | Nivel 1               | \$                                                                                                                                    |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)                                                                       | Nivel 4               | PA                                                                                                                                    |
| <b>Antihiperlip - Hmg-CoA&amp;Bloqueador Cb De Canal Da Calcio</b>                                                             |                       |                                                                                                                                       |
| <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               | \$; 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               | \$; QL (1 EA per 1 day)                                                                                                               |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)        | Nivel 3               | QL (1 EA per 1 day)                                                                                                                   |
| <b>Inhibidor Antianginas, Reductor De Ritmo Cardíaco, I(F)</b>                                                                 |                       |                                                                                                                                       |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                                               | Nivel 2               | QL (20 ML per 1 day)                                                                                                                  |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)                                                                                 | Nivel 3               | ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)     |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)                                                                          | Nivel 1               | \$; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day) |
| <b>Recept De Angiotensina-Comb De Inhibidor De Neprilisina(Arni)</b>                                                           |                       |                                                                                                                                       |
| ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)                                                                           | Nivel 2               | QL (6 EA per 1 day)                                                                                                                   |



| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| ENTRESTO ORAL TABLET 49-51 MG, (sacubitril-valsartan)<br>97-103 MG             | Nivel 2               | QL (2 EA per 1 day)                                    |
| ENTRESTO SPRINKLE ORAL PELLET<br>15-16 MG, 6-6 MG                              | Nivel 3               | QL (8 EA per 1 day)                                    |
| <i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)                    | Nivel 1               | QL (6 EA per 1 day)                                    |
| <i>sacubitril-valsartan oral tablet 49-51 mg</i> (Entresto)                    | Nivel 1               | \$\$\$; QL (2 EA per 1 day)                            |
| <i>sacubitril-valsartan oral tablet 97-103 mg</i> (Entresto)                   | Nivel 1               | QL (2 EA per 1 day)                                    |
| <b>Enfermedad Cardiovascular - Arritmia</b>                                    |                       |                                                        |
| <b>Antiarrítmicos</b>                                                          |                       |                                                        |
| <i>amiodarone oral tablet 100 mg</i> (Pacerone)                                | Nivel 1               |                                                        |
| <i>amiodarone oral tablet 200 mg</i> (Pacerone)                                | Nivel 1               | \$                                                     |
| <i>amiodarone oral tablet 400 mg</i>                                           | Nivel 1               |                                                        |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)            | Nivel 1               |                                                        |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)             | Nivel 1               | \$                                                     |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                            | Nivel 1               | \$                                                     |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                          | Nivel 1               | \$                                                     |
| MULTAQ ORAL TABLET 400 MG                                                      | Nivel 2               | \$\$                                                   |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG                               | Nivel 2               | \$\$                                                   |
| NORPACE CR ORAL CAPSULE, (disopyramide phosphate)<br>EXTENDED RELEASE 150 MG   | Nivel 2               | \$\$                                                   |
| NORPACE ORAL CAPSULE 100 MG, (disopyramide phosphate)<br>150 MG                | Nivel 3               |                                                        |
| PACERONE ORAL TABLET 100 MG, (amiodarone)<br>200 MG, 400 MG                    | Nivel 1               | \$                                                     |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | Nivel 1               | \$                                                     |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                          | Nivel 1               |                                                        |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                 | Nivel 1               |                                                        |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                            | Nivel 1               | \$\$                                                   |
| TIKOSYN ORAL CAPSULE 125 MCG, (dofetilide)<br>250 MCG, 500 MCG                 | Nivel 3               |                                                        |
| <b>Enfermedad Cardiovascular - Estimulante Cardíaco</b>                        |                       |                                                        |
| <b>Agentes Adrenérgicos, Catecolaminas</b>                                     |                       |                                                        |
| <i>epinephrine injection syringe 0.1 mg/ml</i>                                 | Nivel 1               |                                                        |

| Nombre del Medicamento                                                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Glucósidos Digitálicos</b>                                                                       |                       |                                                        |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                 | Nivel 1               |                                                        |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                                 | Nivel 3               |                                                        |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)                          | Nivel 1               | \$                                                     |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                                           | Nivel 1               | PA                                                     |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                 | Nivel 3               |                                                        |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)                                                  | Nivel 3               | PA                                                     |
| <b>Enfermedad Cardiovascular - Hipertensión</b>                                                     |                       |                                                        |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG                                                              | Nivel 4               | PA                                                     |
| TRYVIO ORAL TABLET 12.5 MG                                                                          | Nivel 4               | PA                                                     |
| VANRAFIA ORAL TABLET 0.75 MG                                                                        | Nivel 4               | PA                                                     |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                      | Nivel 4               |                                                        |
| <b>Agentes Bloqueadores Alfa/Beta-Adrenérgicos</b>                                                  |                       |                                                        |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                             | Nivel 1               | \$                                                     |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR) | Nivel 1               | \$; QL (1 EA per 1 day)                                |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)        | Nivel 3               | QL (1 EA per 1 day)                                    |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)                                    | Nivel 3               |                                                        |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                                 | Nivel 1               | \$                                                     |
| <i>labetalol oral tablet 400 mg</i>                                                                 | Nivel 1               |                                                        |
| <b>Agentes Bloqueadores Alfa-Adrenérgicos</b>                                                       |                       |                                                        |
| CARDURA ORAL TABLET 1 MG, 2 MG (doxazosin)                                                          | Nivel 3               |                                                        |
| CARDURA ORAL TABLET 4 MG, 8 MG (doxazosin)                                                          | Nivel 3               | \$\$                                                   |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG                                                   | Nivel 3               | \$                                                     |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG                                                   | Nivel 3               |                                                        |
| DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)                                                   | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                        |
|--------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)                              | Nivel 1               | \$                                                                                                                            |
| <i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzylamine)                                 | Nivel 4               | PA; \$\$                                                                                                                      |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                              | Nivel 1               | \$                                                                                                                            |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                      | Nivel 1               | \$                                                                                                                            |
| TEZRULY ORAL SOLUTION 1 MG/ML                                                              | Nivel 3               | PA                                                                                                                            |
| <b>Agentes Bloqueadores Beta-Adrenérgicos</b>                                              |                       |                                                                                                                               |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                              | Nivel 1               | \$                                                                                                                            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)                                | Nivel 1               | \$                                                                                                                            |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)                                    | Nivel 3               |                                                                                                                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)                               | Nivel 3               |                                                                                                                               |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                  | Nivel 1               | \$                                                                                                                            |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                         | Nivel 1               | \$                                                                                                                            |
| <i>bisoprolol fumarate oral tablet 2.5 mg</i>                                              | Nivel 1               |                                                                                                                               |
| BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG (nebivolol)                                        | Nivel 3               | \$                                                                                                                            |
| BYSTOLIC ORAL TABLET 2.5 MG (nebivolol)                                                    | Nivel 3               | \$\$                                                                                                                          |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                                         | Nivel 3               | ST: Must meet the following requirement: Propranolol solution in 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol) | Nivel 3               |                                                                                                                               |
| INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                               | Nivel 3               | ST: Must meet the following requirement: Inderal LA in 120 days                                                               |
| INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                              | Nivel 3               | ST: Must meet the following requirement: Inderal LA in 120 days                                                               |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG            | Nivel 3               | \$                                                                                                                            |
| LOPRESSOR ORAL SOLUTION 10 MG/ML                                                           | Nivel 3               | PA                                                                                                                            |
| LOPRESSOR ORAL TABLET 100 MG (metoprolol tartrate)                                         | Nivel 3               |                                                                                                                               |
| LOPRESSOR ORAL TABLET 50 MG (metoprolol tartrate)                                          | Nivel 3               | \$                                                                                                                            |

| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                               |
|--------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|
| metoprolol succinate oral tablet (Toprol XL)<br>extended release 24 hr 100 mg, 200 mg,<br>25 mg, 50 mg | Nivel 1               | \$                                                                                                   |
| metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)                                              | Nivel 1               | \$                                                                                                   |
| metoprolol tartrate oral tablet 25 mg,<br>37.5 mg, 75 mg                                               | Nivel 1               | \$                                                                                                   |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                                                                | Nivel 1               | \$                                                                                                   |
| nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)                                            | Nivel 1               | \$                                                                                                   |
| pindolol oral tablet 10 mg, 5 mg                                                                       | Nivel 1               | \$                                                                                                   |
| propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)             | Nivel 1               | \$                                                                                                   |
| propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)                                   | Nivel 1               |                                                                                                      |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg                                              | Nivel 1               | \$                                                                                                   |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)                                                 | Nivel 1               | \$                                                                                                   |
| sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)                                                 | Nivel 1               | \$                                                                                                   |
| sotalol oral tablet 240 mg (Betapace)                                                                  | Nivel 1               |                                                                                                      |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                                         | Nivel 3               | \$\$; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days |
| TENORMIN ORAL TABLET 100 MG (atenolol)                                                                 | Nivel 3               |                                                                                                      |
| TENORMIN ORAL TABLET 25 MG, 50 MG (atenolol)                                                           | Nivel 3               | \$\$                                                                                                 |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg                                                         | Nivel 1               | \$                                                                                                   |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)       | Nivel 3               |                                                                                                      |
| <b>Agentes Bloqueadores Beta-Adrenérgicos/Tiazidas &amp; Relacionados</b>                              |                       |                                                                                                      |
| atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)                                          | Nivel 1               | \$                                                                                                   |
| atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)                                            | Nivel 1               | \$                                                                                                   |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                          | Nivel 1               | \$                                                                                                   |
| metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg                              | Nivel 1               | \$                                                                                                   |

| Nombre del Medicamento                                                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                                 | Nivel 1               |                                                        |
| TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)                                                        | Nivel 3               |                                                        |
| TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)                                                          | Nivel 3               |                                                        |
| <b>Agentes Bloqueadores De Canal De Calcio</b>                                                                       |                       |                                                        |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                                          | Nivel 1               | \$                                                     |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG (diltiazem hcl)                                                | Nivel 3               | \$\$                                                   |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG (diltiazem hcl)                                                | Nivel 3               | \$\$\$                                                 |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG (diltiazem hcl)                                                | Nivel 3               | \$\$\$\$                                               |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG, 360 MG (diltiazem hcl)                                        | Nivel 3               |                                                        |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG (diltiazem hcl)                                | Nivel 3               | \$                                                     |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 360 MG, 420 MG (diltiazem hcl)                                | Nivel 3               |                                                        |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)                                                            | Nivel 3               |                                                        |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)                          | Nivel 1               |                                                        |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine)                                                                    | Nivel 3               | PA                                                     |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)                            | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                                        | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER) | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)                   | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)                               | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)                                           | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral tablet 90 mg</i>                                                                     | Nivel 1               | \$                                                     |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)                               | Nivel 1               |                                                        |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | Nivel 1               |                                                        |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)                         | Nivel 1               |                                                        |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                                   | Nivel 1               | \$                                                     |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                | Nivel 1               | \$                                                     |
| KATERZIA ORAL SUSPENSION 1 MG/ML                                                                           | Nivel 3               | PA                                                     |
| <i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)                                                   | Nivel 1               | PA                                                     |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)        | Nivel 1               |                                                        |
| <i>nicardipine oral capsule 20 mg</i>                                                                      | Nivel 1               | \$                                                     |
| <i>nicardipine oral capsule 30 mg</i>                                                                      | Nivel 1               | \$\$                                                   |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                | Nivel 1               | \$                                                     |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)                     | Nivel 1               | \$                                                     |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                         | Nivel 1               | \$                                                     |
| <i>nimodipine oral capsule 30 mg</i>                                                                       | Nivel 1               | \$                                                     |
| <i>nimodipine oral solution 60 mg/20 ml</i>                                                                | Nivel 4               | PA                                                     |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)                         | Nivel 1               | \$                                                     |
| <i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg</i>                                         | Nivel 1               | \$\$                                                   |
| <i>nisoldipine oral tablet extended release 24 hr 25.5 mg, 40 mg</i>                                       | Nivel 1               | \$                                                     |
| NORLIQVA ORAL SOLUTION 1 MG/ML                                                                             | Nivel 3               | PA; \$\$                                               |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)                                                       | Nivel 3               |                                                        |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML                                                                         | Nivel 3               | PA; \$\$\$                                             |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML                                                                           | Nivel 3               | PA                                                     |

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



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



| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                           | Nivel 1               | \$                                                     |
| <b>Antihipertensivos Pulmonares, Prostaciclina-Tipo</b>                                                  |                       |                                                        |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)           | Nivel 4               | PA                                                     |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)          | Nivel 4               | PA                                                     |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG       | Nivel 4               | PA                                                     |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG                             | Nivel 4               | PA                                                     |
| REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML                 | Nivel 4               | PA                                                     |
| <i>treprostinil sodium injection solution 1 mg/ml</i> (Remodulin)                                        | Nivel 4               | PA                                                     |
| <i>treprostinil sodium injection solution 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG | Nivel 4               | PA                                                     |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                                   | Nivel 4               | PA                                                     |
| 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                                                     |
| 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 4               | PA                                                     |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                               | Nivel 4               | PA                                                     |

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

| Nombre del Medicamento                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antihipertensivos, Bloqueadores Ganglionar</b>                         |                       |                                                        |
| VECAMYL ORAL TABLET 2.5 MG                                                | Nivel 4               | PA                                                     |
| <b>Antihipertensivos, Inhibidores Eca</b>                                 |                       |                                                        |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)                | Nivel 3               |                                                        |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)               | Nivel 3               |                                                        |
| benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)                     | Nivel 1               | \$                                                     |
| benazepril oral tablet 5 mg                                               | Nivel 1               | \$                                                     |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg                       | Nivel 1               | \$                                                     |
| enalapril maleate oral solution 1 mg/ml (Epaned)                          | Nivel 1               | PA; \$                                                 |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)        | Nivel 1               | \$                                                     |
| EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)                          | Nivel 3               | PA                                                     |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg                                | Nivel 1               | \$                                                     |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril) | Nivel 1               | \$                                                     |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)                     | Nivel 3               |                                                        |
| moexipril oral tablet 15 mg, 7.5 mg                                       | Nivel 1               |                                                        |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg                         | Nivel 1               |                                                        |
| QBRELIS ORAL SOLUTION 1 MG/ML                                             | Nivel 3               | PA                                                     |
| quinapril oral tablet 10 mg (Accupril)                                    | Nivel 1               |                                                        |
| quinapril oral tablet 20 mg, 40 mg, 5 mg (Accupril)                       | Nivel 1               | \$                                                     |
| ramipril oral capsule 1.25 mg (Altace)                                    | Nivel 1               |                                                        |
| ramipril oral capsule 10 mg                                               | Nivel 1               | \$                                                     |
| ramipril oral capsule 2.5 mg, 5 mg (Altace)                               | Nivel 1               | \$                                                     |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg                                 | Nivel 1               |                                                        |
| VASOTEC ORAL TABLET 10 MG (enalapril maleate)                             | Nivel 3               | \$\$\$                                                 |
| VASOTEC ORAL TABLET 2.5 MG, 5 MG (enalapril maleate)                      | Nivel 3               |                                                        |
| VASOTEC ORAL TABLET 20 MG (enalapril maleate)                             | Nivel 3               | \$\$\$\$                                               |
| ZESTRIL ORAL TABLET 10 MG, 30 MG (lisinopril)                             | Nivel 3               | \$\$                                                   |
| ZESTRIL ORAL TABLET 2.5 MG, 20 MG (lisinopril)                            | Nivel 3               |                                                        |
| ZESTRIL ORAL TABLET 40 MG (lisinopril)                                    | Nivel 3               | \$\$\$                                                 |
| ZESTRIL ORAL TABLET 5 MG (lisinopril)                                     | Nivel 3               | \$                                                     |

| Nombre del Medicamento                                                 |                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------|------------------|-----------------------|--------------------------------------------------------|
| <b>Antihipertensivos, Misceláneos</b>                                  |                  |                       |                                                        |
| DEMSEER ORAL CAPSULE 250 MG                                            | (metyrosine)     | Nivel 4               | PA                                                     |
| <i>metyrosine oral capsule 250 mg</i>                                  | (Demser)         | Nivel 4               | PA                                                     |
| <b>Antihipertensivos, Simpatolíticos</b>                               |                  |                       |                                                        |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR                   | (clonidine)      | Nivel 3               |                                                        |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR                   | (clonidine)      | Nivel 3               |                                                        |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR                   | (clonidine)      | Nivel 3               |                                                        |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                |                  | Nivel 1               | \$                                                     |
| <i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>        | (Nexiclon XR)    | Nivel 1               |                                                        |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>                 | (Catapres-TTS-1) | Nivel 1               | \$                                                     |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i>                 | (Catapres-TTS-2) | Nivel 1               | \$                                                     |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>                 | (Catapres-TTS-3) | Nivel 1               | \$                                                     |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                               |                  | Nivel 1               | \$                                                     |
| <i>methyldopa oral tablet 250 mg</i>                                   |                  | Nivel 1               | \$\$\$                                                 |
| <i>methyldopa oral tablet 500 mg</i>                                   |                  | Nivel 1               | \$                                                     |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> |                  | Nivel 1               |                                                        |
| <b>Antihipertensivos, Vasodilatadores</b>                              |                  |                       |                                                        |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>             |                  | Nivel 1               | \$                                                     |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                             |                  | Nivel 1               | \$                                                     |
| <b>Anti-Htn Pulmonar, Antagonistas De Receptor De Endotelina</b>       |                  |                       |                                                        |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                             | (Letairis)       | Nivel 4               | PA; \$                                                 |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                            | (Tracleer)       | Nivel 4               | PA; \$                                                 |
| <i>bosentan oral tablet for suspension 32 mg</i>                       | (Tracleer)       | Nivel 4               | PA                                                     |
| LETAIRIS ORAL TABLET 10 MG, 5 MG                                       | (ambrisentan)    | Nivel 4               | PA                                                     |
| OPSUMIT ORAL TABLET 10 MG                                              |                  | Nivel 4               | PA                                                     |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG                                   | (bosentan)       | Nivel 4               | PA                                                     |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG                              | (bosentan)       | Nivel 4               | PA                                                     |
| <b>Diurético De Asa</b>                                                |                  |                       |                                                        |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                       |                  | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| EDECIN ORAL TABLET 25 MG (ethacrynic acid)                              | Nivel 3               | PA                                                     |
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)                      | Nivel 1               | PA; \$                                                 |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML                                   | Nivel 4               | PA                                                     |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>          | Nivel 1               |                                                        |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)               | Nivel 1               | \$                                                     |
| LASIX ORAL TABLET 20 MG, 40 MG (furosemide)                             | Nivel 3               | \$                                                     |
| LASIX ORAL TABLET 80 MG (furosemide)                                    | Nivel 3               |                                                        |
| SOAANZ ORAL TABLET 40 MG                                                | Nivel 3               | PA                                                     |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                 | Nivel 1               | \$                                                     |
| <b>Diuréticos Ahorradores De Potasio</b>                                |                       |                                                        |
| ALDACTONE ORAL TABLET 100 MG (spironolactone)                           | Nivel 3               |                                                        |
| ALDACTONE ORAL TABLET 25 MG, 50 MG (spironolactone)                     | Nivel 3               | \$                                                     |
| <i>amiloride oral tablet 5 mg</i>                                       | Nivel 1               | \$                                                     |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)                    | Nivel 3               | PA; \$                                                 |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)                       | Nivel 3               |                                                        |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                     | Nivel 1               | \$                                                     |
| INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)                           | Nivel 3               |                                                        |
| KERENDIA ORAL TABLET 10 MG, 20 MG                                       | Nivel 3               | PA; \$\$                                               |
| KERENDIA ORAL TABLET 40 MG                                              | Nivel 3               | PA                                                     |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)             | Nivel 1               | PA; \$                                                 |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)      | Nivel 1               | \$                                                     |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)                | Nivel 1               |                                                        |
| <b>Diuréticos Ahorradores De Potasio En Combinación</b>                 |                       |                                                        |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                | Nivel 1               | \$                                                     |
| <i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>          | Nivel 1               | \$                                                     |
| <i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>          | Nivel 1               | \$                                                     |
| <i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i> | Nivel 1               | \$                                                     |
| <b>Inhibidor De Renina, Directo</b>                                     |                       |                                                        |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                  | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                     |
|---------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)                                                   | Nivel 3               |                                                                                                            |
| <b>Inhibidor Eca/Tiazidas &amp; Diuréticos Tiazidicos</b>                                         |                       |                                                                                                            |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)            | Nivel 3               |                                                                                                            |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)        | Nivel 1               | \$                                                                                                         |
| benazepril-hydrochlorothiazide oral tablet 5-6.25 mg                                              | Nivel 1               | \$                                                                                                         |
| captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg                  | Nivel 1               | \$                                                                                                         |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)                                    | Nivel 1               | \$                                                                                                         |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg                                               | Nivel 1               |                                                                                                            |
| fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg                                 | Nivel 1               | \$                                                                                                         |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)          | Nivel 1               | \$                                                                                                         |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)        | Nivel 3               |                                                                                                            |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)            | Nivel 1               |                                                                                                            |
| VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)                                    | Nivel 3               |                                                                                                            |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)          | Nivel 3               |                                                                                                            |
| <b>Inhibidores Eca/Combinación De Bloqueador De Canal De Calcio</b>                               |                       |                                                                                                            |
| amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)                  | Nivel 1               |                                                                                                            |
| amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg                                             | Nivel 1               |                                                                                                            |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)                  | Nivel 3               |                                                                                                            |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG                                                | Nivel 3               | ST: Must meet the following requirements: Amlodipine and an ACE Inhibitor in 365 days; QL (1 EA per 1 day) |
| trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | Nivel 1               |                                                                                                            |

| Nombre del Medicamento                                                             |                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------|-----------------------------------|-----------------------|--------------------------------------------------------|
| <b>Pulm Anti-Htn, Estimulante De Ciclasa De Guanilato Soluble</b>                  |                                   |                       |                                                        |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                             |                                   | Nivel 4               | PA; \$\$\$\$                                           |
| <b>Pulm. Anti-Htn, Sel. C-Gmp Inhib. De Fosfodiesterasa T5</b>                     |                                   |                       |                                                        |
| ADCIRCA ORAL TABLET 20 MG                                                          | (tadalafil (pulm. hypertension))  | Nivel 4               | PA; QL (2 EA per 1 day)                                |
| ALYQ ORAL TABLET 20 MG                                                             | (tadalafil (pulm. hypertension))  | Nivel 4               | PA; \$; QL (2 EA per 1 day)                            |
| LIQREV ORAL SUSPENSION 10 MG/ML                                                    |                                   | Nivel 4               | PA                                                     |
| REVATIO ORAL TABLET 20 MG                                                          | (sildenafil (pulm. hypertension)) | Nivel 3               | PA                                                     |
| <i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> |                                   | Nivel 1               | PA; \$                                                 |
| <i>sildenafil (pulm. hypertension) oral tablet 20 mg</i>                           | (Revatio)                         | Nivel 1               | PA; \$                                                 |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                            | (Adcirca)                         | Nivel 4               | PA; \$; QL (2 EA per 1 day)                            |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                                        |                                   | Nivel 4               | PA; \$\$\$                                             |
| <b>Tiazidas Y Diuréticos Relacionados</b>                                          |                                   |                       |                                                        |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                     |                                   | Nivel 1               | \$                                                     |
| DIURIL ORAL SUSPENSION 250 MG/5 ML                                                 |                                   | Nivel 3               |                                                        |
| HEMICLOR ORAL TABLET 12.5 MG                                                       |                                   | Nivel 3               | \$                                                     |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                    |                                   | Nivel 1               | \$                                                     |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                       |                                   | Nivel 1               | \$                                                     |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                      |                                   | Nivel 1               | \$                                                     |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML                                |                                   | Nivel 3               | PA                                                     |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                  |                                   | Nivel 1               | \$                                                     |
| THALITONE ORAL TABLET 15 MG                                                        |                                   | Nivel 3               |                                                        |
| <b>Vasodilatadores, Combinación</b>                                                |                                   |                       |                                                        |
| BIDIL ORAL TABLET 20-37.5 MG                                                       | (isosorbide-hydralazine)          | Nivel 3               | \$                                                     |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                               | (BiDil)                           | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                |
|-----------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Enfermedad Cardiovascular - Irregularidad De Lípidos</b>     |                       |                                                                                                                                       |
| NEXLETOL ORAL TABLET 180 MG                                     | Nivel 2               | ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| NEXLIZET ORAL TABLET 180-10 MG                                  | Nivel 2               | ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| <b>Antihiperlipidémicos - Inhibidor De Mtp</b>                  |                       |                                                                                                                                       |
| JUXTAPID ORAL CAPSULE 10 MG                                     | Nivel 4               | PA; \$\$\$\$\$                                                                                                                        |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG, 5 MG                        | Nivel 4               | PA                                                                                                                                    |
| <b>Antihiperlipidémicos - Inhibidor De Síntesis Apo B-100</b>   |                       |                                                                                                                                       |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML               | Nivel 4               | PA                                                                                                                                    |
| <b>Antihiperlipidémicos - Inhibidores De Pcsk9</b>              |                       |                                                                                                                                       |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML      | Nivel 3               | ST: Must meet the following requirement: Repatha in 120 days                                                                          |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | Nivel 2               | ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML           | Nivel 2               | ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                  | Nivel 2               | ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| <b>Antihiperlipidémicos - Inhibidores De Reductasa Hmg Coa</b>  |                       |                                                                                                                                       |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG | Nivel 3               | ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; QL (1 EA per 1 day) |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                  | Nivel 3               | PA; \$                                                                                                                                |



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

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

| Nombre del Medicamento                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                  |
|------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)                               | Nivel 5               | \$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 5 mg</i>                                                      | Nivel 5               | \$; \$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; \$; QL (1 EA per 1 day)                                                                                                                             |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)                                      | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                     |
| ZYPITAMAG ORAL TABLET 2 MG                                                               | Nivel 3               | \$\$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)                                                                  |
| ZYPITAMAG ORAL TABLET 4 MG                                                               | Nivel 3               | \$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)                                                                    |
| <b>Antihiperlipidémicos.Hmg Coa Reduct Inhib&amp;Coolest.Ab.Inhib</b>                    |                       |                                                                                                                                                         |
| <i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i> (Roszet) | Nivel 1               | ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)                                        |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)                        | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)                        | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)                        | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)                        | Nivel 1               | PA; \$; 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               | ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)                                        |

| Nombre del Medicamento                                                       |                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                |
|------------------------------------------------------------------------------|-----------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|
| VYTORIN 10-10 ORAL TABLET 10-10 MG                                           | (ezetimibe-simvastatin)     | Nivel 3               | QL (1 EA per 1 day)                                                                                   |
| VYTORIN 10-20 ORAL TABLET 10-20 MG                                           | (ezetimibe-simvastatin)     | Nivel 3               | QL (1 EA per 1 day)                                                                                   |
| VYTORIN 10-40 ORAL TABLET 10-40 MG                                           | (ezetimibe-simvastatin)     | Nivel 3               | QL (1 EA per 1 day)                                                                                   |
| VYTORIN 10-80 ORAL TABLET 10-80 MG                                           | (ezetimibe-simvastatin)     | Nivel 3               | PA; QL (1 EA per 1 day)                                                                               |
| <b>Lipotrópicos</b>                                                          |                             |                       |                                                                                                       |
| ezetimibe oral tablet 10 mg                                                  | (Zetia)                     | Nivel 1               | \$; QL (1 EA per 1 day)                                                                               |
| fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg                     |                             | Nivel 1               |                                                                                                       |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg                    |                             | Nivel 1               | \$                                                                                                    |
| fenofibrate nanocrystallized oral tablet 145 mg, 48 mg                       | (Tricor)                    | Nivel 1               | \$                                                                                                    |
| fenofibrate oral capsule 150 mg, 50 mg                                       | (Lipofen)                   | Nivel 1               |                                                                                                       |
| fenofibrate oral tablet 120 mg                                               |                             | Nivel 1               | \$\$                                                                                                  |
| fenofibrate oral tablet 160 mg, 40 mg, 54 mg                                 |                             | Nivel 1               | \$                                                                                                    |
| fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg |                             | Nivel 1               | \$                                                                                                    |
| fenofibric acid oral tablet 105 mg, 35 mg                                    | (Fibricor)                  | Nivel 1               |                                                                                                       |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG                                          | (fenofibrate)               | Nivel 3               | ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS               |
| FIBRICOR ORAL TABLET 105 MG, 35 MG                                           | (fenofibric acid)           | Nivel 3               |                                                                                                       |
| gemfibrozil oral tablet 600 mg                                               | (Lopid)                     | Nivel 1               | \$                                                                                                    |
| icosapent ethyl oral capsule 0.5 gram                                        | (Vascepa)                   | Nivel 1               | \$; QL (8 EA per 1 day)                                                                               |
| icosapent ethyl oral capsule 1 gram                                          | (Vascepa)                   | Nivel 1               | \$; QL (4 EA per 1 day)                                                                               |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG                                           | (fenofibrate)               | Nivel 3               | ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS               |
| LOPID ORAL TABLET 600 MG                                                     | (gemfibrozil)               | Nivel 3               |                                                                                                       |
| LOVAZA ORAL CAPSULE 1 GRAM                                                   | (omega-3 acid ethyl esters) | Nivel 3               | ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day) |
| niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg           |                             | Nivel 1               | \$                                                                                                    |
| NIACOR ORAL TABLET 500 MG                                                    | (niacin)                    | Nivel 1               |                                                                                                       |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                    |
|----------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------|
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)              | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day) |
| TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)            | Nivel 3               |                                                                                                           |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)                            | Nivel 3               | QL (8 EA per 1 day)                                                                                       |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)                              | Nivel 3               | QL (4 EA per 1 day)                                                                                       |
| ZETIA ORAL TABLET 10 MG (ezetimibe)                                        | Nivel 3               | QL (1 EA per 1 day)                                                                                       |
| <b>Preparados De Niacina</b>                                               |                       |                                                                                                           |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                  | Nivel 1               |                                                                                                           |
| <b>Secuestradores De Sales Biliares</b>                                    |                       |                                                                                                           |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)           | Nivel 1               | \$                                                                                                        |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | Nivel 1               | \$                                                                                                        |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM                                    | Nivel 1               | \$                                                                                                        |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM                          | Nivel 1               | \$                                                                                                        |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)               | Nivel 1               | \$                                                                                                        |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                            | Nivel 1               | \$                                                                                                        |
| COLESTID ORAL GRANULES 5 GRAM (colestipol)                                 | Nivel 3               |                                                                                                           |
| COLESTID ORAL TABLET 1 GRAM (colestipol)                                   | Nivel 3               |                                                                                                           |
| <i>colestipol oral granules 5 gram</i> (Colestid)                          | Nivel 1               | \$                                                                                                        |
| <i>colestipol oral packet 5 gram</i>                                       | Nivel 1               | \$                                                                                                        |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                            | Nivel 1               | \$                                                                                                        |
| PREVALITE ORAL POWDER 4 GRAM                                               | Nivel 1               | \$                                                                                                        |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM                                     | Nivel 1               | \$                                                                                                        |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM                                          | Nivel 3               |                                                                                                           |
| QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))                  | Nivel 3               |                                                                                                           |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))        | Nivel 3               |                                                                                                           |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)                      | Nivel 3               |                                                                                                           |
| WELCHOL ORAL TABLET 625 MG (colesevelam)                                   | Nivel 3               |                                                                                                           |

| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                 |
|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------|
| <b>Enfermedad Cardiovascular - Vasodilatación</b>                                                     |                       |                                                                                                        |
| <b>Vasodilatadores, Coronario</b>                                                                     |                       |                                                                                                        |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG                                                           | Nivel 3               | ST: Must meet the following requirements:<br>Two generic sublingual Nitroglycerin products in 365 days |
| ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)                                                      | Nivel 3               |                                                                                                        |
| ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)                                             | Nivel 3               |                                                                                                        |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                                           | Nivel 1               | \$                                                                                                     |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                                               | Nivel 1               | \$                                                                                                     |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)                                       | Nivel 1               | \$                                                                                                     |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                | Nivel 1               |                                                                                                        |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | Nivel 1               | \$                                                                                                     |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)                                                    | Nivel 2               | \$                                                                                                     |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)        | Nivel 3               |                                                                                                        |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR                                                         | Nivel 2               | \$\$\$                                                                                                 |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR                                                         | Nivel 2               | \$\$\$\$                                                                                               |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | Nivel 1               | \$                                                                                                     |
| <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               | \$                                                                                                     |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | Nivel 1               | \$                                                                                                     |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)                            | Nivel 3               |                                                                                                        |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)                                   | Nivel 3               |                                                                                                        |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)                                    | Nivel 3               |                                                                                                        |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)                        | Nivel 1               | \$                                                                                                     |

| Nombre del Medicamento                                                                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------|
| <b>Vasodilatadores, Periféricos</b>                                                                                                               |                       |                                                                                                         |
| <i>ergoloid oral tablet 1 mg</i>                                                                                                                  | Nivel 1               |                                                                                                         |
| <i>papaverine injection solution 30 mg/ml</i>                                                                                                     | Nivel 1               | \$                                                                                                      |
| <b>Enfermedad De Parkinson</b>                                                                                                                    |                       |                                                                                                         |
| <b>Inhibidores De Descarboxilasa</b>                                                                                                              |                       |                                                                                                         |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)                                                                                                      | Nivel 1               | \$                                                                                                      |
| LODOSYN ORAL TABLET 25 MG (carbidopa)                                                                                                             | Nivel 3               |                                                                                                         |
| <b>Medicamentos Antiparkinson, Anticolinérgicos</b>                                                                                               |                       |                                                                                                         |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                 | Nivel 1               | \$                                                                                                      |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                                                                      | Nivel 1               | \$                                                                                                      |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                                                                     | Nivel 1               |                                                                                                         |
| <b>Medicamentos Antiparkinson, Otros</b>                                                                                                          |                       |                                                                                                         |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | Nivel 1               | \$                                                                                                      |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                                                                                    | Nivel 1               | \$                                                                                                      |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | Nivel 1               | \$                                                                                                      |
| APOKYN SUBCUTANEOUS (apomorphine) CARTRIDGE 10 MG/ML                                                                                              | Nivel 4               | PA; \$\$\$\$\$                                                                                          |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)                                                                                       | Nivel 4               | PA                                                                                                      |
| AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)                                                                                                     | Nivel 3               | QL (1 EA per 1 day)                                                                                     |
| <i>bromocriptine oral capsule 5 mg</i>                                                                                                            | Nivel 1               | \$                                                                                                      |
| <i>bromocriptine oral tablet 2.5 mg</i>                                                                                                           | Nivel 1               |                                                                                                         |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)                                                                                         | Nivel 1               | \$                                                                                                      |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)                                                                                           | Nivel 1               | \$                                                                                                      |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>                                                                                                   | Nivel 1               | \$                                                                                                      |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | Nivel 1               | \$                                                                                                      |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                             | Nivel 1               | \$                                                                                                      |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Nivel 1               | \$                                                                                                      |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG                                                                                          | Nivel 3               | ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day) |



| Nombre del Medicamento                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG                                   | Nivel 3               | ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)                                        |
| CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG                                     | Nivel 3               | ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)                                         |
| CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG                                   | Nivel 3               | ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)                                         |
| DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)                                           | Nivel 3               |                                                                                                                                                 |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML                                      | Nivel 4               | PA                                                                                                                                              |
| entacapone oral tablet 200 mg                                                              | Nivel 1               | \$                                                                                                                                              |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG                                 | Nivel 4               | PA                                                                                                                                              |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG                                      | Nivel 4               | PA; \$\$\$\$                                                                                                                                    |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole) | Nivel 3               | ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 4 MG/24 HOUR                  | Nivel 2               | \$\$; ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)                         |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 3 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                  | Nivel 2               | \$\$\$; ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)                       |
| NOURIANZ ORAL TABLET 20 MG                                                                 | Nivel 4               | PA; \$\$\$\$                                                                                                                                    |
| NOURIANZ ORAL TABLET 40 MG                                                                 | Nivel 4               | PA; \$\$\$                                                                                                                                      |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML                                                   | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                  |



| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                 |
|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                                                                    | Nivel 3               | PA                                                                                                                                                     |
| 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                                                                                                                                                     |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                       | Nivel 1               | \$                                                                                                                                                     |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>                       | Nivel 1               | \$; ST: Must meet any of the following requirements:<br>Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day) |
| <i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER)     | Nivel 1               | \$; ST: Must meet any of the following requirements:<br>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               | \$; 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               | \$                                                                                                                                                     |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                    | Nivel 1               | \$; ST: Must meet any of the following requirements:<br>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               | ST: Must meet the following requirement:<br>generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)                                            |
| <i>selegiline hcl oral capsule 5 mg</i>                                                               | Nivel 1               | \$                                                                                                                                                     |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                | Nivel 1               |                                                                                                                                                        |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)                                         | Nivel 3               |                                                                                                                                                        |
| TASMAR ORAL TABLET 100 MG (tolcapone)                                                                 | Nivel 3               | ST: Must meet the following requirement:<br>Entacapone in 120 days; QL (3 EA per 1 day)                                                                |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar)                                                          | Nivel 1               | \$\$\$\$\$; ST: Must meet the following requirement:<br>Entacapone in 120 days; QL (3 EA per 1 day)                                                    |

| Nombre del Medicamento                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                    |
|------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML                               | Nivel 4               | PA                                                                                                                                                        |
| XADAGO ORAL TABLET 100 MG, 50 MG                                                         | Nivel 3               | \$\$\$; ST: Must meet the following requirements: Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG                                               | Nivel 3               | \$\$\$; ST: Must meet the following requirement: generic Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)                                  |
| <b>Enfermedad Infecciosa - Bacteriana</b>                                                |                       |                                                                                                                                                           |
| REBYOTA RECTAL ENEMA 150 ML                                                              | Nivel 4               | PA                                                                                                                                                        |
| VOWST ORAL CAPSULE                                                                       | Nivel 4               | PA                                                                                                                                                        |
| XENLETA ORAL TABLET 600 MG                                                               | Nivel 3               | PA                                                                                                                                                        |
| <b>Betalactaminas</b>                                                                    |                       |                                                                                                                                                           |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                    | Nivel 4               | PA                                                                                                                                                        |
| <b>Carbapenemas (Tienamicinas)</b>                                                       |                       |                                                                                                                                                           |
| ORLYNVAH ORAL TABLET 500-500 MG                                                          | Nivel 3               | PA; QL (2 EA per 1 day)                                                                                                                                   |
| <b>Cefalosporinas - 1Era Generación</b>                                                  |                       |                                                                                                                                                           |
| <i>cefadroxil oral capsule 500 mg</i>                                                    | Nivel 1               | \$                                                                                                                                                        |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | Nivel 1               | \$                                                                                                                                                        |
| <i>cefadroxil oral tablet 1 gram</i>                                                     | Nivel 1               |                                                                                                                                                           |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                            | Nivel 1               | \$                                                                                                                                                        |
| <i>cephalexin oral capsule 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               |                                                                                                                                                           |
| <b>Cefalosporinas - 2Da Generación</b>                                                   |                       |                                                                                                                                                           |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                              | Nivel 1               |                                                                                                                                                           |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Nivel 1               |                                                                                                                                                           |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | Nivel 1               |                                                                                                                                                           |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Nivel 1               | \$                                                                                                                                                        |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                              | Nivel 1               | \$                                                                                                                                                        |

| Nombre del Medicamento                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                         | Nivel 1               | \$                                                     |
| <b>Cefalosporinas - 3Ra Generación</b>                                                      |                       |                                                        |
| <i>cefdinir oral capsule 300 mg</i>                                                         | Nivel 1               | \$                                                     |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml</i>                              | Nivel 1               |                                                        |
| <i>cefdinir oral suspension for reconstitution 250 mg/5 ml</i>                              | Nivel 1               | \$                                                     |
| <i>cefixime oral capsule 400 mg</i>                                                         | Nivel 1               |                                                        |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>                 | Nivel 1               | \$                                                     |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>               | Nivel 1               | \$                                                     |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                               | Nivel 1               | \$                                                     |
| SPECTRACEF ORAL TABLET 400 MG                                                               | Nivel 3               |                                                        |
| SUPRAX ORAL CAPSULE 400 MG (cefixime)                                                       | Nivel 3               |                                                        |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)                            | Nivel 3               |                                                        |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                                       | Nivel 2               |                                                        |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG                                                  | Nivel 2               |                                                        |
| <b>Derivados De Nitrofuranos</b>                                                            |                       |                                                        |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)                                      | Nivel 3               | PA                                                     |
| MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd/m-cryst)                               | Nivel 3               |                                                        |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                               | Nivel 1               | \$                                                     |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                                       | Nivel 1               | QL (4 EA per 1 day)                                    |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)                        | Nivel 1               | \$                                                     |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)                               | Nivel 1               | PA; \$                                                 |
| <i>nitrofurantoin oral suspension 50 mg/5 ml</i>                                            | Nivel 1               | \$\$\$\$                                               |
| <b>Macrólidos</b>                                                                           |                       |                                                        |
| <i>azithromycin oral packet 1 gram</i>                                                      | Nivel 1               |                                                        |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | Nivel 1               | \$                                                     |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                                  | Nivel 1               | \$                                                     |
| <i>azithromycin oral tablet 600 mg</i>                                                      | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                            |                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------------|-------------------------------|-----------------------|--------------------------------------------------------|
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> |                               | Nivel 1               |                                                        |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                  |                               | Nivel 1               |                                                        |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                   |                               | Nivel 1               |                                                        |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                               |                               | Nivel 2               | QL (10 ML per 1 day)                                   |
| DIFICID ORAL TABLET 200 MG                                                        | (fidaxomicin)                 | Nivel 3               | QL (20 EA per 10 days)                                 |
| E.E.S. 400 ORAL TABLET 400 MG                                                     | (erythromycin ethylsuccinate) | Nivel 1               | \$                                                     |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML                         | (erythromycin ethylsuccinate) | Nivel 3               |                                                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG                       | (erythromycin)                | Nivel 1               |                                                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG                               | (erythromycin)                | Nivel 3               |                                                        |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG                                       | (erythromycin stearate)       | Nivel 1               |                                                        |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | (E.E.S. Granules)             | Nivel 1               |                                                        |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> | (EryPed 400)                  | Nivel 1               |                                                        |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                             | (E.E.S. 400)                  | Nivel 1               |                                                        |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>                   |                               | Nivel 1               |                                                        |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                    |                               | Nivel 1               | \$                                                     |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>   | (Ery-Tab)                     | Nivel 1               | \$                                                     |
| <i>fidaxomicin oral tablet 200 mg</i>                                             | (Dificid)                     | Nivel 1               | QL (20 EA per 10 days)                                 |
| ZITHROMAX ORAL PACKET 1 GRAM                                                      | (azithromycin)                | Nivel 3               |                                                        |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML             | (azithromycin)                | Nivel 3               |                                                        |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                                              | (azithromycin)                | Nivel 3               |                                                        |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG                                              | (azithromycin)                | Nivel 3               |                                                        |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG                                                | (azithromycin)                | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                        |
|-----------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Oxazolidinonas</b>                                                                                     |                       |                                                                                                                               |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                                   | Nivel 1               | \$\$                                                                                                                          |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)                                                               | Nivel 1               | \$                                                                                                                            |
| SIVEXTRO ORAL TABLET 200 MG                                                                               | Nivel 2               | PA                                                                                                                            |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)                                          | Nivel 3               |                                                                                                                               |
| ZYVOX ORAL TABLET 600 MG (linezolid)                                                                      | Nivel 3               |                                                                                                                               |
| <b>Penicilinas</b>                                                                                        |                       |                                                                                                                               |
| <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               |                                                                                                                               |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)        | Nivel 3               |                                                                                                                               |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML                                            | Nivel 3               | \$\$\$; ST: Must meet the following requirement: generic Augmentin of different strength in 120 days; QL (150 ML per 30 days) |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin-pot clavulanate)               | Nivel 3               |                                                                                                                               |

| Nombre del Medicamento                                                 |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| AUGMENTIN ORAL TABLET 500-125 MG                                       | (amoxicillin-pot clavulanate)    | Nivel 3               |                                                        |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG          | (amoxicillin-pot clavulanate)    | Nivel 3               |                                                        |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                       |                                  | Nivel 1               |                                                        |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG                        | (amoxicillin)                    | Nivel 3               |                                                        |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> |                                  | Nivel 1               |                                                        |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>               |                                  | Nivel 1               | \$                                                     |
| <b>Quimioterapéuticos, Antibacterianos, Varios</b>                     |                                  |                       |                                                        |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                      |                                  | Nivel 1               |                                                        |
| <i>methenamine hippurate oral tablet 1 gram</i>                        |                                  | Nivel 1               | \$                                                     |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>              |                                  | Nivel 1               | \$                                                     |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>    | (Urogesic-Blue)                  | Nivel 1               |                                                        |
| MONUROL ORAL PACKET 3 GRAM                                             | (fosfomycin tromethamine)        | Nivel 3               |                                                        |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML                                       |                                  | Nivel 2               |                                                        |
| <i>trimethoprim oral tablet 100 mg</i>                                 |                                  | Nivel 1               |                                                        |
| URELLE ORAL TABLET 81-10.8-40.8 MG                                     |                                  | Nivel 3               | \$\$                                                   |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG                              |                                  | Nivel 2               | \$                                                     |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG                              |                                  | Nivel 3               | \$                                                     |
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG                                 |                                  | Nivel 3               | \$                                                     |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG                                  |                                  | Nivel 3               |                                                        |
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG                                   |                                  | Nivel 3               |                                                        |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG                            | (methen-sod phos-meth blue-hyos) | Nivel 1               | \$                                                     |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG                                  |                                  | Nivel 1               |                                                        |
| URO-SP ORAL CAPSULE 118-10-40.8-36 MG                                  |                                  | Nivel 3               |                                                        |

| Nombre del Medicamento                                                           |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                     |
|----------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------|
| URYL ORAL TABLET 81.6-40.8-0.12 MG                                               | (methen-sod phos-meth blue-hyos) | Nivel 3               |                                                                                                                            |
| <b>Quinolonas</b>                                                                |                                  |                       |                                                                                                                            |
| BAXDELA ORAL TABLET 450 MG                                                       |                                  | Nivel 3               | PA                                                                                                                         |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML                | (ciprofloxacin)                  | Nivel 2               | \$                                                                                                                         |
| CIPRO ORAL TABLET 250 MG, 500 MG                                                 | (ciprofloxacin hcl)              | Nivel 3               | \$                                                                                                                         |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>                                      |                                  | Nivel 1               |                                                                                                                            |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>                              | (Cipro)                          | Nivel 1               | \$                                                                                                                         |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>                                      |                                  | Nivel 1               | \$                                                                                                                         |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | (Cipro)                          | Nivel 1               |                                                                                                                            |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                   |                                  | Nivel 1               |                                                                                                                            |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                           |                                  | Nivel 1               | \$                                                                                                                         |
| <i>moxifloxacin oral tablet 400 mg</i>                                           |                                  | Nivel 1               |                                                                                                                            |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                      |                                  | Nivel 1               |                                                                                                                            |
| <b>Sulfonamidas Absorbibles</b>                                                  |                                  |                       |                                                                                                                            |
| BACTRIM DS ORAL TABLET 800-160 MG                                                | (sulfamethoxazole-trimethoprim)  | Nivel 3               | \$                                                                                                                         |
| BACTRIM ORAL TABLET 400-80 MG                                                    | (sulfamethoxazole-trimethoprim)  | Nivel 3               |                                                                                                                            |
| <i>sulfadiazine oral tablet 500 mg</i>                                           |                                  | 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               | \$                                                                                                                         |
| <b>Tetraciclinas</b>                                                             |                                  |                       |                                                                                                                            |
| 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) |
| AVIDOXY ORAL TABLET 100 MG                                                       | (doxycycline monohydrate)        | Nivel 3               | QL (2 EA per 1 day)                                                                                                        |

| Nombre del Medicamento                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                  |
|------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)                                              |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                       | Nivel 1               | \$                                                                                                                                                                      |
| DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG                   | Nivel 3               | ST: Must meet any of the following requirements: Doxycycline Monohydrate/Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)                     |
| 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</i>                         | Nivel 1               | \$. QL (2 EA per 1 day)                                                                                                                                                 |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)               | Nivel 1               | \$. QL (2 EA per 1 day)                                                                                                                                                 |
| <i>doxycycline hyclate oral tablet 100 mg</i>                          | Nivel 1               | \$                                                                                                                                                                      |
| <i>doxycycline hyclate oral tablet 150 mg</i>                          | Nivel 1               | \$. ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)                                             |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)                | Nivel 1               | ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day) |



| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                     |
|--------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline hyclate oral tablet 75 mg</i>                                   | Nivel 1               | \$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                 |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>         | Nivel 1               | \$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)                         |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>         | Nivel 1               | \$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)                                                |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx) | Nivel 1               | \$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)                         |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 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 (dr/ec) 75 mg</i>          | Nivel 1               | \$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                 |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 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> (Mondoxylene NL)            | Nivel 1               |                                                                                                                                                                            |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                             | Nivel 1               | QL (2 EA per 1 day)                                                                                                                                                        |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                              | Nivel 1               |                                                                                                                                                                            |

| Nombre del Medicamento                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                  |
|--------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline monohydrate oral capsule</i> (Mondoxylene NL)<br>75 mg                            | 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</i> 40 mg (Oracea)                | Nivel 1               | PA; \$\$                                                                                                                                |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml                     | Nivel 1               |                                                                                                                                         |
| <i>doxycycline monohydrate oral tablet</i> 100 mg (Avidoxy)                                      | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                                 |
| <i>doxycycline monohydrate oral tablet</i> 150 mg                                                | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                                 |
| <i>doxycycline monohydrate oral tablet</i> 50 mg, 75 mg                                          | Nivel 1               | \$                                                                                                                                      |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG                                                 | Nivel 3               | PA                                                                                                                                      |
| <i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg                                             | Nivel 1               | \$                                                                                                                                      |
| <i>minocycline oral capsule,extended release</i> 24hr 135 mg, 45 mg, 90 mg (Ximino)              | Nivel 1               | ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                    |
| <i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg                                              | Nivel 1               | \$                                                                                                                                      |
| <i>minocycline oral tablet extended release</i> 24 hr 105 mg, 115 mg, 45 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, 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 MG (doxycycline monohydrate)                                       | Nivel 1               |                                                                                                                                         |
| MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)                                        | Nivel 1               | ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                  |

| Nombre del Medicamento                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                  |
|------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGIDOX 1X 50 KIT 50 MG                                                     | Nivel 3               | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| MORGIDOX 1X100 KIT 100 MG                                                    | Nivel 3               | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| MORGIDOX 2X100 KIT 100 MG                                                    | Nivel 3               | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)                            | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                                     |
| NUZYRA ORAL TABLET 150 MG                                                    | Nivel 3               | PA                                                                                                                                                                      |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)   | Nivel 3               | PA; \$\$                                                                                                                                                                |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG                                    | Nivel 3               | \$\$; ST: Must meet any of the following requirements: generic Doxycycline or Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)                        |
| TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)                             | Nivel 3               | ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day) |
| tetracycline oral capsule 250 mg, 500 mg                                     | Nivel 1               | \$                                                                                                                                                                      |
| tetracycline oral tablet 250 mg, 500 mg                                      | Nivel 1               |                                                                                                                                                                         |
| XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline) | Nivel 3               | ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                                                    |
| <b>Enfermedad Infecciosa - Fungosa</b>                                       |                       |                                                                                                                                                                         |
| <b>Agentes Antifúngicos</b>                                                  |                       |                                                                                                                                                                         |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)                            | Nivel 3               |                                                                                                                                                                         |

| Nombre del Medicamento                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>clotrimazole mucous membrane troche 10 mg</i>                                      | Nivel 1               | \$                                                     |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                                 | Nivel 3               | PA; \$\$\$\$\$                                         |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)                    | Nivel 3               | \$                                                     |
| DIFLUCAN ORAL TABLET 100 MG (fluconazole)                                             | Nivel 3               | \$                                                     |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>                        | Nivel 1               | \$                                                     |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)             | Nivel 1               | \$                                                     |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                          | Nivel 1               | \$                                                     |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                              | Nivel 1               | \$\$                                                   |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                    | Nivel 1               | \$                                                     |
| <i>itraconazole oral solution 10 mg/ml</i>                                            | Nivel 1               | \$                                                     |
| <i>ketoconazole oral tablet 200 mg</i>                                                | Nivel 1               | \$                                                     |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG                                   | Nivel 3               | PA                                                     |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)                         | Nivel 3               | PA                                                     |
| NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)                    | Nivel 3               | PA                                                     |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG                                       | Nivel 3               |                                                        |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)                  | Nivel 1               | PA; \$\$\$                                             |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>                       | Nivel 1               | PA; \$                                                 |
| SPORANOX ORAL CAPSULE 100 MG (itraconazole)                                           | Nivel 3               | \$                                                     |
| SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)                                        | Nivel 3               |                                                        |
| <i>terbinafine hcl oral tablet 250 mg</i>                                             | Nivel 1               | \$                                                     |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG                                          | Nivel 3               | PA                                                     |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)        | Nivel 3               |                                                        |
| VFEND ORAL TABLET 50 MG (voriconazole)                                                | Nivel 3               | \$                                                     |
| VIVJOA ORAL CAPSULE 150 MG                                                            | Nivel 3               | PA                                                     |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | Nivel 1               | \$\$                                                   |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                         | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antibióticos Antifúngicos</b>                                                          |                       |                                                        |
| BREXAFEMME ORAL TABLET 150 MG                                                             | Nivel 3               | PA                                                     |
| FULVICIN P/G ORAL TABLET 165 MG (griseofulvin ultramicrosize)                             | 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>griseofulvin ultramicrosize oral tablet 165 mg</i>                                     | Nivel 1               |                                                        |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                           | Nivel 1               | \$                                                     |
| <i>nystatin oral tablet 500,000 unit</i>                                                  | Nivel 1               | \$                                                     |
| <b>Enfermedad Infecciosa - Miscelánea</b>                                                 |                       |                                                        |
| <b>Agentes Antibacterianos, Misceláneos</b>                                               |                       |                                                        |
| GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)                    | Nivel 3               |                                                        |
| <i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)             | Nivel 1               |                                                        |
| <b>Agentes Antimycobacterium</b>                                                          |                       |                                                        |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                              | Nivel 1               | \$                                                     |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                                 | Nivel 1               | \$                                                     |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                               | Nivel 1               | \$                                                     |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                                          | Nivel 3               |                                                        |
| <i>pyrazinamide oral tablet 500 mg</i>                                                    | Nivel 1               | \$\$                                                   |
| <i>rifabutin oral capsule 150 mg</i>                                                      | Nivel 1               | \$                                                     |
| TRECTOR ORAL TABLET 250 MG                                                                | Nivel 3               |                                                        |
| <b>Aminoglicósidos</b>                                                                    |                       |                                                        |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                             | Nivel 4               | PA                                                     |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)  | Nivel 4               | PA; \$\$\$\$                                           |
| <i>neomycin oral tablet 500 mg</i>                                                        | Nivel 1               |                                                        |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)        | Nivel 4               | PA                                                     |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                               | Nivel 4               | PA; \$\$\$\$\$                                         |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | Nivel 4               | PA; \$\$                                               |

| Nombre del Medicamento                                                            |                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------------------|
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                | (Bethkis)                   | Nivel 4               | PA                                                     |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> | (Kitabis Pak)               | Nivel 4               | PA; \$\$                                               |
| <b>Antibióticos Antituberculosos</b>                                              |                             |                       |                                                        |
| <i>cycloserine oral capsule 250 mg</i>                                            |                             | Nivel 1               | \$\$\$\$                                               |
| <i>pretomanid oral tablet 200 mg</i>                                              |                             | Nivel 3               | \$\$; QL (1 EA per 1 day)                              |
| PRIFTIN ORAL TABLET 150 MG                                                        |                             | Nivel 3               |                                                        |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                       |                             | Nivel 1               | \$                                                     |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                 |                             | Nivel 4               | PA                                                     |
| <b>Antilepróticos</b>                                                             |                             |                       |                                                        |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                          |                             | Nivel 1               | \$                                                     |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                               |                             | Nivel 4               | PA                                                     |
| <b>Lincosamidas</b>                                                               |                             |                       |                                                        |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG                                    | (clindamycin hcl)           | Nivel 3               |                                                        |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML                                      | (clindamycin palmitate hcl) | Nivel 3               |                                                        |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                         | (Cleocin HCl)               | Nivel 1               | \$                                                     |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>                       | (Clindamycin Pediatric)     | Nivel 1               | \$                                                     |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML                                  | (clindamycin palmitate hcl) | Nivel 1               | \$                                                     |
| <b>Rifamicinas Y Antibióticos Derivados Relacionados</b>                          |                             |                       |                                                        |
| XIFAXAN ORAL TABLET 200 MG                                                        |                             | Nivel 3               | PA                                                     |
| XIFAXAN ORAL TABLET 550 MG                                                        |                             | Nivel 2               | PA                                                     |
| <b>Vancomicina Y Derivados</b>                                                    |                             |                       |                                                        |
| FIRVANQ ORAL RECON SOLN 25 MG/ML                                                  | (vancomycin)                | Nivel 3               | QL (300 ML per 1 FILL)                                 |
| FIRVANQ ORAL RECON SOLN 50 MG/ML                                                  | (vancomycin)                | Nivel 3               | QL (600 ML per 1 FILL)                                 |
| VANCOCIN ORAL CAPSULE 125 MG                                                      | (vancomycin)                | Nivel 3               | QL (56 EA per 1 FILL)                                  |
| VANCOCIN ORAL CAPSULE 250 MG                                                      | (vancomycin)                | Nivel 3               | QL (112 EA per 1 FILL)                                 |
| <i>vancomycin oral capsule 125 mg</i>                                             | (Vancocin)                  | Nivel 1               | \$; QL (56 EA per 1 FILL)                              |
| <i>vancomycin oral capsule 250 mg</i>                                             | (Vancocin)                  | Nivel 1               | \$; QL (112 EA per 1 FILL)                             |
| <i>vancomycin oral recon soln 25 mg/ml</i>                                        | (Firvanq)                   | Nivel 1               | QL (300 ML per 1 FILL)                                 |
| <i>vancomycin oral recon soln 50 mg/ml</i>                                        | (Firvanq)                   | Nivel 1               | QL (600 ML per 1 FILL)                                 |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                     |
|-------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Enfermedad Infecciosa - Parasitaria</b>                              |                       |                                                                                                                                                                                            |
| <b>2Da Gen. Anaeróbico Antiprotozoario-Antibacterial</b>                |                       |                                                                                                                                                                                            |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM                      | Nivel 3               | \$; ST: Must meet 2 of the following requirements: Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (1 EA per 30 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                            | Nivel 1               | \$                                                                                                                                                                                         |
| <b>Agentes Anaeróbicos Antiprotozoario-Antibacterianos</b>              |                       |                                                                                                                                                                                            |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML                                      | Nivel 3               | PA                                                                                                                                                                                         |
| <i>metronidazole oral capsule 375 mg</i>                                | Nivel 1               |                                                                                                                                                                                            |
| <i>metronidazole oral tablet 125 mg</i>                                 | Nivel 1               |                                                                                                                                                                                            |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                         | Nivel 1               | \$                                                                                                                                                                                         |
| <b>Antihelmínticos</b>                                                  |                       |                                                                                                                                                                                            |
| <i>albendazole oral tablet 200 mg</i>                                   | Nivel 1               | \$                                                                                                                                                                                         |
| BILTRICIDE ORAL TABLET 600 MG (praziquantel)                            | Nivel 3               |                                                                                                                                                                                            |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)                        | Nivel 2               | PA                                                                                                                                                                                         |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                         | Nivel 1               | \$                                                                                                                                                                                         |
| <i>ivermectin oral tablet 6 mg</i>                                      | Nivel 1               |                                                                                                                                                                                            |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)                     | Nivel 1               | \$\$                                                                                                                                                                                       |
| STROMECTOL ORAL TABLET 3 MG (ivermectin)                                | Nivel 3               |                                                                                                                                                                                            |
| <b>Antiparasitarios</b>                                                 |                       |                                                                                                                                                                                            |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                   | Nivel 3               | QL (50 ML per 1 day)                                                                                                                                                                       |
| ALINIA ORAL TABLET 500 MG (nitazoxanide)                                | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                                                        |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                         | Nivel 1               | QL (2 EA per 1 day)                                                                                                                                                                        |
| <b>Mediamcentos Antipalúdicos</b>                                       |                       |                                                                                                                                                                                            |
| ARAKODA ORAL TABLET 100 MG                                              | Nivel 3               |                                                                                                                                                                                            |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           | Nivel 1               | \$                                                                                                                                                                                         |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | Nivel 1               | \$                                                                                                                                                                                         |
| <i>chloroquine phosphate oral tablet 250 mg</i>                         | Nivel 1               | \$; QL (36 EA per 16 days)                                                                                                                                                                 |
| <i>chloroquine phosphate oral tablet 500 mg</i>                         | Nivel 1               | \$; QL (18 EA per 16 days)                                                                                                                                                                 |



| Nombre del Medicamento                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| COARTEM ORAL TABLET 20-120 MG                                                    | Nivel 3               |                                                        |
| DARAPRIM ORAL TABLET 25 MG (pyrimethamine)                                       | Nivel 4               | PA                                                     |
| hydroxychloroquine oral tablet 100 mg                                            | Nivel 1               | \$; QL (180 EA per 30 days)                            |
| hydroxychloroquine oral tablet 200 mg (Sovuna)                                   | Nivel 1               | \$; QL (100 EA per 30 days)                            |
| hydroxychloroquine oral tablet 300 mg (Sovuna)                                   | Nivel 1               | \$; QL (60 EA per 30 days)                             |
| hydroxychloroquine oral tablet 400 mg                                            | Nivel 1               | \$; QL (60 EA per 30 days)                             |
| KRINTAFEL ORAL TABLET 150 MG                                                     | Nivel 2               | QL (2 EA per 1 FILL)                                   |
| MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)                           | Nivel 3               | \$                                                     |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)                 | Nivel 3               | \$                                                     |
| mefloquine oral tablet 250 mg                                                    | Nivel 1               |                                                        |
| PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)                                | Nivel 3               | QL (100 EA per 30 days)                                |
| primaquine oral tablet 26.3 mg (15 mg base)                                      | Nivel 2               | \$                                                     |
| pyrimethamine oral tablet 25 mg (Daraprim)                                       | Nivel 4               | PA; \$\$\$\$\$                                         |
| QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)                                  | Nivel 3               |                                                        |
| quinine sulfate oral capsule 324 mg (Qualaquin)                                  | Nivel 1               | \$                                                     |
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)                                   | Nivel 2               | QL (100 EA per 30 days)                                |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)                                   | Nivel 3               | QL (60 EA per 30 days)                                 |
| <b>Medicamentos Antiprotozoarios, Misceláneos</b>                                |                       |                                                        |
| atovaquone oral suspension 750 mg/5 ml (Mepron)                                  | Nivel 1               | \$                                                     |
| benznidazole oral tablet 100 mg, 12.5 mg                                         | Nivel 1               |                                                        |
| IMPAVIDO ORAL CAPSULE 50 MG                                                      | Nivel 2               | PA                                                     |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                                 | Nivel 3               |                                                        |
| MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)                                  | Nivel 3               |                                                        |
| NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)                              | Nivel 3               |                                                        |
| pentamidine inhalation recon soln 300 mg (Nebupent)                              | Nivel 1               | \$                                                     |
| <b>Enfermedad Infecciosa - Viral</b>                                             |                       |                                                        |
| DOVATO ORAL TABLET 50-300 MG                                                     | Nivel 2               | \$\$\$\$\$                                             |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                               | Nivel 1               | QL (40 EA per 29 days); Age (Min 18 Years)             |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5) | Nivel 2               | QL (20 EA per 28 days); Age (Min 12 Years)             |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG                       | Nivel 2               | QL (30 EA per 28 days); Age (Min 12 Years)             |



| Nombre del Medicamento                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG                 | Nivel 2               | PA; \$\$\$\$\$                                         |
| SUNLENCA ORAL TABLET 300 MG                                       | Nivel 2               | PA                                                     |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                          | Nivel 2               | PA                                                     |
| YEZTUGO ORAL TABLET 300 MG                                        | Nivel 2               | PA                                                     |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML                           | Nivel 2               | PA                                                     |
| <b>Agentes De Tratamiento De Hepatitis B</b>                      |                       |                                                        |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)                       | Nivel 4               | \$\$; QL (1 EA per 1 day)                              |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                | Nivel 4               | \$\$; QL (630 ML per 30 days)                          |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)                    | Nivel 4               | \$\$\$\$; QL (1 EA per 1 day)                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)             | Nivel 4               | \$; QL (1 EA per 1 day)                                |
| HEPSERA ORAL TABLET 10 MG (adefovir)                              | Nivel 4               | QL (1 EA per 1 day)                                    |
| <i>lamivudine oral tablet 100 mg</i>                              | Nivel 1               | \$\$; QL (1 EA per 1 day)                              |
| VEMLIDY ORAL TABLET 25 MG                                         | Nivel 4               | QL (1 EA per 1 day)                                    |
| <b>Agentes De Tratamiento De Hepatitis C</b>                      |                       |                                                        |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                          | Nivel 4               | PA; \$\$\$\$\$                                         |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                       | Nivel 4               | PA                                                     |
| <i>ribavirin oral capsule 200 mg</i>                              | Nivel 1               |                                                        |
| <i>ribavirin oral tablet 200 mg</i>                               | Nivel 1               |                                                        |
| <b>Anticuerpos Antivirales Monoclonales</b>                       |                       |                                                        |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML                         | Nivel 3               |                                                        |
| BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML                      | Nivel 3               | \$\$                                                   |
| <b>Antiretrovirales-Inhibidor De Integrasa Y Comb. Nnrti</b>      |                       |                                                        |
| JULUCA ORAL TABLET 50-25 MG                                       | Nivel 2               | \$\$\$\$\$                                             |
| <b>Antiretrovirales-Nucleósido, Nucleótido, Proteasa, Inh.</b>    |                       |                                                        |
| SYMITUZA ORAL TABLET 800-150-200-10 MG                            | Nivel 2               |                                                        |
| <b>Antivirales, Específicos Para Vih, Inhibidores De Proteasa</b> |                       |                                                        |
| <i>atazanavir oral capsule 150 mg</i>                             | Nivel 1               | \$                                                     |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)           | Nivel 1               | \$                                                     |
| EVOTAZ ORAL TABLET 300-150 MG                                     | Nivel 2               | \$\$\$                                                 |
| <i>fosamprenavir oral tablet 700 mg</i>                           | Nivel 1               | \$\$                                                   |
| NORVIR ORAL CAPSULE 100 MG                                        | Nivel 2               |                                                        |

| Nombre del Medicamento                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                |
|--------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------|
| NORVIR ORAL POWDER IN PACKET 100 MG                                | Nivel 2               |                                                                       |
| NORVIR ORAL TABLET 100 MG (ritonavir)                              | Nivel 3               |                                                                       |
| REYATAZ ORAL CAPSULE 200 MG (atazanavir)                           | Nivel 3               | \$\$\$                                                                |
| REYATAZ ORAL CAPSULE 300 MG (atazanavir)                           | Nivel 3               |                                                                       |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                | Nivel 2               |                                                                       |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                       | Nivel 1               | \$                                                                    |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                | Nivel 2               |                                                                       |
| <b>Antivirales, Específicos Para Vih, No Nucleósido, Rti</b>       |                       |                                                                       |
| EDURANT ORAL TABLET 25 MG                                          | Nivel 2               |                                                                       |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG                      | Nivel 2               |                                                                       |
| <i>efavirenz oral tablet 600 mg</i>                                | Nivel 1               | \$                                                                    |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)           | Nivel 1               | \$\$                                                                  |
| INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)                  | Nivel 3               |                                                                       |
| INTELENCE ORAL TABLET 25 MG                                        | Nivel 2               |                                                                       |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                       | Nivel 1               |                                                                       |
| <i>nevirapine oral tablet 200 mg</i>                               | Nivel 1               | \$                                                                    |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>        | Nivel 1               |                                                                       |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>        | Nivel 1               | \$                                                                    |
| PIFELTRO ORAL TABLET 100 MG                                        | Nivel 3               |                                                                       |
| <b>Antivirales, Específicos Para Vih, Nucleósido Análogos, Rti</b> |                       |                                                                       |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                    | Nivel 1               | \$                                                                    |
| <i>abacavir oral tablet 300 mg</i>                                 | Nivel 1               | \$                                                                    |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)                 | Nivel 5               | \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)                        | Nivel 3               |                                                                       |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                     | Nivel 2               |                                                                       |
| EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)                         | Nivel 3               |                                                                       |
| EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)                     | Nivel 3               |                                                                       |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                  | Nivel 1               | \$                                                                    |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)              | Nivel 1               | \$                                                                    |
| RETROVIR ORAL CAPSULE 100 MG (zidovudine)                          | Nivel 3               |                                                                       |
| RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)                          | Nivel 3               | \$                                                                    |

| Nombre del Medicamento                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>stavudine oral capsule 15 mg, 20 mg</i>                              | Nivel 1               |                                                        |
| ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)                                | Nivel 3               |                                                        |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                        | Nivel 1               |                                                        |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                        | Nivel 1               |                                                        |
| <i>zidovudine oral tablet 300 mg</i>                                    | Nivel 1               | \$                                                     |
| <b>Antivirales, General</b>                                             |                       |                                                        |
| <i>acyclovir oral capsule 200 mg</i>                                    | Nivel 1               | \$                                                     |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                  | Nivel 1               | \$                                                     |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                             | Nivel 1               | \$                                                     |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                   | Nivel 1               | \$                                                     |
| LIVTENCITY ORAL TABLET 200 MG                                           | Nivel 4               | PA                                                     |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                         | Nivel 1               | \$; QL (40 EA per 180 days)                            |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)                  | Nivel 1               | \$; QL (20 EA per 180 days)                            |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | Nivel 1               | \$; QL (360 ML per 180 days)                           |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                           | Nivel 3               | PA                                                     |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | Nivel 3               | PA                                                     |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | Nivel 3               | QL (40 EA per 180 days)                                |
| <i>ribavirin inhalation recon soln 6 gram</i>                           | Nivel 1               |                                                        |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | Nivel 1               | \$                                                     |
| TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)                                | Nivel 3               | QL (40 EA per 180 days)                                |
| TAMIFLU ORAL CAPSULE 45 MG (oseltamivir)                                | Nivel 3               | QL (20 EA per 180 days)                                |
| TAMIFLU ORAL CAPSULE 75 MG (oseltamivir)                                | Nivel 3               | \$; QL (20 EA per 180 days)                            |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)        | Nivel 3               | QL (360 ML per 180 days)                               |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                        | Nivel 2               |                                                        |
| TEMBEXA ORAL TABLET 100 MG                                              | Nivel 2               |                                                        |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG                          | Nivel 2               |                                                        |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)                | Nivel 1               | \$                                                     |
| VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)                       | Nivel 3               |                                                        |
| VALCYTE ORAL TABLET 450 MG (valganciclovir)                             | Nivel 3               |                                                        |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)                | Nivel 1               | \$\$                                                   |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)                      | Nivel 1               | \$                                                     |
| VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)                       | Nivel 3               | \$\$                                                   |

| Nombre del Medicamento                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                    |
|-------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------|
| VIRAZOLE INHALATION RECON SOLN (ribavirin)<br>6 GRAM              | Nivel 3               |                                                                           |
| XOFLUZA ORAL TABLET 40 MG                                         | Nivel 2               | \$; QL (4 EA per 180 days)                                                |
| XOFLUZA ORAL TABLET 80 MG                                         | Nivel 2               | \$; QL (2 EA per 180 days)                                                |
| ZOVIRAX ORAL SUSPENSION 200 (acyclovir)<br>MG/5 ML                | Nivel 3               |                                                                           |
| <b>Antivirales, Específico-Vih, Ccr5 Antag. Co-Receptor</b>       |                       |                                                                           |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)           | Nivel 1               | \$\$\$                                                                    |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                  | Nivel 2               |                                                                           |
| SELZENTRY ORAL TABLET 150 MG (maraviroc)                          | Nivel 3               | \$\$\$\$                                                                  |
| SELZENTRY ORAL TABLET 300 MG (maraviroc)                          | Nivel 3               | \$\$\$                                                                    |
| <b>Antivirales, Específico-Vih, Comb De Inhibidor De Proteasa</b> |                       |                                                                           |
| KALETRA ORAL SOLUTION 400-100 (lopinavir-ritonavir)<br>MG/5 ML    | Nivel 3               |                                                                           |
| KALETRA ORAL TABLET 100-25 MG, (lopinavir-ritonavir)<br>200-50 MG | Nivel 3               |                                                                           |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)        | Nivel 1               |                                                                           |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)        | Nivel 1               | \$\$                                                                      |
| <b>Antivirales, Específico-Vih, Inhibidores De Fusión</b>         |                       |                                                                           |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                              | Nivel 2               |                                                                           |
| <b>Antivirales, Específico-Vih, Nucleótido Análogo, Rti</b>       |                       |                                                                           |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)  | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                       | Nivel 2               |                                                                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                         | Nivel 2               |                                                                           |
| VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)         | Nivel 3               |                                                                           |
| <b>Antivirales, Spec-Vih, Inhib. De Proteasa No Peptídica</b>     |                       |                                                                           |
| APTIVUS ORAL CAPSULE 250 MG                                       | Nivel 2               |                                                                           |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)            | Nivel 1               | \$                                                                        |
| PREZCOBIX ORAL TABLET 675-150 MG                                  | Nivel 4               | QL (1 EA per 1 day)                                                       |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                               | Nivel 3               |                                                                           |

| Nombre del Medicamento                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                            |
|----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| PREZISTA ORAL SUSPENSION 100 MG/ML                                                                 | Nivel 2               |                                                                                                                                                   |
| PREZISTA ORAL TABLET 150 MG, 75 MG                                                                 | Nivel 2               |                                                                                                                                                   |
| PREZISTA ORAL TABLET 600 MG, 800 MG (darunavir)                                                    | Nivel 3               |                                                                                                                                                   |
| <b>Antivirales, Spec-Vih, Nucleósido Análogo, Comb Rti</b>                                         |                       |                                                                                                                                                   |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                                                  | Nivel 1               | \$                                                                                                                                                |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                                | Nivel 1               | \$                                                                                                                                                |
| <b>Antivirales, Spec-Vih, Nucleósido-Nucleótido Análogo</b>                                        |                       |                                                                                                                                                   |
| CIMDUO ORAL TABLET 300-300 MG                                                                      | Nivel 2               | \$\$\$                                                                                                                                            |
| DESCOVY ORAL TABLET 120-15 MG                                                                      | Nivel 2               |                                                                                                                                                   |
| DESCOVY ORAL TABLET 200-25 MG                                                                      | Nivel 5               | \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV                                                                             |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)      | Nivel 1               |                                                                                                                                                   |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)                              | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV                                                                         |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf)) | Nivel 3               |                                                                                                                                                   |
| <b>Antivirales,Vih-1 Inhibidor De Trasferencia De Sepa De Integrasa</b>                            |                       |                                                                                                                                                   |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)          | Nivel 5               | \$\$\$\$; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG                                                                    | Nivel 2               |                                                                                                                                                   |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                                             | Nivel 2               |                                                                                                                                                   |
| ISENTRESS ORAL TABLET 400 MG                                                                       | Nivel 2               |                                                                                                                                                   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                                                       | Nivel 2               |                                                                                                                                                   |
| TIVICAY ORAL TABLET 50 MG                                                                          | Nivel 2               | \$\$\$\$                                                                                                                                          |

| Nombre del Medicamento                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                                       | Nivel 2               | \$                                                     |
| <b>Arv Cmb-Nrti,N(T)Rti, Inhibidor De Integrasa</b>                              |                       |                                                        |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                  | Nivel 2               |                                                        |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                            | Nivel 2               |                                                        |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                          | Nivel 2               |                                                        |
| <b>Cmb Artv De Nucleósido, Nucleótido,&amp; No-Nucleósido Rti</b>                |                       |                                                        |
| COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir disoproxil fumarate) | Nivel 3               |                                                        |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                             | Nivel 3               |                                                        |
| efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg                     | Nivel 1               | \$                                                     |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg             | Nivel 1               | \$\$\$\$                                               |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg (Symfi)     | Nivel 1               | \$\$\$\$                                               |
| emtricitabine-tenofovir disoproxil oral tablet 200-25-300 mg (Complera)          | Nivel 1               | \$\$\$\$                                               |
| ODEFSEY ORAL TABLET 200-25-25 MG                                                 | Nivel 2               |                                                        |
| SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil)  | Nivel 3               | \$\$\$\$                                               |
| SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil)     | Nivel 3               | \$\$\$\$                                               |
| <b>Comb. De Inhibidor De Virus De Hepatitis C - Ns5a, Ns3/4A, Ns5b</b>           |                       |                                                        |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG                   | Nivel 4               |                                                        |
| <b>Hep C - Ns5a, Ns3/4A, Combinación Inhibidor De Nucleótido Ns5b</b>            |                       |                                                        |
| VOSEVI ORAL TABLET 400-100-100 MG                                                | Nivel 4               | PA                                                     |
| <b>Hep C Virus,Nucleótido Análogo Ns5b Inh De Polimerasa</b>                     |                       |                                                        |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG                                    | Nivel 4               | PA                                                     |
| SOVALDI ORAL TABLET 200 MG, 400 MG                                               | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Inhibidor De Integrasa &amp; Arv Comb-Nrtis</b>                       |                       |                                                        |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                        | Nivel 2               | \$\$\$\$\$                                             |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                         | Nivel 2               | \$\$\$                                                 |
| <b>Inhibidores De Citocromo P450</b>                                     |                       |                                                        |
| TYBOST ORAL TABLET 150 MG                                                | Nivel 2               |                                                        |
| <b>Inhibidores De Polimerasa De Virus Hep C - Ns5a &amp; Ns5b. Comb.</b> |                       |                                                        |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG                    | Nivel 4               | PA                                                     |
| EPCLUSA ORAL TABLET 200-50 MG                                            | Nivel 4               | PA                                                     |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)                  | Nivel 4               | PA                                                     |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG                   | Nivel 4               | PA                                                     |
| HARVONI ORAL TABLET 45-200 MG                                            | Nivel 4               | PA                                                     |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)                    | Nivel 4               | PA                                                     |
| <b>Virus De Hepatitis C- Comb De Inhib De Ns5a Y Ns3/4A</b>              |                       |                                                        |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG                                  | Nivel 4               | PA                                                     |
| MAVYRET ORAL TABLET 100-40 MG                                            | Nivel 4               | PA                                                     |
| ZEPATIER ORAL TABLET 50-100 MG                                           | Nivel 4               | PA                                                     |
| <b>Enfermedad Inflamatoria</b>                                           |                       |                                                        |
| <b>Agentes Antiartríticos Y Quelantes</b>                                |                       |                                                        |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                            | Nivel 4               | PA; \$\$\$\$\$                                         |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)                       | Nivel 4               | PA                                                     |
| D-PENAMINE ORAL TABLET 125 MG                                            | Nivel 4               | PA                                                     |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)                     | Nivel 4               | PA; \$\$                                               |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                | Nivel 4               | PA; \$\$\$\$                                           |
| <b>Agentes Antiinflamatorios/Antiartríticos, Misc.</b>                   |                       |                                                        |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML                              | Nivel 3               | PA; QL (3 ML per 180 days)                             |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)           | Nivel 2               | PA; QL (6 ML per 180 days)                             |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML                               | Nivel 3               | PA; \$\$\$; QL (3 ML per 180 days)                     |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML                            | Nivel 3               | PA; QL (6 ML per 180 days)                             |



| Nombre del Medicamento                                 |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------|---------------------------------|-----------------------|--------------------------------------------------------|
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML           | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (12.5 ML per 180 days)                          |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML              |                                 | Nivel 3               | PA; QL (10 ML per 180 days)                            |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML               | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (10 ML per 180 days)                            |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML             |                                 | Nivel 3               | PA; QL (6 ML per 180 days)                             |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML            |                                 | Nivel 3               | PA; QL (4 ML per 180 days)                             |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML           |                                 | Nivel 3               | PA; QL (8 ML per 180 days)                             |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML            | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (12.5 ML per 180 days)                          |
| SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML             | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (6 ML per 180 days)                             |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML             |                                 | Nivel 2               | PA; QL (6 ML per 180 days)                             |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML         |                                 | Nivel 2               | PA; QL (6 ML per 180 days)                             |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML              | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (6 ML per 180 days)                             |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML               | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; QL (7.5 ML per 180 days)                           |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML               | (sodium hyaluronate (viscosup)) | Nivel 3               | PA; \$; QL (7.5 ML per 180 days)                       |
| <b>Antagonistas De Receptor De Bradiquinina B2</b>     |                                 |                       |                                                        |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML                | (icatibant)                     | Nivel 4               | PA                                                     |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>       | (Firazyr)                       | Nivel 4               | PA; \$\$\$                                             |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML                | (icatibant)                     | Nivel 4               | PA                                                     |
| <b>Anti Artrítico, Agentes Antagonistas De Fólico</b>  |                                 |                       |                                                        |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML    |                                 | Nivel 3               | QL (0.8 ML per 28 days)                                |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML |                                 | Nivel 3               | QL (1 ML per 28 days)                                  |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML    |                                 | Nivel 3               | QL (1.2 ML per 28 days)                                |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML |                                 | Nivel 3               | QL (1.4 ML per 28 days)                                |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML    |                                 | Nivel 3               | QL (1.6 ML per 28 days)                                |



| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                   |
|----------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML               | Nivel 3               | QL (1.8 ML per 28 days)                                                                                                                  |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML                  | Nivel 3               | QL (2 ML per 28 days)                                                                                                                    |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML                  | Nivel 3               | QL (2.4 ML per 28 days)                                                                                                                  |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML                | Nivel 3               | QL (0.6 ML per 28 days)                                                                                                                  |
| <b>Antiinflam. Antagonista De Receptor De Interleucina-1</b>         |                       |                                                                                                                                          |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                              | Nivel 4               | PA                                                                                                                                       |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML                          | Nivel 4               | PA                                                                                                                                       |
| <b>Antiinflamatorio, Inhibidor De Síntesis De Pirimidina</b>         |                       |                                                                                                                                          |
| ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)                         | Nivel 3               |                                                                                                                                          |
| LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %                             | Nivel 3               |                                                                                                                                          |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)                  | Nivel 1               | \$                                                                                                                                       |
| <b>Antiinflamatorios, Sel.Costim.Mod., Inhibidor De Célula-T</b>     |                       |                                                                                                                                          |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML               | Nivel 4               | PA; \$\$\$\$\$                                                                                                                           |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                               | Nivel 4               | PA; \$\$\$\$                                                                                                                             |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML            | Nivel 4               | PA; \$\$\$\$\$                                                                                                                           |
| <b>Ayudas Nasales, Cox No Selectiva, Analgésico Sistémico</b>        |                       |                                                                                                                                          |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac)            | Nivel 3               | ST: Must meet the following requirement: generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)                       |
| <b>Comb. De Antagonistas De Receptor De Nsaid &amp; Histamina H2</b> |                       |                                                                                                                                          |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>                  | Nivel 1               | \$; ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day) |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                       |
|-----------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|
| <b>Comb. De Nsaid Tópico Irritante &amp; Anti-Irritante</b>                 |                       |                                                                                              |
| INFLAMMACIN KIT 75 MG- 0.025 %                                              | Nivel 3               |                                                                                              |
| INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % | Nivel 3               |                                                                                              |
| NAPROXIN KIT 500 MG- 0.025 %                                                | Nivel 3               |                                                                                              |
| <b>Crisoterapia</b>                                                         |                       |                                                                                              |
| <i>auranofin oral capsule 3 mg</i> (Ridaura)                                | Nivel 1               |                                                                                              |
| RIDAURA ORAL CAPSULE 3 MG (auranofin)                                       | Nivel 3               |                                                                                              |
| <b>Glucocorticoides</b>                                                     |                       |                                                                                              |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                            | Nivel 4               | PA                                                                                           |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG            | Nivel 4               | PA                                                                                           |
| BETALON SUIK KIT 6 MG/ML                                                    | Nivel 3               |                                                                                              |
| <i>budesonide oral capsule, delayed, extend.release 3 mg</i>                | Nivel 1               | \$                                                                                           |
| <i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)        | Nivel 1               | \$\$; ST: Must meet the following requirement: Balsalazide in 120 days                       |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)                      | Nivel 3               |                                                                                              |
| <i>cortisone oral tablet 25 mg</i>                                          | Nivel 1               |                                                                                              |
| <i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)                    | Nivel 4               | PA; \$\$\$\$\$                                                                               |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)          | Nivel 4               | PA                                                                                           |
| 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, 2 mg, 6 mg</i>          | Nivel 1               |                                                                                              |
| <i>dexamethasone oral tablet 1.5 mg, 4 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 |

| Nombre del Medicamento                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                   |
|--------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------|
| <i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>             | Nivel 1               | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %                                                       | Nivel 3               |                                                                                          |
| DMT SUIK KIT 10 MG/ML                                                                      | Nivel 3               |                                                                                          |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)                                          | Nivel 4               | PA                                                                                       |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)                                | Nivel 4               | PA                                                                                       |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML                                               | Nivel 4               | PA                                                                                       |
| HEMADY ORAL TABLET 20 MG                                                                   | Nivel 3               | QL (2 EA per 1 day)                                                                      |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                              | Nivel 1               | \$                                                                                       |
| <i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)              | Nivel 1               |                                                                                          |
| JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)                               | Nivel 4               | PA                                                                                       |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetanide)                  | Nivel 3               | \$                                                                                       |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML                                                   | Nivel 3               | \$                                                                                       |
| KHINDIVI ORAL SOLUTION 1 MG/ML                                                             | Nivel 4               |                                                                                          |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)                              | Nivel 3               |                                                                                          |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)                                  | Nivel 3               |                                                                                          |
| MEDROL ORAL TABLET 2 MG                                                                    | Nivel 2               |                                                                                          |
| MEDROLOAN II SUIK KIT 40 MG/ML                                                             | Nivel 3               |                                                                                          |
| MEDROLOAN SUIK KIT 40 MG/ML                                                                | Nivel 3               |                                                                                          |
| <i>methylprednisolone oral tablet 16 mg, 8 mg</i> (Medrol)                                 | Nivel 1               |                                                                                          |
| <i>methylprednisolone oral tablet 32 mg</i>                                                | Nivel 1               |                                                                                          |
| <i>methylprednisolone oral tablet 4 mg</i> (Medrol)                                        | Nivel 1               | \$                                                                                       |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                       | Nivel 1               | \$                                                                                       |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate) | Nivel 3               |                                                                                          |
| ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG                                          | Nivel 3               | PA                                                                                       |
| PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)       | Nivel 3               |                                                                                          |

| Nombre del Medicamento                                                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                         |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| <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               | \$                                                                                                             |
| <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, 2.5 mg, 50 mg</i>                                                                            | Nivel 1               |                                                                                                                |
| <i>prednisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                                             | Nivel 1               | \$                                                                                                             |
| <i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>                                                                        | Nivel 1               |                                                                                                                |
| RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG                                                                  | Nivel 3               | PA                                                                                                             |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML                        | Nivel 3               |                                                                                                                |
| TAPERDEX ORAL TABLETS, DOSE 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                                                                                                             |
| <i>triamcinolone acetonide injection suspension 10 mg/ml</i> (Kenalog)                                                       | Nivel 1               |                                                                                                                |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)                                                       | Nivel 1               | \$                                                                                                             |

| Nombre del Medicamento                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                   |
|---------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------|
| TRILOAN II SUIK KIT 40 MG/ML                                                                | Nivel 3               |                                                                                          |
| TRILOAN SUIK KIT 40 MG/ML                                                                   | Nivel 3               |                                                                                          |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)                                | Nivel 3               | ST: Must meet the following requirement: Balsalazide in 120 days                         |
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) (prednisolone sodium phosphate)              | Nivel 3               |                                                                                          |
| ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)                                               | Nivel 3               | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| <b>Inhib De Interleucina Humana-Anticuerpos Monoclonales 12/23</b>                          |                       |                                                                                          |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)                                    | Nivel 4               | PA                                                                                       |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)                           | Nivel 4               | PA                                                                                       |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                        | Nivel 4               | PA                                                                                       |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                                 | Nivel 4               | PA                                                                                       |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                        | Nivel 4               | PA                                                                                       |
| <b>Inhib. De Antiinflamatorio, Fosfodiesterasa-4(Pde4)</b>                                  |                       |                                                                                          |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                                             | Nivel 4               | PA                                                                                       |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | Nivel 4               | PA                                                                                       |
| <b>Inhibidor De Factor Antiinflamatorio De Necrosis De Tumor</b>                            |                       |                                                                                          |
| adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml (Hyrimoz(CF) Pen)                    | Nivel 4               | PA                                                                                       |
| adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml (Hyrimoz Pen Crohn's-UC Starter)     | Nivel 4               | PA                                                                                       |
| adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml (Hyrimoz(CF)) | Nivel 4               | PA                                                                                       |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                        | Nivel 4               | PA; \$\$\$\$\$                                                                           |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                     | Nivel 4               | PA; \$\$\$\$\$                                                                           |

| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                            | Nivel 4               | PA; \$\$\$\$                                           |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)                                                     | Nivel 4               | PA                                                     |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML                                                              | Nivel 4               | PA                                                     |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                        | Nivel 4               | PA                                                     |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)                                             | Nivel 4               | PA                                                     |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                                                  | Nivel 4               | PA                                                     |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                           | Nivel 4               | PA                                                     |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                                 | Nivel 4               | PA                                                     |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML                 | Nivel 4               | PA                                                     |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML                                | Nivel 4               | PA                                                     |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                           | Nivel 4               | PA                                                     |
| SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | Nivel 4               | PA                                                     |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML                                       | Nivel 4               | PA                                                     |
| SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk) SYRINGE KIT 40 MG/0.4 ML                                   | Nivel 4               | PA                                                     |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                                              | Nivel 4               | PA                                                     |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML                                                   | Nivel 4               | PA                                                     |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML                                                      | Nivel 4               | PA                                                     |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML                                                           | Nivel 4               | PA                                                     |
| <b>Inhibidores De Esterasa C1</b>                                                                      |                       |                                                        |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                                                              | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT          | Nivel 4               | PA                                                     |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT                       | Nivel 4               | PA                                                     |
| <b>Inhibidores De Kallikrein De Plasma</b>                       |                       |                                                        |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                 | Nivel 4               | PA; QL (0.8 ML per 28 days)                            |
| EKTERLY ORAL TABLET 300 MG                                       | Nivel 4               | PA; QL (4 EA per 1 day)                                |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                             | Nivel 4               | PA                                                     |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)           | Nivel 4               | PA                                                     |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Inhibidores De Quinasa De Janus (Jak)</b>                     |                       |                                                        |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG                        | Nivel 4               | PA                                                     |
| LEQSELVI ORAL TABLET 8 MG                                        | Nivel 4               | PA                                                     |
| LITFULO ORAL CAPSULE 50 MG                                       | Nivel 4               | PA                                                     |
| OLUMIANT ORAL TABLET 1 MG, 2 MG                                  | Nivel 4               | PA; \$\$\$\$                                           |
| OLUMIANT ORAL TABLET 4 MG                                        | Nivel 4               | PA; \$\$\$\$\$                                         |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                  | Nivel 4               | PA                                                     |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG    | Nivel 4               | PA                                                     |
| XELJANZ ORAL SOLUTION 1 MG/ML                                    | Nivel 4               | PA                                                     |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                  | Nivel 4               | PA                                                     |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG       | Nivel 4               | PA                                                     |
| <b>Inhibidores De Receptor De Interleucina-6 (Il-6)</b>          |                       |                                                        |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML           | Nivel 4               | PA; \$\$\$\$                                           |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                       | Nivel 4               | PA; \$\$\$\$                                           |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                          | Nivel 4               | PA; \$\$\$\$\$                                         |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | Nivel 4               | PA; \$\$\$\$                                           |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                      |
|-------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
| KEVZARA SUBCUTANEOUS SYRINGE<br>150 MG/1.14 ML, 200 MG/1.14 ML                                  | Nivel 4               | PA; \$\$\$\$                                                                |
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR 162<br>MG/0.9 ML                               | Nivel 4               |                                                                             |
| TYENNE SUBCUTANEOUS SYRINGE<br>162 MG/0.9 ML                                                    | Nivel 4               |                                                                             |
| <b>Inmunomodulador, Estimulante De B-Linfocito(Blys)-Spec Inhib</b>                             |                       |                                                                             |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                                                   | Nivel 4               | PA; \$\$\$\$                                                                |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                                                         | Nivel 4               | PA; \$\$\$\$\$                                                              |
| <b>Mineralocorticoides</b>                                                                      |                       |                                                                             |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                       | Nivel 1               | \$                                                                          |
| <b>Nsaid, Cox Inhibidor-Tipo &amp; Comb De Inhib Fde Bomba Proton</b>                           |                       |                                                                             |
| <i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg</i>                     | Nivel 1               | \$\$; ST: Must meet the following requirement: generic Naproxen in 120 days |
| <i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 500-20 mg</i> (Vimovo)            | Nivel 1               | \$\$; ST: Must meet the following requirement: generic Naproxen in 120 days |
| <b>Nsaids (Cox Inhib No-Specifico)&amp; Prostaglandina Cmb</b>                                  |                       |                                                                             |
| ARTHROTEC 50 ORAL (diclofenac-misoprostol)<br>TABLET,IR,DELAYED REL,BIPHASIC<br>50-200 MG-MCG   | Nivel 3               |                                                                             |
| ARTHROTEC 75 ORAL (diclofenac-misoprostol)<br>TABLET,IR,DELAYED REL,BIPHASIC<br>75-200 MG-MCG   | Nivel 3               | \$                                                                          |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Nivel 1               | \$                                                                          |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Nivel 1               | \$                                                                          |
| <b>Nsaids, Inhibidor De Ciclooxygenasa 2 - Tipo</b>                                             |                       |                                                                             |
| CELEBREX ORAL CAPSULE 100 MG, (celecoxib)<br>50 MG                                              | Nivel 3               |                                                                             |
| CELEBREX ORAL CAPSULE 200 MG, (celecoxib)<br>400 MG                                             | Nivel 3               | \$\$                                                                        |



| Nombre del Medicamento                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                           |
|-----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------|
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)            | Nivel 1               | \$                                                                                               |
| <b>Nsaids, Inhibidor De Ciclooxygenasa-Tipo</b>                                   |                       |                                                                                                  |
| ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)                                   | Nivel 3               |                                                                                                  |
| COXANTO ORAL CAPSULE 300 MG (oxaprozin)                                           | Nivel 1               |                                                                                                  |
| DAYPRO ORAL TABLET 600 MG (oxaprozin)                                             | Nivel 3               |                                                                                                  |
| <i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)                           | Nivel 1               | \$; ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (4 EA per 1 day) |
| <i>diclofenac potassium oral tablet 25 mg</i> (Lofena)                            | Nivel 1               | \$\$\$; QL (8 EA per 1 day)                                                                      |
| <i>diclofenac potassium oral tablet 50 mg</i>                                     | Nivel 1               | \$                                                                                               |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                | Nivel 1               | \$                                                                                               |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Nivel 1               | \$                                                                                               |
| <i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)                     | Nivel 1               | ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)     |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Nivel 3               |                                                                                                  |
| EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Nivel 1               |                                                                                                  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                       | Nivel 1               |                                                                                                  |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                       | Nivel 1               | \$                                                                                               |
| <i>etodolac oral tablet 500 mg</i>                                                | Nivel 1               | \$                                                                                               |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>         | Nivel 1               | \$                                                                                               |
| FELDENE ORAL CAPSULE 20 MG (piroxicam)                                            | Nivel 3               |                                                                                                  |
| <i>fenoprofen oral capsule 200 mg</i>                                             | Nivel 1               |                                                                                                  |
| <i>fenoprofen oral capsule 400 mg</i> (Nalfon)                                    | Nivel 1               | \$                                                                                               |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon)                                     | Nivel 1               |                                                                                                  |
| FENOPRON ORAL CAPSULE 300 MG                                                      | Nivel 3               |                                                                                                  |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)                                  | Nivel 1               |                                                                                                  |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                                | Nivel 1               |                                                                                                  |
| IBUPAK ORAL KIT 600 MG                                                            | Nivel 3               |                                                                                                  |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                   | Nivel 1               | \$                                                                                               |
| <i>ibuprofen oral tablet 300 mg</i>                                               | Nivel 1               |                                                                                                  |

| Nombre del Medicamento                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                   |
|--------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------|
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)          | Nivel 1               | \$                                                                                                                       |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                      | Nivel 1               | \$                                                                                                                       |
| <i>indomethacin oral capsule, extended release 75 mg</i>           | Nivel 1               | \$                                                                                                                       |
| <i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)           | Nivel 1               |                                                                                                                          |
| <i>indomethacin rectal suppository 100 mg</i>                      | Nivel 1               |                                                                                                                          |
| <i>indomethacin rectal suppository 50 mg</i> (Indocin)             | Nivel 1               |                                                                                                                          |
| <i>ketoprofen oral capsule 25 mg, 50 mg</i>                        | Nivel 1               | \$                                                                                                                       |
| <i>ketoprofen oral capsule 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 (1 ml)</i>      | Nivel 1               | \$                                                                                                                       |
| <i>ketorolac injection solution 30 mg/ml</i>                       | Nivel 1               |                                                                                                                          |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>              | Nivel 1               |                                                                                                                          |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                 | Nivel 1               | \$                                                                                                                       |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                  | Nivel 1               |                                                                                                                          |
| <i>ketorolac oral tablet 10 mg</i>                                 | Nivel 1               | \$; QL (20 EA per 5 days)                                                                                                |
| KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)                           | Nivel 1               |                                                                                                                          |
| LODINE ORAL TABLET 400 MG (etodolac)                               | Nivel 3               |                                                                                                                          |
| LOFENA ORAL TABLET 25 MG (diclofenac potassium)                    | Nivel 1               | \$\$\$; QL (8 EA per 1 day)                                                                                              |
| LURBIPR ORAL TABLET 100 MG (flurbiprofen)                          | Nivel 1               |                                                                                                                          |
| LURBIRO ORAL TABLET 100 MG (flurbiprofen)                          | Nivel 1               |                                                                                                                          |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                    | Nivel 1               | \$                                                                                                                       |
| <i>mefenamic acid oral capsule 250 mg</i>                          | Nivel 1               | \$                                                                                                                       |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                       | Nivel 1               |                                                                                                                          |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                         | Nivel 1               | \$                                                                                                                       |
| <i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex) | Nivel 1               | ST: Must meet 2 of the following requirements: generic Meloxicam and Diclofenac tablets in 365 days; QL (1 EA per 1 day) |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                       | Nivel 1               | \$                                                                                                                       |
| NAPROSYN ORAL TABLET 500 MG (naproxen)                             | Nivel 3               |                                                                                                                          |
| <i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)             | Nivel 1               | \$                                                                                                                       |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                         | Nivel 1               | \$                                                                                                                       |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                      | Nivel 1               | \$                                                                                                                       |

| Nombre del Medicamento                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                             |
|--------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)    | Nivel 1               | \$                                                                                                                                 |
| <i>naproxen sodium oral tablet 275 mg</i>                                            | Nivel 1               | \$                                                                                                                                 |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                               | Nivel 1               | \$                                                                                                                                 |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 750 mg</i> (Naprelan CR) | Nivel 1               | \$\$                                                                                                                               |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i> (Naprelan CR)         | Nivel 1               | \$                                                                                                                                 |
| <i>oxaprozin oral capsule 300 mg</i> (Coxanto)                                       | Nivel 1               |                                                                                                                                    |
| <i>oxaprozin oral tablet 600 mg</i>                                                  | Nivel 1               |                                                                                                                                    |
| <i>piroxicam oral capsule 10 mg</i>                                                  | Nivel 1               | \$                                                                                                                                 |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)                                        | Nivel 1               | \$                                                                                                                                 |
| RELAFEN DS ORAL TABLET 1,000 MG                                                      | Nivel 3               | \$\$\$\$; ST: Must meet the following requirement: generic Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                           | Nivel 1               | \$                                                                                                                                 |
| <i>tolmetin oral capsule 400 mg</i>                                                  | Nivel 1               |                                                                                                                                    |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600)                                    | Nivel 1               |                                                                                                                                    |
| TORONOVA II SUIK KIT 30 MG/ML                                                        | Nivel 3               |                                                                                                                                    |
| TORONOVA SUIK KIT 30 MG/ML                                                           | Nivel 3               |                                                                                                                                    |
| TRESNI RECTAL SUPPOSITORY 100 MG                                                     | Nivel 3               |                                                                                                                                    |
| ZORVOLEX ORAL CAPSULE 18 MG                                                          | Nivel 3               | ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)                                       |
| ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)                               | Nivel 3               | ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)                                       |
| <b>Enfermedad Neoplásica</b>                                                         |                       |                                                                                                                                    |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                             | Nivel 4               | PA                                                                                                                                 |
| KRAZATI ORAL TABLET 200 MG                                                           | Nivel 4               | PA                                                                                                                                 |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                                          | Nivel 4               | PA                                                                                                                                 |
| MODEYSO ORAL CAPSULE 125 MG                                                          | Nivel 4               | PA; QL (20 EA per 28 days)                                                                                                         |
| TAZVERIK ORAL TABLET 200 MG                                                          | Nivel 4               | PA                                                                                                                                 |
| WELIREG ORAL TABLET 40 MG                                                            | Nivel 4               | PA                                                                                                                                 |

| 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 (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Nivel 4               | PA                                                     |
| <b>Agentes Alquilantes</b>                                                                                                                                                                                                            |                       |                                                        |
| ALKERAN ORAL TABLET 2 MG (melphalan)                                                                                                                                                                                                  | Nivel 3               |                                                        |
| cyclophosphamide oral capsule 25 mg, 50 mg                                                                                                                                                                                            | Nivel 4               | \$                                                     |
| cyclophosphamide oral tablet 25 mg                                                                                                                                                                                                    | Nivel 4               |                                                        |
| cyclophosphamide oral tablet 50 mg                                                                                                                                                                                                    | Nivel 4               | \$                                                     |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)                                                                                                                                                                               | Nivel 4               | PA                                                     |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG                                                                                                                                                                                                    | Nivel 4               |                                                        |
| HYDREA ORAL CAPSULE 500 MG (hydroxyurea)                                                                                                                                                                                              | Nivel 3               | \$                                                     |
| hydroxyurea oral capsule 500 mg (Hydrea)                                                                                                                                                                                              | Nivel 1               | \$                                                     |
| LEUKERAN ORAL TABLET 2 MG                                                                                                                                                                                                             | Nivel 4               |                                                        |
| MYLERAN ORAL TABLET 2 MG                                                                                                                                                                                                              | Nivel 4               |                                                        |
| temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg                                                                                                                                                                 | Nivel 4               | PA; \$                                                 |
| <b>Agentes Antiandrogénicos</b>                                                                                                                                                                                                       |                       |                                                        |
| abiraterone oral tablet 250 mg (Abirtega)                                                                                                                                                                                             | Nivel 4               | PA; \$                                                 |
| abiraterone oral tablet 500 mg (Zytiga)                                                                                                                                                                                               | Nivel 4               | PA; \$\$\$                                             |
| ABIRTEGA ORAL TABLET 250 MG (abiraterone)                                                                                                                                                                                             | Nivel 4               | PA                                                     |
| bicalutamide oral tablet 50 mg (Casodex)                                                                                                                                                                                              | Nivel 1               | \$                                                     |
| CASODEX ORAL TABLET 50 MG (bicalutamide)                                                                                                                                                                                              | Nivel 3               |                                                        |
| ERLEADA ORAL TABLET 240 MG, 60 MG                                                                                                                                                                                                     | Nivel 4               | PA                                                     |
| NILANDRON ORAL TABLET 150 MG (nilutamide)                                                                                                                                                                                             | Nivel 4               | QL (2 EA per 1 day)                                    |
| nilutamide oral tablet 150 mg (Nilandron)                                                                                                                                                                                             | Nivel 4               | QL (2 EA per 1 day)                                    |
| NUBEQA ORAL TABLET 300 MG                                                                                                                                                                                                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| XTANDI ORAL CAPSULE 40 MG                                                                                                                                                                                                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| XTANDI ORAL TABLET 40 MG, 80 MG                                                                                                                                                                                                       | Nivel 4               | PA; \$\$\$\$\$                                         |
| YONSA ORAL TABLET 125 MG                                                                                                                                                                                                              | Nivel 4               | PA; \$\$\$\$\$                                         |
| ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)                                                                                                                                                                                       | Nivel 4               | PA                                                     |
| <b>Agentes Antineoplásico Inmunomoduladores</b>                                                                                                                                                                                       |                       |                                                        |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)                                                                                                                                                         | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                      |
|-------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                  | Nivel 4               | PA                                                                          |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide) | Nivel 4               | PA                                                                          |
| <b>Agentes Intrapleurales Esclerosantes, Antineoplásico. Adj.</b>             |                       |                                                                             |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM                     | Nivel 3               |                                                                             |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i>         | Nivel 1               |                                                                             |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM                                  | Nivel 3               |                                                                             |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM           | Nivel 3               |                                                                             |
| <b>Agonistas De Receptor De Retinoide Selectiva X (Rxr)</b>                   |                       |                                                                             |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                              | Nivel 4               | PA; \$\$\$\$\$                                                              |
| TARGRETIN ORAL CAPSULE 75 MG (bexarotene)                                     | Nivel 4               | PA; \$\$\$\$\$                                                              |
| <b>Antagonistas De Antineoplásico Lhrh(Gnrh), Supresores Pituitarios</b>      |                       |                                                                             |
| 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               | QL (1 EA per 30 days)                                                       |
| ORGOVYX ORAL TABLET 120 MG                                                    | Nivel 4               | PA                                                                          |
| <b>Antimetabolitos</b>                                                        |                       |                                                                             |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)                       | Nivel 4               | PA; \$                                                                      |
| INQOVI ORAL TABLET 35-100 MG                                                  | Nivel 4               | PA                                                                          |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                 | Nivel 3               | PA                                                                          |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                    | Nivel 4               | PA                                                                          |
| <i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)                      | Nivel 4               | ST: Must meet the following requirement: Mercaptopurine tablets in 120 days |
| <i>mercaptopurine oral tablet 50 mg</i>                                       | Nivel 1               | \$                                                                          |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>                   | Nivel 1               | \$                                                                          |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                   | Nivel 1               | \$                                                                          |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                        |
|-------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methotrexate sodium injection solution 25 mg/ml</i>                                          | Nivel 1               |                                                                                                                                                               |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                   | Nivel 1               | \$                                                                                                                                                            |
| ONUREG ORAL TABLET 200 MG, 300 MG                                                               | Nivel 4               | PA                                                                                                                                                            |
| PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)                                               | Nivel 4               | ST: Must meet the following requirement: Mercaptopurine tablets in 120 days                                                                                   |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                                         | Nivel 4               |                                                                                                                                                               |
| TREXALL ORAL TABLET 10 MG, 15 MG                                                                | Nivel 2               | \$\$                                                                                                                                                          |
| TREXALL ORAL TABLET 5 MG, 7.5 MG                                                                | Nivel 2               | \$                                                                                                                                                            |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                                  | Nivel 3               | 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) |
| XELODA ORAL TABLET 150 MG (capecitabine)                                                        | Nivel 4               | PA                                                                                                                                                            |
| XELODA ORAL TABLET 500 MG (capecitabine)                                                        | Nivel 4               | PA; \$\$\$\$                                                                                                                                                  |
| <b>Antineoplásico - Inhibidor De La Vía Hedgehog</b>                                            |                       |                                                                                                                                                               |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                                              | Nivel 4               | PA                                                                                                                                                            |
| ERIVEDGE ORAL CAPSULE 150 MG                                                                    | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                                |
| ODOMZO ORAL CAPSULE 200 MG                                                                      | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                                |
| <b>Antineoplásico - Inhibidores De Quinasa De Braf</b>                                          |                       |                                                                                                                                                               |
| BRAFTOVI ORAL CAPSULE 75 MG                                                                     | Nivel 4               | PA                                                                                                                                                            |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                              | Nivel 4               | PA                                                                                                                                                            |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | Nivel 4               | PA                                                                                                                                                            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                                              | Nivel 4               | PA                                                                                                                                                            |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                                       | Nivel 4               | PA                                                                                                                                                            |
| ZELBORAF ORAL TABLET 240 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                                |
| <b>Antineoplásico - Inhibidores De Quinasa De Janus (Jak)</b>                                   |                       |                                                                                                                                                               |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                             | Nivel 4               | PA; \$\$\$\$\$; QL (2 EA per 1 day)                                                                                                                           |

| Nombre del Medicamento                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antineoplásico - Inhibidores De Quinasa Mek1 Y Mek2</b>                                        |                       |                                                        |
| COTELLIC ORAL TABLET 20 MG                                                                        | Nivel 4               | PA; \$\$\$\$\$                                         |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                                                   | Nivel 4               | PA                                                     |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                                                           | Nivel 4               | PA                                                     |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                                                | Nivel 4               | PA; \$\$\$\$\$                                         |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                               | Nivel 4               | PA                                                     |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                                 | Nivel 4               | PA                                                     |
| MEKTOVI ORAL TABLET 15 MG                                                                         | Nivel 4               | PA                                                     |
| <b>Antineoplásico - Inhibidores De Quinasa Mtor</b>                                               |                       |                                                        |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))        | Nivel 4               | PA                                                     |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))                    | Nivel 4               | PA                                                     |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 7.5 mg</i> (Afinitor)                   | Nivel 4               | PA; \$\$                                               |
| <i>everolimus (antineoplastic) oral tablet 5 mg</i> (Afinitor)                                    | Nivel 4               | PA; \$                                                 |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | Nivel 4               | PA; \$\$\$\$\$                                         |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))                     | Nivel 4               | PA                                                     |
| <b>Antineoplásico - Inhibidores De Topoisomerasa I</b>                                            |                       |                                                        |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG                                                               | Nivel 4               |                                                        |
| <b>Antineoplásico Inhibidores De Aromatasa</b>                                                    |                       |                                                        |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                                                    | Nivel 5               | \$; \$0 COPAY IF QUANTITY 1 IN 1 DAY                   |
| ARIMIDEX ORAL TABLET 1 MG (anastrozole)                                                           | Nivel 5               |                                                        |
| AROMASIN ORAL TABLET 25 MG (exemestane)                                                           | Nivel 5               |                                                        |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)                                                    | Nivel 5               | \$0 COPAY IF QUANTITY 1 IN 1 DAY                       |
| FEMARA ORAL TABLET 2.5 MG (letrozole)                                                             | Nivel 3               |                                                        |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)                                                      | Nivel 1               | \$                                                     |
| <b>Antineoplásico, Inhibidores De Histona Deacetilasa, Hdis</b>                                   |                       |                                                        |
| ZOLINZA ORAL CAPSULE 100 MG                                                                       | Nivel 4               |                                                        |



| Nombre del Medicamento                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antineoplásico, Misceláneos</b>                                  |                       |                                                        |
| <i>etoposide oral capsule 50 mg</i>                                 | Nivel 1               | \$\$                                                   |
| LYSODREN ORAL TABLET 500 MG                                         | Nivel 4               |                                                        |
| MATULANE ORAL CAPSULE 50 MG                                         | Nivel 4               |                                                        |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML                          | Nivel 4               |                                                        |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                | Nivel 4               | \$\$                                                   |
| <b>Antineoplásicos Antibióticos</b>                                 |                       |                                                        |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2                           | Nivel 4               | PA                                                     |
| <b>Antineoplásicos De Esteroides</b>                                |                       |                                                        |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                           | Nivel 1               |                                                        |
| <b>Fotoactivados, Antineopls. &amp; Lesiones Premalignas</b>        |                       |                                                        |
| AMELUZ TOPICAL GEL 10 %                                             | Nivel 3               |                                                        |
| LEVULAN TOPICAL SOLUTION 20 %                                       | Nivel 3               |                                                        |
| <b>Inhibidores De Antineoplásico-B Célular De Linfoma-2 (Bcl-2)</b> |                       |                                                        |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                          | Nivel 4               | PA                                                     |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG   | Nivel 4               | PA                                                     |
| <b>Inhibidores De Antineoplásico-Isocitrato Deshidrogenasa</b>      |                       |                                                        |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                    | Nivel 4               | PA                                                     |
| REZLIDHIA ORAL CAPSULE 150 MG                                       | Nivel 4               | PA                                                     |
| TIBSOVO ORAL TABLET 250 MG                                          | Nivel 4               | PA                                                     |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                   | Nivel 4               | PA                                                     |
| <b>Inhibidores De Enzima Antineoplásico Sistémico</b>               |                       |                                                        |
| ALECENSA ORAL CAPSULE 150 MG                                        | Nivel 4               | PA; \$\$\$\$\$                                         |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG                           | Nivel 4               | PA                                                     |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)              | Nivel 4               | PA                                                     |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG            | Nivel 4               | PA                                                     |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                               | Nivel 4               | PA                                                     |



| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| BOSULIF ORAL CAPSULE 100 MG, 50 MG                                                 | Nivel 4               | PA                                                     |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG                                         | Nivel 4               | PA                                                     |
| BRUKINSA ORAL CAPSULE 80 MG                                                        | Nivel 4               | PA                                                     |
| BRUKINSA ORAL TABLET 160 MG                                                        | Nivel 4               | PA                                                     |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                                          | Nivel 4               | PA; \$\$\$\$\$                                         |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)                                   | Nivel 4               | PA                                                     |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3) | Nivel 4               | PA                                                     |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)                                    | Nivel 4               | PA; \$\$\$\$\$                                         |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                                 | Nivel 4               | PA                                                     |
| DANZITEN ORAL TABLET 71 MG                                                         | Nivel 4               | PA; \$\$\$\$\$                                         |
| DANZITEN ORAL TABLET 95 MG                                                         | Nivel 4               | PA                                                     |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg</i> (Sprycel)                       | Nivel 4               | PA; \$\$\$\$                                           |
| <i>dasatinib oral tablet 50 mg, 70 mg</i> (Sprycel)                                | Nivel 4               | PA; \$\$\$                                             |
| <i>dasatinib oral tablet 80 mg</i> (Sprycel)                                       | Nivel 4               | PA; \$\$\$\$\$                                         |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                                                | Nivel 4               | PA                                                     |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                 | Nivel 4               | PA; \$                                                 |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                              | Nivel 4               | PA; \$\$\$\$\$                                         |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                                   | Nivel 4               | PA                                                     |
| GAVRETO ORAL CAPSULE 100 MG                                                        | Nivel 4               | PA                                                     |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                       | Nivel 4               | PA; \$\$                                               |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                           | Nivel 4               | PA                                                     |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)                                      | Nivel 4               | PA                                                     |
| HERNEXEOS ORAL TABLET 60 MG                                                        | Nivel 4               | PA; QL (3 EA per 1 day)                                |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                                         | Nivel 4               | PA                                                     |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                                          | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                                                                                                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| IBTROZI ORAL CAPSULE 200 MG                                                                                                                                                                                        | Nivel 4               | PA                                                     |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                                                                                                                                                                     | Nivel 4               | PA                                                     |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)                                                                                                                                                               | Nivel 4               | PA; \$                                                 |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                                                                                                                                                               | Nivel 4               | PA                                                     |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                                                                                                                                                                 | Nivel 4               | PA                                                     |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                                                       | Nivel 4               | PA                                                     |
| IMKELDI ORAL SOLUTION 80 MG/ML                                                                                                                                                                                     | Nivel 4               | PA                                                     |
| INLYTA ORAL TABLET 1 MG, 5 MG                                                                                                                                                                                      | Nivel 4               | PA                                                     |
| INREBIC ORAL CAPSULE 100 MG                                                                                                                                                                                        | Nivel 4               | PA; QL (4 EA per 1 day)                                |
| IRESSA ORAL TABLET 250 MG (gefitinib)                                                                                                                                                                              | Nivel 4               | PA; \$\$\$\$                                           |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                                                                                                                                     | Nivel 4               | PA; \$\$\$\$                                           |
| IWILFIN ORAL TABLET 192 MG                                                                                                                                                                                         | Nivel 4               | PA                                                     |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                                                                                                                                                                 | Nivel 4               | PA; \$\$\$\$                                           |
| 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 4               | PA                                                     |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                                                                                                                                                       | Nivel 4               | PA; \$\$\$\$                                           |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                                                                                                                                                                                 | Nivel 4               | PA                                                     |
| 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 X 2), 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 4               | PA                                                     |
| LORBRENA ORAL TABLET 100 MG, 25 MG                                                                                                                                                                                 | Nivel 4               | PA                                                     |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                                                                                                                                                | Nivel 4               | PA; \$\$\$\$                                           |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)                                                                                                                               | Nivel 4               | PA                                                     |
| NERLYNX ORAL TABLET 40 MG                                                                                                                                                                                          | Nivel 4               | PA                                                     |
| NEXAVAR ORAL TABLET 200 MG (sorafenib)                                                                                                                                                                             | Nivel 4               | PA; \$\$\$\$                                           |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)                                                                                                                                                  | Nivel 4               | PA                                                     |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                                                                                                                                            | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG                                                            | Nivel 4               | PA                                                     |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                           | Nivel 4               | PA                                                     |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                                                       | Nivel 4               | PA; \$\$\$                                             |
| PEMAZYRE ORAL TABLET 13.5 MG, 9 MG                                                                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| PEMAZYRE ORAL TABLET 4.5 MG                                                                          | Nivel 4               | PA                                                     |
| 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 4               | PA                                                     |
| QINLOCK ORAL TABLET 50 MG                                                                            | Nivel 4               | PA                                                     |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                                                           | Nivel 4               | PA                                                     |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                                            | Nivel 4               | PA                                                     |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                                                                | Nivel 4               | PA; \$\$\$\$\$                                         |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                                               | Nivel 4               | PA                                                     |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                                           | Nivel 4               | PA                                                     |
| RYDAPT ORAL CAPSULE 25 MG                                                                            | Nivel 4               | PA                                                     |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                                            | Nivel 4               | PA                                                     |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                                        | Nivel 4               | PA; \$\$\$                                             |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| SPRYCEL ORAL TABLET 20 MG (dasatinib)                                                                | Nivel 4               | PA; \$\$\$\$                                           |
| STIVARGA ORAL TABLET 40 MG                                                                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| <i>sunitinib malate oral capsule 12.5 mg, 50 mg</i> (Sutent)                                         | Nivel 4               | PA; \$                                                 |
| <i>sunitinib malate oral capsule 25 mg</i> (Sutent)                                                  | Nivel 4               | PA; \$\$                                               |
| <i>sunitinib malate oral capsule 37.5 mg</i> (Sutent)                                                | Nivel 4               | PA; \$\$\$                                             |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)                                | Nivel 4               | PA                                                     |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                                                  | Nivel 4               | PA                                                     |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                                                    | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Nivel 4               | PA                                                     |
| TARCEVA ORAL TABLET 100 MG (erlotinib)                                | Nivel 4               | PA                                                     |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)            | Nivel 4               | PA                                                     |
| TEPMETKO ORAL TABLET 225 MG                                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                      | Nivel 4               | PA; \$\$\$\$\$                                         |
| TURALIO ORAL CAPSULE 125 MG                                           | Nivel 4               | PA                                                     |
| TYKERB ORAL TABLET 250 MG (lapatinib)                                 | Nivel 4               | PA                                                     |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                 | Nivel 4               | PA                                                     |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                    | Nivel 4               | PA; \$\$\$\$\$                                         |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                       | Nivel 4               | PA; \$\$\$\$\$                                         |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                              | Nivel 4               | PA                                                     |
| VONJO ORAL CAPSULE 100 MG                                             | Nivel 4               | PA; QL (4 EA per 1 day)                                |
| VOTRIENT ORAL TABLET 200 MG (pazopanib)                               | Nivel 4               | PA                                                     |
| WAYRILZ ORAL TABLET 400 MG                                            | Nivel 4               | PA                                                     |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                   | Nivel 4               | PA                                                     |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG                              | Nivel 4               | PA                                                     |
| XOSPATA ORAL TABLET 40 MG                                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                    | Nivel 4               | PA                                                     |
| ZYKADIA ORAL TABLET 150 MG                                            | Nivel 4               | PA                                                     |
| <b>Moduladores Selectivos De Receptores De Estrógeno (Serm)</b>       |                       |                                                        |
| FARESTON ORAL TABLET 60 MG (toremifene)                               | Nivel 4               | PA                                                     |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                     | Nivel 4               | PA                                                     |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                    | Nivel 2               |                                                        |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                             | Nivel 5               | \$; \$0 COPAY IF QUANTITY 1 IN 1 DAY                   |

| Nombre del Medicamento                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                    | Nivel 4               | PA                                                     |
| <b>Rescate De Quimioterapia/Agentes Antídotos</b>                                 |                       |                                                        |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                   | Nivel 1               | \$                                                     |
| <i>mesna oral tablet 400 mg</i> (Mesnex)                                          | Nivel 1               | \$\$                                                   |
| MESNEX ORAL TABLET 400 MG (mesna)                                                 | Nivel 3               |                                                        |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                                         | Nivel 4               | QL (24 EA per 14 days)                                 |
| <b>Enfermedad Neurológica - Miscelánea</b>                                        |                       |                                                        |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                    | Nivel 4               | PA                                                     |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG                                 | Nivel 4               | PA                                                     |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG                                             | Nivel 4               | PA                                                     |
| SKYCLARYS ORAL CAPSULE 50 MG                                                      | Nivel 4               | PA                                                     |
| VELSIPITY ORAL TABLET 2 MG                                                        | Nivel 4               | PA                                                     |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                      | Nivel 4               | PA                                                     |
| 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                                                     |
| <b>Agentes De Efecto Pseudobulbar (Pba), Antagonistas De Nmda</b>                 |                       |                                                        |
| NUDEXTA ORAL CAPSULE 20-10 MG                                                     | Nivel 3               | PA                                                     |
| <b>Agentes De Esclerosis Lateral Amiotrófica</b>                                  |                       |                                                        |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML                                          | Nivel 4               |                                                        |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML                         | Nivel 4               |                                                        |
| RILUTEK ORAL TABLET 50 MG (riluzole)                                              | Nivel 3               |                                                        |
| <i>riluzole oral tablet 50 mg</i>                                                 | Nivel 1               | \$                                                     |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML                                              | Nivel 4               | PA                                                     |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML                                              | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                |
|--------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Agentes De Fibromialgia,Serotonina-Noradrenalina Ru Inhib</b>         |                       |                                                                                                                                                                                                                                                       |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                        | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements:<br>Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)            | Nivel 3               | \$; ST: Must meet 2 of the following requirements:<br>Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)   |
| <b>Agentes De Neuralgia Postherpética</b>                                |                       |                                                                                                                                                                                                                                                       |
| <i>gabapentin oral tablet extended release</i> (Gralise)<br>24 hr 300 mg | Nivel 1               | \$; ST: Must meet the following requirements:<br>Gabapentin immediate release in 120 days; QL (1 EA per 1 day)                                                                                                                                        |
| <i>gabapentin oral tablet extended release</i> (Gralise)<br>24 hr 600 mg | Nivel 1               | \$; ST: Must meet the following requirements:<br>Gabapentin immediate release in 120 days; QL (2 EA per 1 day)                                                                                                                                        |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                        | Nivel 3               | ST: Must meet the following requirements:<br>Gabapentin immediate release in 120 days; QL (1 EA per 1 day)                                                                                                                                            |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG                | Nivel 3               | ST: Must meet the following requirements:<br>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                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Agentes Neuropáticos</b>                                                                |                       |                                                                                                                                                                                                    |
| LYRICA CR ORAL TABLET EXTENDED (pregabalin)<br>RELEASE 24 HR 165 MG, 82.5 MG               | Nivel 3               | ST: Must meet 2 of the following requirements:<br>Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days;<br>QL (3 EA per 1 day) |
| LYRICA CR ORAL TABLET EXTENDED (pregabalin)<br>RELEASE 24 HR 330 MG                        | Nivel 3               | ST: Must meet 2 of the following requirements:<br>Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days;<br>QL (2 EA per 1 day) |
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br><i>24 hr 165 mg, 82.5 mg</i> | Nivel 1               | ST: Must meet 2 of the following requirements:<br>Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days;<br>QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br><i>24 hr 330 mg</i>          | Nivel 1               | ST: Must meet 2 of the following requirements:<br>Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days;<br>QL (2 EA per 1 day) |
| <b>Agentes Para Trata Esclerosis Múltiple</b>                                              |                       |                                                                                                                                                                                                    |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)                                            | Nivel 4               | PA                                                                                                                                                                                                 |
| AVONEX INTRAMUSCULAR PEN<br>INJECTOR 30 MCG/0.5 ML                                         | Nivel 4               | PA                                                                                                                                                                                                 |
| AVONEX INTRAMUSCULAR PEN<br>INJECTOR KIT 30 MCG/0.5 ML                                     | Nivel 4               | PA                                                                                                                                                                                                 |
| AVONEX INTRAMUSCULAR SYRINGE<br>30 MCG/0.5 ML                                              | Nivel 4               | PA                                                                                                                                                                                                 |
| AVONEX INTRAMUSCULAR SYRINGE<br>KIT 30 MCG/0.5 ML                                          | Nivel 4               | PA                                                                                                                                                                                                 |
| BAFIERTAM ORAL<br>CAPSULE, DELAYED<br>RELEASE (DR/EC) 95 MG                                | Nivel 4               | PA                                                                                                                                                                                                 |
| BETASERON SUBCUTANEOUS KIT<br>0.3 MG                                                       | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                                                                     |

| Nombre del Medicamento                                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| COPAXONE SUBCUTANEOUS (glatiramer)<br>SYRINGE 20 MG/ML, 40 MG/ML                                                   | Nivel 4               | PA                                                     |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg, 120 mg (14)- 240 mg (46), 240 mg (Tecfidera) | Nivel 4               | PA; \$                                                 |
| <i>fingolimod oral capsule 0.5 mg</i> (Gilenya)                                                                    | Nivel 4               | PA; \$\$                                               |
| GILENYA ORAL CAPSULE 0.25 MG                                                                                       | Nivel 4               | PA                                                     |
| GILENYA ORAL CAPSULE 0.5 MG (fingolimod)                                                                           | Nivel 4               | PA                                                     |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)                                               | Nivel 4               | PA; \$\$\$                                             |
| GLATOPA SUBCUTANEOUS SYRINGE (glatiramer)<br>20 MG/ML, 40 MG/ML                                                    | Nivel 4               | PA                                                     |
| KESIMPTA PEN SUBCUTANEOUS<br>PEN INJECTOR 20 MG/0.4 ML                                                             | Nivel 4               | PA                                                     |
| MAVENCLAD (10 TABLET PACK)<br>ORAL TABLET 10 MG                                                                    | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (4 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (5 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (6 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (7 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (8 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAVENCLAD (9 TABLET PACK) ORAL<br>TABLET 10 MG                                                                     | Nivel 4               | PA; \$\$\$\$\$                                         |
| MAYZENT ORAL TABLET 0.25 MG, 1<br>MG, 2 MG                                                                         | Nivel 4               | PA                                                     |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (7 TABS)                                       | Nivel 4               | PA                                                     |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (12 TABS)                                      | Nivel 4               | PA                                                     |
| PLEGRIDY INTRAMUSCULAR<br>SYRINGE 125 MCG/0.5 ML                                                                   | Nivel 4               | PA                                                     |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML                              | Nivel 4               | PA                                                     |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML                                   | Nivel 4               | PA                                                     |



| Nombre del Medicamento                                                                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| PONVORY 14-DAY STARTER PACK<br>ORAL TABLETS,DOSE PACK 2 MG (2)<br>- 10 MG (3)                                       | Nivel 4               | PA; \$\$\$\$                                           |
| PONVORY ORAL TABLET 20 MG                                                                                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML, 44 MCG/0.5 ML                                        | Nivel 4               | PA; \$\$\$\$\$                                         |
| REBIF REBIDOSE SUBCUTANEOUS<br>PEN INJECTOR 22 MCG/0.5 ML, 44<br>MCG/0.5 ML, 8.8MCG/0.2ML-22<br>MCG/0.5ML (6)       | Nivel 4               | PA; \$\$\$\$\$                                         |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6)                                       | Nivel 4               | PA                                                     |
| TASCENSO ODT ORAL<br>TABLET,DISINTEGRATING 0.25 MG,<br>0.5 MG                                                       | Nivel 4               | PA                                                     |
| TECFIDERA ORAL (dimethyl fumarate)<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG, 120 MG<br>(14)- 240 MG (46), 240 MG | Nivel 4               | PA                                                     |
| <i>teriflunomide oral tablet 14 mg</i> (Aubagio)                                                                    | Nivel 4               | PA; \$                                                 |
| <i>teriflunomide oral tablet 7 mg</i> (Aubagio)                                                                     | Nivel 4               | PA; \$\$                                               |
| VUMERITY ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                                                              | Nivel 4               | PA                                                     |
| <b>Agts Tx Dis Transmisión<br/>Neuromusc,Bloq Can-Pot</b>                                                           |                       |                                                        |
| AMPYRA ORAL TABLET EXTENDED (dalfampridine)<br>RELEASE 12 HR 10 MG                                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| <i>dalfampridine oral tablet extended<br/>release 12 hr 10 mg</i> (Ampyra)                                          | Nivel 4               | PA; \$                                                 |
| FIRDAPSE ORAL TABLET 10 MG                                                                                          | Nivel 4               | PA                                                     |
| <b>Trastornos De Movimiento (Terapia<br/>Con Medicamentos)</b>                                                      |                       |                                                        |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                                     | Nivel 4               | PA; QL (4 EA per 1 day)                                |
| AUSTEDO ORAL TABLET 6 MG                                                                                            | Nivel 4               | PA; QL (2 EA per 1 day)                                |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 12 MG,<br>18 MG, 24 MG, 30 MG, 36 MG, 42 MG,<br>48 MG, 6 MG        | Nivel 4               | PA; QL (1 EA per 1 day)                                |
| AUSTEDO XR TITRATION KT(WK1-4)<br>ORAL TABLET, EXT REL 24HR DOSE<br>PACK 12-18-24-30 MG                             | Nivel 4               | PA                                                     |

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

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

| Nombre del Medicamento                                                                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------|
| HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)                                                                           | Nivel 4               | PA; \$\$\$\$                                                     |
| 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                                                               |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)                                                                                                  | Nivel 4               | PA; \$\$                                                         |
| XEMBIFY SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)                                                                           | Nivel 4               | PA; \$\$\$\$                                                     |
| XEMBIFY SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %)                                                                                                 | Nivel 4               | PA; \$\$\$\$                                                     |
| <b>Vacunas De Virus Entéricos</b>                                                                                                                 |                       |                                                                  |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML                                                                                                     | Nivel 3               |                                                                  |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML                                                                                                                | Nivel 3               |                                                                  |
| <b>Vacunas Gram (-) Bacilli (No-Entérica)</b>                                                                                                     |                       |                                                                  |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT                                                                                       | Nivel 3               | \$                                                               |
| <b>Vacunas Para Bacilli Productora De Toxinas/Toxoides</b>                                                                                        |                       |                                                                  |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT                                                                 | Nivel 3               | \$                                                               |
| <b>Vacunas Para Virus De Influenza</b>                                                                                                            |                       |                                                                  |
| AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                                                                   | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                                                                    | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                                                                   | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                                                                           | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Nombre del Medicamento                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso           |
|-------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------|
| FLUBLOK 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 135 MCG<br>(45 MCG X 3)/0.5 ML            | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML           | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026<br>INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLULAVAL 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML            | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML                   | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML             | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE 2025-2026<br>INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                  | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE HIGH-DOSE 2025-26 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML                    | Nivel 5               | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vacunas Virales/Tumorigénicas</b>                                                      |                       |                                                                  |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                                      | Nivel 3               |                                                                  |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML                    | Nivel 3               |                                                                  |
| <b>Inmunosupresión/Modulación</b>                                                         |                       |                                                                  |
| REZUROCK ORAL TABLET 200 MG                                                               | Nivel 4               | PA                                                               |
| <b>Inmunomoduladores</b>                                                                  |                       |                                                                  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                                            | Nivel 4               | PA                                                               |

| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                          |
|-------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------|
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML                                | Nivel 4               |                                                                                 |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML                                       | Nivel 4               | PA                                                                              |
| <i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)          | Nivel 1               |                                                                                 |
| <i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)                     | Nivel 1               |                                                                                 |
| <i>imiquimod topical cream in packet 5 %</i>                                  | Nivel 1               | \$; QL (2 EA per 1 day)                                                         |
| KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)                 | Nivel 3               |                                                                                 |
| KERIDA TOPICAL GEL 5-0.1-30 %                                                 | Nivel 3               |                                                                                 |
| KYNARA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin-niacin)                   | Nivel 3               |                                                                                 |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 %                                             | Nivel 3               |                                                                                 |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin-niacin)               | Nivel 3               |                                                                                 |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)              | Nivel 3               |                                                                                 |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %                              | Nivel 3               |                                                                                 |
| <b>Inmunosupresores</b>                                                       |                       |                                                                                 |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG (tacrolimus)            | Nivel 3               | \$; ST: Must meet the following requirement: generic Tacrolimus in 120 days     |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG (tacrolimus)              | Nivel 3               | \$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days   |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)              | Nivel 3               | \$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days |
| AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)                               | Nivel 3               |                                                                                 |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                        | Nivel 1               |                                                                                 |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                                | Nivel 1               | \$                                                                              |
| CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)                          | Nivel 3               | \$\$\$                                                                          |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil) | Nivel 3               | \$\$\$                                                                          |
| CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)                           | Nivel 3               | \$\$\$\$                                                                        |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)             | Nivel 1               | \$                                                                              |

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



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



| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                              |
|----------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Agentes De Terapia De Abstinencia De Narcóticos</b>                                                   |                       |                                                                                                                     |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                                    | Nivel 1               | \$                                                                                                                  |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)               | Nivel 1               | \$                                                                                                                  |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                                         | Nivel 1               | \$                                                                                                                  |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)                              | Nivel 3               | \$                                                                                                                  |
| SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine-naloxone)                                                 | Nivel 2               | \$                                                                                                                  |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG     | Nivel 2               |                                                                                                                     |
| <b>Analgésicos Narcóticos &amp; Comb. De Analgésicos No Salicilatos</b>                                  |                       |                                                                                                                     |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>                     | Nivel 1               | \$; QL (150 ML per 1 day); Age (Min 12 Years)                                                                       |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>                                         | Nivel 1               | \$; Age (Min 12 Years)                                                                                              |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                            | Nivel 1               | \$; QL (12 EA per 1 day); Age (Min 12 Years)                                                                        |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                       | Nivel 1               | \$; QL (6 EA per 1 day); Age (Min 12 Years)                                                                         |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)                 | Nivel 3               | ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day) |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)          | Nivel 1               | ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)                | Nivel 1               | QL (12 EA per 1 day)                                                                                                |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>                                           | Nivel 1               | QL (200 ML per 1 day)                                                                                               |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i> | Nivel 1               | QL (184 ML per 1 day)                                                                                               |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                             | Nivel 1               | \$; QL (13 EA per 1 day)                                                                                            |

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

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

| Nombre del Medicamento                                                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>                                                                       | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                            |
| <i>buprenorphine transdermal patch weekly</i> (Butrans)<br>10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour | Nivel 1               | \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>                                                                     | Nivel 1               |                                                                                                                                            |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                                                                       | Nivel 1               |                                                                                                                                            |
| BUTRANS TRANSDERMAL PATCH (buprenorphine)<br>WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR        | Nivel 3               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)     |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>                                                                            | Nivel 1               | QL (12 EA per 1 day); Age (Min 12 Years)                                                                                                   |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                                   | Nivel 1               | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                                    |
| DEMEROL (PF) INJECTION SYRINGE<br>100 MG/ML, 50 MG/ML, 75 MG/ML                                                            | Nivel 3               |                                                                                                                                            |
| DEMEROL (PF) INJECTION SYRINGE<br>25 MG/ML                                                                                 | Nivel 3               | \$                                                                                                                                         |
| DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)                                                                           | Nivel 3               |                                                                                                                                            |
| DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf))<br>0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML                           | Nivel 3               |                                                                                                                                            |
| DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)                                                                               | Nivel 3               |                                                                                                                                            |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)                                                                      | Nivel 3               | \$                                                                                                                                         |
| DISKETS ORAL TABLET, SOLUBLE 40 MG (methadone)                                                                             | Nivel 3               | QL (1 EA per 1 day)                                                                                                                        |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG                                                                              | Nivel 3               | PA                                                                                                                                         |
| <i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>                 | Nivel 1               |                                                                                                                                            |
| <i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>                                                   | Nivel 1               |                                                                                                                                            |

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

| Nombre del Medicamento                                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>                                           | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)     |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 20 mg, 30 mg, 40 mg</i> (Hysingla ER)                | Nivel 1               | \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 80 mg</i> (Hysingla ER)                              | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)     |
| <i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))                                     | Nivel 1               |                                                                                                                                          |
| <i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>                  | Nivel 1               |                                                                                                                                          |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)                                                                    | Nivel 1               | \$                                                                                                                                       |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                                                           | Nivel 1               | \$                                                                                                                                       |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                                      | Nivel 1               | PA; \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                           | Nivel 1               |                                                                                                                                          |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate) | Nivel 3               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)     |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                           | Nivel 1               | \$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>levorphanol tartrate oral tablet 3 mg</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>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 (methadone)<br>CONCENTRATE 10 MG/ML                  | 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 CONCENTRATE (methadone)<br>10 MG/ML                           | Nivel 3               | \$. QL (4 ML per 1 day)                                                                                                                  |
| METHADOSE ORAL (methadone)<br>TABLET, SOLUBLE 40 MG                          | Nivel 1               | \$. QL (1 EA per 1 day)                                                                                                                  |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>                           | Nivel 1               |                                                                                                                                          |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>             | Nivel 1               | PA; \$                                                                                                                                   |
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>  | Nivel 1               |                                                                                                                                          |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>                      | Nivel 1               |                                                                                                                                          |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                     | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)     |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 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, er multiphase 24 hr 75 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)     |



| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                     |
|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <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</i>                                                              | Nivel 1               | \$                                                                                                                                         |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>                                                    | Nivel 1               |                                                                                                                                            |
| <i>morphine oral tablet 15 mg, 30 mg</i>                                                              | Nivel 1               | \$                                                                                                                                         |
| <i>morphine oral tablet extended release 100 mg, 200 mg</i>                                           | Nivel 1               | \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)   |
| <i>morphine oral tablet extended release 15 (MS Contin) 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               |                                                                                                                                            |
| MS CONTIN ORAL TABLET (morphine)<br>EXTENDED RELEASE 100 MG, 200 MG, 60 MG                            | Nivel 3               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)       |
| MS CONTIN ORAL TABLET (morphine)<br>EXTENDED RELEASE 15 MG, 30 MG                                     | Nivel 3               | \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)   |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                               | Nivel 1               | \$                                                                                                                                         |
| NUCYNTA ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 100 MG, 50 MG                                        | Nivel 2               | \$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |



| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                         |
|--------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| NUCYNTA ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 150 MG,<br>200 MG                                     | Nivel 2               | \$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |
| NUCYNTA ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 250 MG                                                | Nivel 2               | \$\$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 75 MG                                                                      | Nivel 3               | \$\$\$; QL (6 EA per 1 day)                                                                                                                    |
| NUCYNTA ORAL TABLET 50 MG                                                                              | Nivel 3               | \$\$; QL (6 EA per 1 day)                                                                                                                      |
| oxycodone oral capsule 5 mg                                                                            | Nivel 1               | \$                                                                                                                                             |
| oxycodone oral concentrate 20 mg/ml                                                                    | Nivel 1               | PA; \$                                                                                                                                         |
| oxycodone oral solution 5 mg/5 ml                                                                      | Nivel 1               | \$                                                                                                                                             |
| oxycodone oral tablet 10 mg, 20 mg, 5 mg                                                               | Nivel 1               | \$                                                                                                                                             |
| oxycodone oral tablet 15 mg, 30 mg (Roxicodone)                                                        | Nivel 1               | \$                                                                                                                                             |
| oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg (RoxyBond)                                  | Nivel 1               |                                                                                                                                                |
| oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg (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)       |
| oxycodone oral tablet, oral only, ext. rel. 12 hr 20 mg, 40 mg (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)     |
| oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg (OxyContin)                                    | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)           |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone) | Nivel 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                                                                                                       |
|----------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (oxycodone)              | Nivel 3               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                         |
| oxymorphone oral tablet 10 mg, 5 mg                                              | Nivel 1               |                                                                                                                                                              |
| oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 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)                         |
| oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg                      | Nivel 1               | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                         |
| pentazocine-naloxone oral tablet 50-0.5 mg                                       | Nivel 1               | \$                                                                                                                                                           |
| QDOLO ORAL SOLUTION 5 MG/ML (tramadol)                                           | Nivel 3               | PA                                                                                                                                                           |
| ROXICODONE ORAL TABLET 15 MG (oxycodone)                                         | Nivel 3               | \$\$                                                                                                                                                         |
| ROXICODONE ORAL TABLET 30 MG (oxycodone)                                         | Nivel 3               | \$\$\$                                                                                                                                                       |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)            | Nivel 3               |                                                                                                                                                              |
| tramadol oral capsule, er biphasic 24 hr 17-83 300 mg (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) |
| tramadol oral capsule, er biphasic 24 hr 25-75 100 mg, 200 mg (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) |
| tramadol oral solution 5 mg/ml (Qdolo)                                           | Nivel 1               | PA                                                                                                                                                           |
| tramadol oral tablet 100 mg                                                      | Nivel 1               | QL (4 EA per 1 day); Age (Min 12 Years)                                                                                                                      |
| tramadol oral tablet 25 mg, 75 mg                                                | Nivel 1               |                                                                                                                                                              |
| tramadol oral tablet 50 mg                                                       | Nivel 1               | \$; QL (8 EA per 1 day); Age (Min 12 Years)                                                                                                                  |

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

| Nombre del Medicamento                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>9 MG                            | Nivel 2               | \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <b>Analgésicos, No Narcóticos</b>                                                    |                       |                                                                                                                                          |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF)) | Nivel 1               |                                                                                                                                          |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>                              | Nivel 1               |                                                                                                                                          |
| DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))        | Nivel 3               |                                                                                                                                          |
| JOURNAVX ORAL TABLET 50 MG                                                           | Nivel 3               | PA; \$\$                                                                                                                                 |
| <b>Analgésicos, No Salicilato, Barbitúrico &amp; Xanthine Cmb</b>                    |                       |                                                                                                                                          |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)            | Nivel 1               | \$                                                                                                                                       |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>                       | Nivel 1               | \$                                                                                                                                       |
| <i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>                | Nivel 1               |                                                                                                                                          |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                        | Nivel 1               | \$                                                                                                                                       |
| ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)                       | Nivel 3               |                                                                                                                                          |
| FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)                   | Nivel 1               |                                                                                                                                          |
| <b>Analgésicos, Salicilato, Barbitúrico &amp; Xanthine Cmb</b>                       |                       |                                                                                                                                          |
| <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               | \$                                                                                                                                       |
| <b>Analgésicos/Antipiréticos, Saliciclado</b>                                        |                       |                                                                                                                                          |
| <i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)                                    | Nivel 5               | \$                                                                                                                                       |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)           | Nivel 5               | \$                                                                                                                                       |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)                                           | Nivel 5               | \$                                                                                                                                       |
| BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)                  | Nivel 5               | \$                                                                                                                                       |
| <i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>                         | Nivel 1               |                                                                                                                                          |

| Nombre del Medicamento                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                        |
|-------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <i>diflunisal oral tablet 500 mg</i>                                                      | Nivel 1               | \$                                                                                                                                            |
| DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)                                           | Nivel 3               |                                                                                                                                               |
| DOLOBID ORAL TABLET 250 MG (diflunisal)                                                   | Nivel 3               |                                                                                                                                               |
| DOLOBID ORAL TABLET 375 MG                                                                | Nivel 1               |                                                                                                                                               |
| ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)                             | Nivel 5               | \$                                                                                                                                            |
| <i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)                                    | Nivel 1               | \$                                                                                                                                            |
| <b>Analgésio Narcótico, No-Salicilato, Comb De Xantina</b>                                |                       |                                                                                                                                               |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)                 | Nivel 1               | ST: Must meet the following requirement: Acetaminophen/Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)                  |
| <b>Comb. De Analgésico, No-Salicilado &amp; Barbitúrico</b>                               |                       |                                                                                                                                               |
| <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>                                     | 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               | \$                                                                                                                                            |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)                                   | Nivel 1               | \$                                                                                                                                            |
| <b>Narc. &amp; No-Sal. Analgésico, Barbitúrico &amp; Xantina Cmb</b>                      |                       |                                                                                                                                               |
| <i>butalbital-acetaminop-caf-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-caf-cod oral capsule 50-325-40-30 mg</i>                         | Nivel 1               | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                                       |
| FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)        | Nivel 3               | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                                       |
| <b>Preparaciones Antimigraña</b>                                                          |                       |                                                                                                                                               |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML                       | Nivel 2               | PA; QL (1 ML per 30 days)                                                                                                                     |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML                               | Nivel 2               | PA; QL (1.5 ML per 30 days)                                                                                                                   |

| Nombre del Medicamento                                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                           |
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| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                     | Nivel 2               | PA; QL (1.5 ML per 30 days)                                                                                      |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                  | Nivel 1               | \$. ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| <i>diclofenac potassium oral powder in packet 50 mg</i>                                 | Nivel 1               | \$                                                                                                               |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                     | Nivel 1               | \$. QL (15 ML per 14 days)                                                                                       |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | Nivel 1               | \$. ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)  |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                     | Nivel 1               | \$. ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)                                           | Nivel 3               | PA                                                                                                               |
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                     | Nivel 2               | PA; \$\$; QL (1 ML per 30 days)                                                                                  |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120 MG/ML                                      | Nivel 2               | PA; \$\$; QL (1 ML per 30 days)                                                                                  |
| ERGOMAR SUBLINGUAL TABLET 2 MG                                                          | Nivel 3               | QL (10 EA per 7 days)                                                                                            |
| <i>ergotamine-cafeine oral tablet 1-100 mg</i>                                          | Nivel 1               | \$. QL (10 EA per 7 days)                                                                                        |
| FROVA ORAL TABLET 2.5 MG (frovatriptan)                                                 | Nivel 3               | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)     |
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova)                                          | Nivel 1               | \$. ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| IMITREX ORAL TABLET 100 MG (sumatriptan succinate)                                      | Nivel 3               | \$\$; QL (18 EA per 30 days)                                                                                     |
| IMITREX ORAL TABLET 25 MG (sumatriptan succinate)                                       | Nivel 3               | QL (18 EA per 30 days)                                                                                           |
| IMITREX ORAL TABLET 50 MG (sumatriptan succinate)                                       | Nivel 3               | \$\$\$; QL (18 EA per 30 days)                                                                                   |

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



| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>rizatriptan oral tablet 5 mg</i>                                                                    | Nivel 1               | \$; QL (27 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)                                      | Nivel 1               | \$; QL (27 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i>                                                    | Nivel 1               | \$; QL (27 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>                                            | Nivel 1               | \$; QL (18 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>                                             | Nivel 1               | \$; QL (36 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)                                | Nivel 1               | \$; QL (18 EA per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Nivel 1               | QL (18 ML per 30 days)                                                                                                                                                                                                                                                                                                                |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)              | Nivel 1               | QL (18 ML per 30 days)                                                                                                                                                                                                                                                                                                                |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)              | Nivel 1               | \$; QL (18 ML per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>                                         | Nivel 1               | \$; QL (18 ML per 30 days)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>                                          | Nivel 1               | QL (18 ML per 30 days)                                                                                                                                                                                                                                                                                                                |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)                                           | Nivel 1               | \$; ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days) |
| SYMBRAVO ORAL TABLET 10-20 MG                                                                          | Nivel 3               |                                                                                                                                                                                                                                                                                                                                       |
| TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                                                       | Nivel 3               | \$\$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (24 EA per 30 days)                                                                                                                                                                                                                    |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)                                         | Nivel 3               | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)                                                                                                                                                                                                      |



| Nombre del Medicamento                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                             |
|------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|
| UBRELVY ORAL TABLET 100 MG, 50 MG                          | Nivel 2               | PA; \$\$; QL (16 EA per 30 days)                                                                                   |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION          | Nivel 3               | PA; QL (8 EA per 30 days)                                                                                          |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML    | Nivel 3               | \$\$\$; ST: Must meet the following requirement: generic Sumatriptan injection in 120 days; QL (18 ML per 30 days) |
| zolmitriptan nasal spray, non-aerosol 2.5 mg (Zomig)       | Nivel 1               | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)       |
| zolmitriptan nasal spray, non-aerosol 5 mg (Zomig)         | Nivel 1               | \$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)   |
| zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)              | Nivel 1               | \$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)   |
| zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg      | Nivel 1               | \$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)   |
| ZOMIG NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG | Nivel 3               | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)       |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)              | Nivel 1               | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)       |

#### Oído - Trastornos Generales

#### Preparados Antiinflamatorios Para El Oído

|                                                                    |         |    |
|--------------------------------------------------------------------|---------|----|
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)  | Nivel 3 |    |
| FLAC OTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil) | Nivel 3 |    |
| fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)  | Nivel 1 | \$ |

| Nombre del Medicamento                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Preparados Óticos,Antiinflamatorio-Antibióticos</b>                                |                       |                                                        |
| CIPRO HC OTIC (EAR)<br>DROPS,SUSPENSION 0.2-1 %                                       | Nivel 3               |                                                        |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>              | Nivel 1               | \$                                                     |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)  | Nivel 1               | \$                                                     |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)         | Nivel 3               |                                                        |
| <b>Preparados Para El Oído, Antibióticos</b>                                          |                       |                                                        |
| CETRAXAL OTIC (EAR) (ciprofloxacin hcl)<br>DROPPERETTE 0.2 %                          | Nivel 3               |                                                        |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)                      | Nivel 1               | \$                                                     |
| CORTISPORIN-TC OTIC (EAR)<br>DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML                      | Nivel 3               |                                                        |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Nivel 1               | \$                                                     |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>         | Nivel 1               | \$                                                     |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                               | Nivel 1               | \$                                                     |
| <b>Preparados Para El Oído, Misc. Antiinfecciosos</b>                                 |                       |                                                        |
| <i>acetic acid otic (ear) solution 2 %</i>                                            | Nivel 1               |                                                        |
| CORTANE-B TOPICAL LOTION 1-1-0.1 %                                                    | Nivel 3               |                                                        |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                              | Nivel 1               |                                                        |
| <b>Ojo - Glaucoma</b>                                                                 |                       |                                                        |
| <b>Agentes Oftálmicos Antifibróticos</b>                                              |                       |                                                        |
| <i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>          | Nivel 4               |                                                        |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG                                                   | Nivel 3               |                                                        |
| <b>Inhibidores De Anhidrasa Carbónica</b>                                             |                       |                                                        |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                            | Nivel 1               | \$                                                     |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                       | Nivel 1               | \$                                                     |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                         | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Midriáticos</b>                                                                                   |                       |                                                        |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>                                       | Nivel 1               |                                                        |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                                         | Nivel 1               |                                                        |
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>                                        | Nivel 1               |                                                        |
| CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate)<br>DROPS 0.5 %, 1 %, 2 %                                  | Nivel 3               |                                                        |
| CYCLOMYDRIL OPHTHALMIC (EYE)<br>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 3               |                                                        |
| <i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i> | Nivel 1               |                                                        |
| <i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>               | Nivel 1               |                                                        |
| HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr)<br>DROPS 5 %                                         | Nivel 1               |                                                        |
| MYDCOMBI OPHTHALMIC (EYE)<br>CARTRIDGE 2.5-1 %                                                       | Nivel 3               |                                                        |
| MYDRIACYL OPHTHALMIC (EYE) (tropicamide)<br>DROPS 1 %                                                | Nivel 3               |                                                        |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                                 | Nivel 1               |                                                        |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>                                                      | Nivel 1               | \$                                                     |
| <i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)                                            | Nivel 1               | \$                                                     |
| <b>Miotícos/Otros Intraoc. Reductores De Presión</b>                                                 |                       |                                                        |
| ALPHAGAN P OPHTHALMIC (EYE) (brimonidine)<br>DROPS 0.1 %, 0.15 %                                     | Nivel 3               | \$                                                     |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                                    | Nivel 1               |                                                        |
| AZOPT OPHTHALMIC (EYE) (brinzolamide)<br>DROPS,SUSPENSION 1 %                                        | Nivel 3               |                                                        |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                                        | Nivel 1               |                                                        |
| BETIMOL OPHTHALMIC (EYE) DROPS<br>0.25 %                                                             | Nivel 3               |                                                        |
| BETIMOL OPHTHALMIC (EYE) DROPS (timolol)<br>0.5 %                                                    | Nivel 3               |                                                        |

| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                   |
|------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------|
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                                | Nivel 3               |                                                                                                                          |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                                   | Nivel 1               | \$; QL (1 ML per 12 days)                                                                                                |
| <i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)<br><i>0.15 %</i>      | Nivel 1               |                                                                                                                          |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                                    | Nivel 1               | \$                                                                                                                       |
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>                | Nivel 1               |                                                                                                                          |
| <i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>                      | Nivel 1               |                                                                                                                          |
| <i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>          | Nivel 1               |                                                                                                                          |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)             | Nivel 1               |                                                                                                                          |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)                  | Nivel 1               | \$                                                                                                                       |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                        | Nivel 1               |                                                                                                                          |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)                    | Nivel 3               | \$                                                                                                                       |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))        | Nivel 3               | ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)                            |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)                 | Nivel 3               |                                                                                                                          |
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>                                 | Nivel 1               |                                                                                                                          |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                      | Nivel 1               | \$                                                                                                                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF)) | Nivel 1               | \$; ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)                        |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)          | Nivel 1               | \$                                                                                                                       |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                          | Nivel 3               |                                                                                                                          |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)                 | Nivel 3               | \$                                                                                                                       |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %                                   | Nivel 3               | ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan 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               | \$                                                                                                                                                                                                              |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                                | Nivel 1               | \$                                                                                                                                                                                                              |
| LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %                                                           | Nivel 2               | \$; QL (2.5 ML per 25 days)                                                                                                                                                                                     |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %                                               | Nivel 4               | \$\$\$\$                                                                                                                                                                                                        |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                    | Nivel 1               |                                                                                                                                                                                                                 |
| <i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)                                   | Nivel 1               | QL (10 ML per 30 days)                                                                                                                                                                                          |
| QLOSI OPTHALMIC (EYE) DROPPERETTE 0.4 %                                                        | Nivel 3               | ST: Must meet the following requirement: Generic pilocarpine ophthalmic solution in 120 days; QL (2 EA per 1 day)                                                                                               |
| RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %                                                         | Nivel 3               | ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)                  |
| ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %                                                   | Nivel 3               | ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.1%, Simbrinza, or Travatan Z in 365 days; QL (2.5 ML per 25 days) |
| SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                                             | Nivel 2               |                                                                                                                                                                                                                 |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))                    | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                                                                         |
| <i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>          | Nivel 1               |                                                                                                                                                                                                                 |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF)) | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                                                                                                         |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %</i>                                           | Nivel 1               |                                                                                                                                                                                                                 |
| <i>timolol maleate ophthalmic (eye) drops 0.5 %</i>                                            | Nivel 1               | \$                                                                                                                                                                                                              |

| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                           |
|---------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)       | Nivel 1               |                                                                                                                                  |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>      | Nivel 1               | \$                                                                                                                               |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                           | Nivel 1               |                                                                                                                                  |
| <i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>                    | Nivel 1               |                                                                                                                                  |
| <i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>    | Nivel 1               |                                                                                                                                  |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>       | Nivel 1               |                                                                                                                                  |
| <i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>        | Nivel 1               |                                                                                                                                  |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>       | Nivel 1               |                                                                                                                                  |
| <i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>       | Nivel 1               |                                                                                                                                  |
| TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.25 % (timolol maleate (pf)) | Nivel 3               | QL (2 EA per 1 day)                                                                                                              |
| TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.5 % (timolol maleate (pf))  | Nivel 3               | \$\$; QL (2 EA per 1 day)                                                                                                        |
| TRAVATAN Z OPTHALMIC (EYE) DROPS 0.004 % (travoprost)                           | Nivel 3               | QL (2.5 ML per 25 days)                                                                                                          |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                   | Nivel 1               | \$; QL (2.5 ML per 25 days)                                                                                                      |
| VIZZ OPTHALMIC (EYE) DROPPERETTE 1.44 %                                         | Nivel 3               | QL (1 EA per 1 day)                                                                                                              |
| VUITY OPTHALMIC (EYE) DROPS 1.25 % (pilocarpine hcl)                            | Nivel 3               | QL (10 ML per 30 days)                                                                                                           |
| VYZULTA OPTHALMIC (EYE) DROPS 0.024 %                                           | Nivel 3               | \$; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days) |
| XALATAN OPTHALMIC (EYE) DROPS 0.005 % (latanoprost)                             | Nivel 3               |                                                                                                                                  |
| XELPROS OPTHALMIC (EYE) DROPS, EMULSION 0.005 %                                 | Nivel 3               | ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days)     |

| Nombre del Medicamento                                                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| ZIOPTAN (PF) OPHTHALMIC (EYE) (tafluprost (pf))<br>DROPPERETTE 0.0015 %                                        | Nivel 3               | QL (1 EA per 1 day)                                    |
| <b>Ojo - Misceláneos</b>                                                                                       |                       |                                                        |
| <b>Agentes Para Entrecruzamiento Corneal De Colágeno</b>                                                       |                       |                                                        |
| PHOTREXA CROSS-LINKING KIT<br>OPHTHALMIC (EYE) COMBO, DROPS<br>AND DROPS VISCOUS 0.146 % -0.146 %              | Nivel 4               | \$\$\$\$                                               |
| <b>Agentes Reductores De Cistina Oftálmica</b>                                                                 |                       |                                                        |
| CYSTADROPS OPHTHALMIC (EYE)<br>DROPS 0.37 %                                                                    | Nivel 4               | PA                                                     |
| CYSTARAN OPHTHALMIC (EYE)<br>DROPS 0.44 %                                                                      | Nivel 4               | PA                                                     |
| <b>Combinaciones Midriática Y Nsaid De Ojos</b>                                                                |                       |                                                        |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe-<br>OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat)<br>0.5 % | Nivel 1               |                                                        |
| <b>Lágrimas Artificiales</b>                                                                                   |                       |                                                        |
| KLARITY (CHONDROITIN) (PF)<br>OPHTHALMIC (EYE) DROPS 0.25 %                                                    | Nivel 3               |                                                        |
| MIEBO (PF) OPHTHALMIC (EYE)<br>DROPS 100 %                                                                     | Nivel 2               | \$\$                                                   |
| <b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Anticuerpo</b>                                                        |                       |                                                        |
| SUSVIMO (INITIAL FILL)<br>INTRAVITREAL SOLUTION 10 MG/0.1 ML                                                   | Nivel 4               | PA                                                     |
| SUSVIMO INTRAVITREAL SOLUTION<br>10 MG/0.1 ML                                                                  | Nivel 4               | PA                                                     |
| <b>Preparados Para Los Ojos, Varios (Venta Libre)</b>                                                          |                       |                                                        |
| GELFILM OPHTHALMIC (EYE) FILM                                                                                  | Nivel 3               |                                                        |
| <b>Ojo - Trastornos Generales</b>                                                                              |                       |                                                        |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                                                               | Nivel 3               |                                                        |
| OXERVATE OPHTHALMIC (EYE)<br>DROPS 0.002 %                                                                     | Nivel 4               | PA                                                     |
| <i>prednisoln sp-moxiflox-bromfen<br/>ophthalmic (eye) drops 1-0.5-0.075 %</i>                                 | Nivel 1               |                                                        |
| <i>prednisolone-moxiflo-nepafenac<br/>ophthalmic (eye) drops,suspension 1-<br/>0.5-0.1 %</i>                   | Nivel 1               |                                                        |

| Nombre del Medicamento                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i> | Nivel 1               |                                                                                                                                                                          |
| <i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>             | Nivel 1               |                                                                                                                                                                          |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY                              | Nivel 2               | PA                                                                                                                                                                       |
| XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %                                                 | Nivel 4               | PA                                                                                                                                                                       |
| <b>Agentes Antiinflamatorios Para Los Ojos</b>                                       |                       |                                                                                                                                                                          |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)                                   | Nivel 3               | \$                                                                                                                                                                       |
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)                                      | Nivel 3               | \$\$; QL (20 ML per 30 days)                                                                                                                                             |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %                                     | Nivel 3               | \$; ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (60 EA per 15 days)                |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)                | Nivel 3               | \$; ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days) |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)                            | Nivel 1               | ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)                                     |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)                           | Nivel 1               | \$; ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)                                 |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                                       | Nivel 1               | ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)                                   |



| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                      |
|--------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BROMSITE OPHTHALMIC (EYE) (bromfenac)<br>DROPS 0.075 %                         | Nivel 3               | \$; ST: Must meet any of the following requirements:<br>generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)                                 |
| <i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>                     | Nivel 1               | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (3.5 ML per 14 days)    |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>             | Nivel 1               | \$; QL (15 ML per 14 days)                                                                                                                                                  |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG                                        | Nivel 3               |                                                                                                                                                                             |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                          | Nivel 1               | \$; QL (10 ML per 14 days)                                                                                                                                                  |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)                   | Nivel 1               | \$; QL (10 ML per 14 days)                                                                                                                                                  |
| DUREZOL OPHTHALMIC (EYE) (difluprednate)<br>DROPS 0.05 %                       | Nivel 3               | QL (10 ML per 14 days)                                                                                                                                                      |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                            | Nivel 3               | PA                                                                                                                                                                          |
| FLAREX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                              | Nivel 3               | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)     |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | Nivel 1               | QL (10 ML per 14 days)                                                                                                                                                      |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                       | Nivel 1               |                                                                                                                                                                             |
| FML FORTE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                          | Nivel 3               | \$; ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days) |
| FML LIQUIFILM OPHTHALMIC (EYE) (fluorometholone)<br>DROPS,SUSPENSION 0.1 %     | Nivel 3               | \$; QL (10 ML per 14 days)                                                                                                                                                  |

| Nombre del Medicamento                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                   |
|------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                            | Nivel 2               | QL (3.4 ML per 16 days)                                                                                                                                                  |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                            | Nivel 3               | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                    | Nivel 1               |                                                                                                                                                                          |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)                       | Nivel 1               | \$. QL (20 ML per 30 days)                                                                                                                                               |
| LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate)<br>DROPS,GEL 0.5 %          | Nivel 3               | \$. QL (10 GM per 14 days)                                                                                                                                               |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                                   | Nivel 2               | \$. QL (7 GM per 14 days)                                                                                                                                                |
| LOTEMAX SM OPHTHALMIC (EYE)<br>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:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)  |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>         | Nivel 1               | QL (20 ML per 14 days)                                                                                                                                                   |
| MAXIDEX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                           | Nivel 3               | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)  |
| NEVANAC OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                           | Nivel 3               | ST: Must meet the following requirements:<br>Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (9 ML per 16 days)                  |
| PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate)<br>DROPS,SUSPENSION 1 %   | Nivel 3               | \$. QL (20 ML per 14 days)                                                                                                                                               |

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

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

| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                             |
|----------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOBREX OPHTHALMIC (EYE)<br>OINTMENT 0.3 %                                                                | Nivel 2               |                                                                                                                                                                    |
| VIGAMOX OPHTHALMIC (EYE) (moxifloxacin)<br>DROPS 0.5 %                                                   | Nivel 3               |                                                                                                                                                                    |
| <b>Antihistamínicos Para Ojos</b>                                                                        |                       |                                                                                                                                                                    |
| azelastine ophthalmic (eye) drops 0.05 %                                                                 | Nivel 1               | \$; QL (12 ML per 30 days)                                                                                                                                         |
| bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)                                              | Nivel 1               | \$; ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days) |
| BEPREVE OPHTHALMIC (EYE) (bepotastine besilate)<br>DROPS 1.5 %                                           | Nivel 3               | \$; ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days) |
| epinastine ophthalmic (eye) drops 0.05 %                                                                 | Nivel 1               | QL (10 ML per 30 days)                                                                                                                                             |
| olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)                                  | Nivel 1               | \$                                                                                                                                                                 |
| olopatadine ophthalmic (eye) drops 0.2 % (Advanced Eye Relief (olopatad))                                | Nivel 1               | QL (3 ML per 30 days)                                                                                                                                              |
| ZERVIAE OPHTHALMIC (EYE)<br>DROPPERETTE 0.24 %                                                           | Nivel 3               | QL (60 EA per 30 days)                                                                                                                                             |
| <b>Antivirales Para Los Ojos</b>                                                                         |                       |                                                                                                                                                                    |
| trifluridine ophthalmic (eye) drops 1 %                                                                  | Nivel 1               |                                                                                                                                                                    |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %                                                                       | Nivel 3               | \$\$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days                                                    |
| <b>Combinaciones Antibióticos-Corticoides Para Los Ojos</b>                                              |                       |                                                                                                                                                                    |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin-polymyxin b-dexameth) | Nivel 3               |                                                                                                                                                                    |
| neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)       | Nivel 1               | \$                                                                                                                                                                 |
| neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol) | Nivel 1               | \$                                                                                                                                                                 |

| Nombre del Medicamento                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                    |
|----------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)    | Nivel 1               | \$                                                                                                                                        |
| neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml                | Nivel 1               |                                                                                                                                           |
| NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc) | Nivel 1               |                                                                                                                                           |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %                                                  | Nivel 3               |                                                                                                                                           |
| prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %                                        | Nivel 1               |                                                                                                                                           |
| prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %                            | Nivel 1               |                                                                                                                                           |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                       | Nivel 2               |                                                                                                                                           |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %                                           | Nivel 3               | ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days                                    |
| tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %                               | Nivel 1               | \$                                                                                                                                        |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                                                  | Nivel 3               | \$                                                                                                                                        |
| <b>Estabilizadores De Mastocitos Oftálmicos</b>                                                    |                       |                                                                                                                                           |
| cromolyn ophthalmic (eye) drops 4 %                                                                | Nivel 1               | QL (50 ML per 30 days)                                                                                                                    |
| <b>Inmunomodulador Antiinflamatorio Oftálmico-Tipo</b>                                             |                       |                                                                                                                                           |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %                                                          | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements: Cyclosporine/Restasis, Miebo, Tyrvaya, or Xiidra in 365 days; QL (60 EA per 30 days) |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %                                          | Nivel 1               |                                                                                                                                           |
| cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)                                        | Nivel 1               | \$; QL (60 EA per 30 days)                                                                                                                |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                                                   | Nivel 2               | \$\$; QL (5.5 ML per 30 days)                                                                                                             |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)                                        | Nivel 3               | \$\$; QL (60 EA per 30 days)                                                                                                              |

| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %                                   | Nivel 3               | PA                                                     |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 %                                            | Nivel 3               | PA                                                     |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %                                       | Nivel 2               | \$\$; QL (60 EA per 30 days)                           |
| <b>Preparados Oftálmicos, Varios</b>                                          |                       |                                                        |
| ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %                                     | Nivel 3               |                                                        |
| AMVISC INTRAOCULAR SYRINGE 12 MG/ML                                           | Nivel 3               |                                                        |
| AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML                                      | Nivel 3               |                                                        |
| AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %                                     | Nivel 3               |                                                        |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML                                           | Nivel 3               |                                                        |
| HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML                                    | Nivel 3               |                                                        |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML                                       | Nivel 3               |                                                        |
| HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML                                      | Nivel 3               |                                                        |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML                                          | Nivel 3               |                                                        |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)                         | Nivel 3               |                                                        |
| <b>Sulfomanidas Para Los Ojos</b>                                             |                       |                                                        |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %                          | Nivel 2               |                                                        |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                       | Nivel 1               | \$                                                     |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                    | Nivel 1               |                                                        |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Nivel 1               | \$                                                     |
| <b>Vasoconstrictores Para Los Ojos (Rx Solamente)</b>                         |                       |                                                        |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                   | Nivel 1               |                                                        |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %                                | Nivel 3               | PA                                                     |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                           |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Otros Medicamentos</b>                                                   |                       |                                                                                                                                                  |
| ANDEMBRY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>200 MG/1.2 ML        | Nivel 4               | PA                                                                                                                                               |
| AVMAPKI-FAKZYNJA ORAL COMBO<br>PACK 0.8-200 MG                              | Nivel 4               | PA                                                                                                                                               |
| BD VERITOR SARS-COV-2, FLU A-B<br>KIT                                       | Nivel 5               |                                                                                                                                                  |
| BRONCHITOL INHALATION CAPSULE,<br>W/INHALATION DEVICE 40 MG                 | Nivel 4               | ST: Must meet the following requirements:<br>Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)           |
| COBENFY ORAL CAPSULE 100-20<br>MG, 125-30 MG, 50-20 MG                      | Nivel 3               | \$\$\$; ST: Must meet any of the following requirements:<br>generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL<br>CAPSULE,DOSE PACK 50 MG-20 MG<br>/100 MG-20 MG | Nivel 3               | \$\$\$; ST: Must meet any of the following requirements:<br>generic atypical antipsychotic, Rexulti, or Vraylar in 120 days                      |
| CONSENSI ORAL TABLET 10-200 MG,<br>2.5-200 MG, 5-200 MG                     | Nivel 3               |                                                                                                                                                  |
| CORDX TYFAST FLU-COVID-19 TEST<br>KIT                                       | Nivel 5               |                                                                                                                                                  |
| <i>covid19 test adm.by pharmacist</i>                                       | Nivel 5               |                                                                                                                                                  |
| DUVYZAT ORAL SUSPENSION 8.86<br>MG/ML                                       | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                   |
| <i>eua patient assessment</i>                                               | Nivel 5               |                                                                                                                                                  |
| FLOWFLEX PLUS COVID-19 AND FLU<br>KIT                                       | Nivel 5               | \$                                                                                                                                               |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                            | Nivel 1               | \$                                                                                                                                               |
| <i>midazolam injection solution 5 mg/ml</i>                                 | Nivel 1               | \$                                                                                                                                               |
| <i>moxifloxacin-bromfenac ophthalmic<br/>(eye) drops 0.5-0.075 %</i>        | Nivel 1               |                                                                                                                                                  |
| PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen<br>collect)          | Nivel 5               |                                                                                                                                                  |
| RAPIDGO FLU AND COVID-19 TEST<br>KIT                                        | Nivel 5               |                                                                                                                                                  |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT                                             | Nivel 5               |                                                                                                                                                  |
| SPEEDYSWAB COVID-19 AND FLU<br>KIT                                          | Nivel 5               | \$                                                                                                                                               |



| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED                                                | Nivel 3               |                                                        |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %                                                           | Nivel 3               | PA                                                     |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG                                       | Nivel 4               | PA                                                     |
| ZELSUVMI TOPICAL GEL 10.3 %                                                                            | Nivel 3               | PA                                                     |
| <b>Adhesivos De Tejido/Herida</b>                                                                      |                       |                                                        |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Nivel 3               |                                                        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML                                            | Nivel 3               |                                                        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML                                        | Nivel 3               |                                                        |
| <b>Agentes Colorantes Y Tintes</b>                                                                     |                       |                                                        |
| <i>methylene blue (bulk-solid) powder</i>                                                              | Nivel 3               |                                                        |
| <b>Agentes Criopreservativos</b>                                                                       |                       |                                                        |
| CRYOSERV SOLUTION 99 %                                                                                 | Nivel 3               |                                                        |
| <b>Agentes De Deficiencia Metabólica</b>                                                               |                       |                                                        |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                                                    | Nivel 4               | PA                                                     |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)                                          | Nivel 3               |                                                        |
| CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))                                          | Nivel 3               |                                                        |
| CARNITOR ORAL TABLET 330 MG (levocarnitine)                                                            | Nivel 3               |                                                        |
| CYSTDANE ORAL POWDER 1 GRAM/SCOOP (betaine)                                                            | Nivel 4               | PA                                                     |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)                                   | Nivel 1               |                                                        |
| <i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))                                   | Nivel 1               |                                                        |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                                                     | Nivel 1               | \$                                                     |
| <b>Agentes De Mucositis Oral/Estomatitis</b>                                                           |                       |                                                        |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET                                                                 | Nivel 3               |                                                        |
| MUGARD MUCOUS MEMBRANE SOLUTION                                                                        | Nivel 3               |                                                        |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                                                                   | Nivel 3               |                                                        |
| ORAPEUTIC MUCOUS MEMBRANE GEL                                                                          | Nivel 3               |                                                        |
| <b>Agentes De Suspensión</b>                                                                           |                       |                                                        |
| GELFILM IMPLANT FILM                                                                                   | Nivel 3               |                                                        |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>hydroxypropyl cellulose powder</i>                                       | Nivel 3               |                                                        |
| <b>Agentes Estimulantes De Saliva</b>                                       |                       |                                                        |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM                                   | Nivel 3               |                                                        |
| <b>Agentes Generales De Inhalación</b>                                      |                       |                                                        |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                        | Nivel 3               |                                                        |
| HYPER-SAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 7 %        | Nivel 3               |                                                        |
| NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %          | Nivel 1               | \$                                                     |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                            | Nivel 3               | \$                                                     |
| PULMOSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 7 %         | Nivel 3               | \$                                                     |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>     | Nivel 1               | \$                                                     |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)   | Nivel 1               | \$                                                     |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | Nivel 1               | \$                                                     |
| <b>Agentes Para Uso Estomatológico</b>                                      |                       |                                                        |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %                                 | Nivel 3               |                                                        |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML                               | Nivel 3               |                                                        |
| <b>Agentes Sanadores De Heridas, Locales</b>                                |                       |                                                        |
| <i>balsam peru-castor oil topical ointment</i> (BPCO)                       | Nivel 1               |                                                        |
| <i>balsam peru-castor oil topical ointment in packet</i> (Venelex)          | Nivel 1               |                                                        |
| BPCO TOPICAL OINTMENT (balsam peru-castor oil)                              | Nivel 1               |                                                        |
| DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %                                  | Nivel 3               |                                                        |
| DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %                           | Nivel 3               |                                                        |
| DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %                             | Nivel 3               |                                                        |
| DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)                        | Nivel 3               |                                                        |
| FILSUVEZ TOPICAL GEL 10 %                                                   | Nivel 4               | PA; \$\$\$\$\$                                         |
| VENELEX TOPICAL OINTMENT (balsam peru-castor oil)                           | Nivel 3               |                                                        |
| VENELEX TOPICAL OINTMENT IN PACKET (balsam peru-castor oil)                 | Nivel 3               |                                                        |
| WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %                                      | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Agentes Somatostáticos</b>                                                                      |                       |                                                        |
| MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG                                               | Nivel 4               | PA                                                     |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>                              | Nivel 4               | \$                                                     |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)                   | Nivel 4               | \$                                                     |
| <i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)                              | Nivel 4               | \$\$                                                   |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | Nivel 4               |                                                        |
| SANDOSTATIN INJECTION SOLUTION (octreotide acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML              | Nivel 4               |                                                        |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                | Nivel 4               | PA                                                     |
| <b>Agentes Sustitutos De Saliva</b>                                                                |                       |                                                        |
| AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY                                                             | Nivel 3               |                                                        |
| CAPHOSOL MUCOUS MEMBRANE SOLUTION                                                                  | Nivel 3               |                                                        |
| MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG                                                | Nivel 3               |                                                        |
| NUMOISYN MUCOUS MEMBRANE LIQUID                                                                    | Nivel 3               |                                                        |
| SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG                                                  | Nivel 3               |                                                        |
| <b>Anestesia General, Inhalante</b>                                                                |                       |                                                        |
| <i>desflurane inhalation liquid 100 %</i> (Suprane)                                                | Nivel 1               |                                                        |
| FORANE INHALATION LIQUID 99.9 % (isoflurane)                                                       | Nivel 3               |                                                        |
| <i>isoflurane inhalation liquid 99.9 %</i> (Terrell)                                               | Nivel 1               |                                                        |
| <i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)                                              | Nivel 1               |                                                        |
| SUPRANE INHALATION LIQUID 100 % (desflurane)                                                       | Nivel 3               |                                                        |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane)                                                      | Nivel 1               |                                                        |
| ULTANE INHALATION LIQUID 99.97 % (sevoflurane)                                                     | Nivel 3               |                                                        |
| <b>Antagonista De Receptor De Abortivos, Progesterona</b>                                          |                       |                                                        |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)                                                         | Nivel 3               |                                                        |
| <i>mifepristone oral tablet 200 mg</i> (Mifeprex)                                                  | Nivel 1               | \$                                                     |

| Nombre del Medicamento                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antagonistas De Receptor Muscarínico</b>                   |                       |                                                        |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML | Nivel 3               |                                                        |
| <b>Antivenenos</b>                                            |                       |                                                        |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG                        | Nivel 3               |                                                        |
| <b>Condomes</b>                                               |                       |                                                        |
| AIMSCO LATEX CONDOM DEVICE                                    | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| DUREX AVANTI BARE REAL FEEL                                   | Nivel 5               | ;; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60            |
| DUREX EXTRA SENSITIVE CONDOM DEVICE                           | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| DUREX TROPICAL CONDOM DEVICE                                  | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| FANTASY CONDOM DEVICE                                         | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| FC2 FEMALE CONDOM                                             | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| KIMONO LUBRICATED CONDOMS DEVICE                              | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE                         | Nivel 5               | ;; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60            |
| KIMONO MICROTHIN CONDOMS DEVICE                               | Nivel 5               | ;; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60            |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE                         | Nivel 5               | ;; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60            |
| KIMONO TEXTURED CONDOMS DEVICE                                | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| KIMONO THIN LUBRICATED CONDOMS DEVICE                         | Nivel 5               | ;; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60            |
| TROJAN ULTRA RIBBED CONDOM DEVICE                             | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUE COVER CONDOM DEVICE                                      | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUSTEX LATEX CONDOM DEVICE                                   | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUSTEX LUBRICATED CONDOMS DEVICE                             | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |

| Nombre del Medicamento                                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| TRUSTEX NON-LUB CONDOMS DEVICE                                                                                           | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE                                                                                        | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE                                                                                    | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                                                                                       | Nivel 5               | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60               |
| <b>Dispositivos Con Aguja/Sin Aguja</b>                                                                                  |                       |                                                        |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                                        | Nivel 2               |                                                        |
| NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"                                                   | Nivel 2               |                                                        |
| NANO PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"                                                           | Nivel 2               |                                                        |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" | Nivel 2               |                                                        |
| UNIFINE PENTIPS NEEDLE 32 GAUGE (pen needle, diabetic) X 5/32"                                                           | Nivel 2               |                                                        |
| <b>Dispositivos De Difunción Sexual</b>                                                                                  |                       |                                                        |
| RAPPORT VACUUM THERAPY KIT                                                                                               | Nivel 3               |                                                        |
| <b>Envenenamiento Por Metales,Agentes Para Tratar</b>                                                                    |                       |                                                        |
| CHEMET ORAL CAPSULE 100 MG                                                                                               | Nivel 3               |                                                        |
| CUVRIOR ORAL TABLET 300 MG                                                                                               | Nivel 4               | PA                                                     |
| deferasirox oral granules in packet 180 (Jadenu Sprinkle) mg                                                             | Nivel 4               | PA; \$\$\$\$                                           |
| deferasirox oral granules in packet 360 (Jadenu Sprinkle) mg                                                             | Nivel 4               | PA; \$\$\$                                             |
| deferasirox oral granules in packet 90 (Jadenu Sprinkle) mg                                                              | Nivel 4               | PA; \$\$                                               |
| deferasirox oral tablet 180 mg, 90 mg (Jadenu)                                                                           | Nivel 4               | PA; \$                                                 |
| deferasirox oral tablet 360 mg (Jadenu)                                                                                  | Nivel 4               | PA; \$\$                                               |
| deferasirox oral tablet, dispersible 125 (Exjade) mg                                                                     | Nivel 4               | PA; \$                                                 |
| deferasirox oral tablet, dispersible 250 (Exjade) mg, 500 mg                                                             | Nivel 4               | PA; \$\$                                               |
| deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)                                                                     | Nivel 4               | PA                                                     |
| deferoxamine injection recon soln 2 gram                                                                                 | Nivel 1               | PA; \$\$                                               |
| deferoxamine injection recon soln 500 (Desferal) mg                                                                      | Nivel 1               | PA                                                     |
| DESFERAL INJECTION RECON SOLN (deferoxamine) 500 MG                                                                      | Nivel 3               | PA                                                     |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                 |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------|
| EXJADE ORAL TABLET, DISPERSIBLE (deferasirox)<br>125 MG, 250 MG, 500 MG        | Nivel 4               | PA                                                                                                     |
| FERRIPROX (2 TIMES A DAY) ORAL<br>TABLET, MODIFIED RELEASE 1,000<br>MG         | Nivel 4               | PA; \$\$\$\$\$                                                                                         |
| FERRIPROX ORAL SOLUTION 100<br>MG/ML                                           | Nivel 4               | PA; \$\$\$\$\$                                                                                         |
| FERRIPROX ORAL TABLET 1,000 MG (deferiprone)                                   | Nivel 4               | PA; \$\$\$\$\$                                                                                         |
| FERRIPROX ORAL TABLET 500 MG (deferiprone)                                     | Nivel 4               | PA                                                                                                     |
| GALZIN ORAL CAPSULE 25 MG<br>(ZINC), 50 MG (ZINC)                              | Nivel 3               |                                                                                                        |
| JADENU ORAL TABLET 180 MG, 360<br>MG, 90 MG (deferasirox)                      | Nivel 4               | PA                                                                                                     |
| JADENU SPRINKLE ORAL GRANULES (deferasirox)<br>IN PACKET 180 MG, 360 MG, 90 MG | Nivel 4               | PA                                                                                                     |
| RADIOGARDASE ORAL CAPSULE 0.5<br>GRAM                                          | Nivel 3               |                                                                                                        |
| SYPRINE ORAL CAPSULE 250 MG (trientine)                                        | Nivel 4               | PA; \$\$\$\$\$                                                                                         |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                 | Nivel 4               | PA; \$                                                                                                 |
| <i>trientine oral capsule 500 mg</i>                                           | Nivel 4               | PA                                                                                                     |
| <b>Envolturas De Apoyo</b>                                                     |                       |                                                                                                        |
| T.E.D. ANTI-EMBOLISM STOCKING (compres.stocking,knee,reg,smal)                 | Nivel 3               |                                                                                                        |
| T.E.D. KNEE LENGTH-M-LONG                                                      | Nivel 3               |                                                                                                        |
| T.E.D. KNEE LENGTH-S-REGULAR (compres.stocking,knee,reg,smal)                  | Nivel 3               |                                                                                                        |
| <b>Equipo De Extracción De Sangre Con Anestesia Local</b>                      |                       |                                                                                                        |
| CADIRA COMPLIANT BLOOD STAT<br>KIT 21 GAUGE X 3/4" -2.5 %-2.5 %                | Nivel 3               |                                                                                                        |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-<br>2.5 %                                    | Nivel 3               |                                                                                                        |
| <b>Estimulante De Apetito Para Anorexia, Caquexia, Sind. De Desperdicios</b>   |                       |                                                                                                        |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Nivel 1               | \$                                                                                                     |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                       | Nivel 1               | \$; ST: Must meet the following requirement:<br>Megestrol Acetate<br>40mg/mL suspension in<br>120 days |
| <b>Mediamcentos Para Tratar Tirosinemia Hereditaria</b>                        |                       |                                                                                                        |
| HARLIKU ORAL TABLET 2 MG                                                       | Nivel 4               | PA                                                                                                     |
| <i>nitisinone oral capsule 10 mg</i> (Orfadin)                                 | Nivel 4               | PA; \$\$\$\$\$                                                                                         |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>nitisinone oral capsule 2 mg</i> (Orfadin)                            | Nivel 4               | PA; \$\$                                               |
| <i>nitisinone oral capsule 20 mg, 5 mg</i> (Orfadin)                     | Nivel 4               | PA                                                     |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                                      | Nivel 4               | PA                                                     |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)               | Nivel 4               | PA                                                     |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                          | Nivel 4               | PA                                                     |
| <b>Medicamentos Homeopáticos</b>                                         |                       |                                                        |
| AURUMHEEL ORAL DROPS                                                     | Nivel 3               |                                                        |
| CANTHARIS COMPOSITUM ORAL DROPS                                          | Nivel 3               |                                                        |
| CRALONIN ORAL DROPS                                                      | Nivel 3               |                                                        |
| EYE ORAL TABLET,SOLUBLE                                                  | Nivel 3               |                                                        |
| LAMIOFLUR ORAL DROPS                                                     | Nivel 3               |                                                        |
| PLANTAGO-HOMACCORD ORAL DROPS                                            | Nivel 3               |                                                        |
| POPULUS COMPOSITUM ORAL DROPS                                            | Nivel 3               |                                                        |
| PSORINOHEEL ORAL DROPS                                                   | Nivel 3               |                                                        |
| RENEEL ORAL TABLET,SOLUBLE                                               | Nivel 3               |                                                        |
| SABAL-HOMACCORD ORAL DROPS                                               | Nivel 3               |                                                        |
| SYZYGIUM COMPOSITUM ORAL DROPS                                           | Nivel 3               |                                                        |
| VERTIGOHEEL ORAL DROPS                                                   | Nivel 3               |                                                        |
| VERTIGOHEEL ORAL TABLET,SOLUBLE                                          | Nivel 3               |                                                        |
| <b>Medicamentos Para Tratar Gaucher Dx-Tipo 1, Reductor De Sustratos</b> |                       |                                                        |
| CERDELGA ORAL CAPSULE 84 MG                                              | Nivel 4               |                                                        |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| OPFOLDA ORAL CAPSULE 65 MG                                               | Nivel 4               | PA                                                     |
| YARGESA ORAL CAPSULE 100 MG (miglustat)                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| ZAVESCA ORAL CAPSULE 100 MG (miglustat)                                  | Nivel 4               | PA                                                     |
| <b>Preparados De Pruebas De Sangre,In-Vitro</b>                          |                       |                                                        |
| COAGUCHEK XS                                                             | Nivel 3               |                                                        |
| <b>Pruebas De Acetona En Orina</b>                                       |                       |                                                        |
| KETONE CARE STRIP                                                        | Nivel 3               | \$                                                     |
| KETONE URINE TEST STRIP                                                  | Nivel 3               | \$                                                     |
| KETOSTIX STRIP                                                           | Nivel 3               | \$                                                     |
| TRUEPLUS KETONE STRIP                                                    | Nivel 3               | \$                                                     |

| Nombre del Medicamento                                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Químicos Al Granel</b>                                                                                  |                       |                                                        |
| <i>alum, ammonium (bulk) powder</i>                                                                        | Nivel 3               |                                                        |
| <i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>                                                       | Nivel 3               |                                                        |
| <i>benzoin (bulk) topical tincture</i>                                                                     | Nivel 3               | \$                                                     |
| TRI-CHLOR TOPICAL SOLUTION 80 %                                                                            | Nivel 3               |                                                        |
| <i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i> | Nivel 3               |                                                        |
| <b>Reactiva. De Colinesterasa &amp; Antídoto Antg. De Muscarínico</b>                                      |                       |                                                        |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML                                                 | Nivel 3               |                                                        |
| <b>Reactivación De Colinesterasa, Organofosforados. Antídotos</b>                                          |                       |                                                        |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>                                                  | Nivel 3               |                                                        |
| <b>Soluciones Cardioplégicas</b>                                                                           |                       |                                                        |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)                             | Nivel 1               |                                                        |
| CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)                            | Nivel 3               |                                                        |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)                                  | Nivel 1               |                                                        |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)                                | Nivel 1               |                                                        |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)                                | Nivel 1               |                                                        |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)                                    | Nivel 1               |                                                        |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)            | Nivel 1               |                                                        |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)                                | Nivel 1               |                                                        |
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)                                  | Nivel 3               |                                                        |



| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i> | Nivel 1               |                                                        |
| <i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>      | Nivel 1               |                                                        |
| <i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)             | Nivel 1               |                                                        |
| <i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>        | Nivel 1               |                                                        |
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>     | Nivel 1               |                                                        |
| PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)                    | Nivel 3               |                                                        |
| <b>Soluciones Diluyentes</b>                                                       |                       |                                                        |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION                                     | Nivel 3               |                                                        |
| <b>Solventes</b>                                                                   |                       |                                                        |
| <i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)                          | Nivel 3               |                                                        |
| <i>isopropyl alcohol solution 91 %</i>                                             | Nivel 3               |                                                        |
| <i>isopropyl alcohol solution 99 %</i>                                             | Nivel 3               | \$                                                     |
| MURI-LUBE OIL                                                                      | Nivel 3               |                                                        |
| <b>Suministros De Concepción Asistida</b>                                          |                       |                                                        |
| CONCEPTION KIT                                                                     | Nivel 3               |                                                        |
| <b>Suplementos Orales Lípidos</b>                                                  |                       |                                                        |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML                                                    | Nivel 4               | PA                                                     |
| <b>Sustituto De Enzima De Enfermedad Metabólica, Hipofosfatasa</b>                 |                       |                                                        |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Sustituto De Enzima Dx Metabólica,Sev.Comb.De Inmuno Def.</b>                   |                       |                                                        |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Sustituto De Proteína</b>                                                       |                       |                                                        |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM                                            | Nivel 4               | PA                                                     |
| <b>Sustituto De Tejido Cutáneo</b>                                                 |                       |                                                        |
| APLIGRAF TOPICAL DISK                                                              | Nivel 3               |                                                        |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM         | Nivel 3               |                                                        |
| GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM   | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM                        | Nivel 3               |                                                        |
| GRAFIX XC TOPICAL SHEET 7.5 X 15 CM                                                                      | Nivel 3               |                                                        |
| KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 "                                                     | Nivel 3               |                                                        |
| MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG                                                      | Nivel 3               |                                                        |
| MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM | Nivel 3               |                                                        |
| MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM                          | Nivel 3               |                                                        |
| MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM | Nivel 3               |                                                        |
| MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM           | Nivel 3               |                                                        |
| MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM                               | Nivel 3               |                                                        |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM                                                                 | Nivel 3               |                                                        |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM                                                                 | Nivel 3               |                                                        |
| XCELLISTEM TOPICAL POWDER 250 MG                                                                         | Nivel 3               |                                                        |
| <b>Ungüento/Basesa De Cremas</b>                                                                         |                       |                                                        |
| RADIAGEL TOPICAL GEL                                                                                     | Nivel 3               |                                                        |
| <b>Otros Trastornos Respiratorios</b>                                                                    |                       |                                                        |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG                                                                       | Nivel 4               | PA; QL (1 EA per 1 day)                                |
| <b>Comb. De Potenciadores De Fibrosis Quística &amp; Corrector</b>                                       |                       |                                                        |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                                                            | Nivel 4               | PA; \$\$\$\$\$                                         |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                         | Nivel 4               | PA; \$\$\$\$\$                                         |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                               | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)                                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)                                              | Nivel 4               | PA                                                     |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Nivel 4               | PA; \$\$\$\$\$                                         |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Fibrosis Pulmonar - Inhibidores De Enzima Sistémico</b>                                            |                       |                                                        |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                      | Nivel 4               | PA                                                     |
| <b>Mucolíticos</b>                                                                                    |                       |                                                        |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                     | Nivel 1               | \$                                                     |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                                 | Nivel 4               | PA; \$\$\$\$                                           |
| <b>Potenciador De Fib. Quítica.Transmemb Conduct.Reg.(Cftr)</b>                                       |                       |                                                        |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG                                               | Nivel 4               | PA                                                     |
| KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG                                                         | Nivel 4               | PA; \$\$\$\$\$                                         |
| KALYDECO ORAL TABLET 150 MG                                                                           | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Surfactantes De Pulmón</b>                                                                         |                       |                                                        |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML                                          | Nivel 3               |                                                        |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML                                                            | Nivel 3               |                                                        |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML                                                            | Nivel 3               |                                                        |
| <b>Terapia Antifibrótica - Análogos De Piridona</b>                                                   |                       |                                                        |
| ESBRIET ORAL CAPSULE 267 MG (pirfenidone)                                                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)                                                      | Nivel 4               | PA; \$\$\$\$\$                                         |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                                                      | Nivel 4               | PA; \$\$                                               |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)                                               | Nivel 4               | PA; \$                                                 |
| <i>pirfenidone oral tablet 534 mg</i>                                                                 | Nivel 4               | PA; \$\$\$\$\$                                         |

| Nombre del Medicamento                                                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pérdida De Peso</b>                                                                                     |                       |                                                                                                                                                                                                          |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Nivel 2               | PA; \$\$; QL (2 ML per 28 days)                                                                                                                                                                          |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 15 MG/0.5 ML                                                            | Nivel 2               | PA; \$\$\$; QL (2 ML per 28 days)                                                                                                                                                                        |
| <b>Peptida De Tipo Glucagón Anti-Obesidad-1 Agonistas De Recep</b>                                         |                       |                                                                                                                                                                                                          |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML                                | Nivel 2               | PA; \$\$\$; QL (2 ML per 28 days)                                                                                                                                                                        |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML                                            | Nivel 2               | PA; \$\$\$; QL (3 ML per 28 days)                                                                                                                                                                        |
| <b>Reemplazo De Fluidos</b>                                                                                |                       |                                                                                                                                                                                                          |
| <b>Ácido Nucleico/Suplementos De Nucleótido</b>                                                            |                       |                                                                                                                                                                                                          |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM                                                                     | Nivel 4               | PA                                                                                                                                                                                                       |
| <b>Regulación De Electrolitos</b>                                                                          |                       |                                                                                                                                                                                                          |
| <i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i> (Jynarque)                                         | Nivel 4               | \$\$\$\$; QL (60 EA per 365 days)                                                                                                                                                                        |
| <b>Agentes Para La Depleción Electrolítica</b>                                                             |                       |                                                                                                                                                                                                          |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)                                                           | Nivel 3               | ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)       |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                                                  | Nivel 1               | \$                                                                                                                                                                                                       |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                                                   | Nivel 1               | \$                                                                                                                                                                                                       |
| <i>ferric citrate oral tablet 210 mg iron</i> (Auryxia)                                                    | Nivel 1               | \$\$; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day) |

| 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               | ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (3 EA per 1 day) |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum)            | Nivel 3               |                                                                                                                                                                                                   |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                       | Nivel 1               |                                                                                                                                                                                                   |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)    | Nivel 1               |                                                                                                                                                                                                   |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                 | Nivel 2               | \$\$                                                                                                                                                                                              |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate)        | Nivel 3               |                                                                                                                                                                                                   |
| RENVELA ORAL TABLET 800 MG (sevelamer carbonate)                              | Nivel 3               |                                                                                                                                                                                                   |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | Nivel 1               | \$                                                                                                                                                                                                |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)                       | Nivel 1               | \$                                                                                                                                                                                                |
| <i>sevelamer hcl oral tablet 400 mg</i>                                       | Nivel 1               | \$\$                                                                                                                                                                                              |
| <i>sevelamer hcl oral tablet 800 mg</i>                                       | Nivel 1               | \$                                                                                                                                                                                                |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                       | Nivel 1               | \$                                                                                                                                                                                                |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                          | Nivel 1               | \$                                                                                                                                                                                                |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                            | Nivel 3               | \$                                                                                                                                                                                                |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                          | Nivel 2               | \$\$\$\$; QL (6 EA per 1 day)                                                                                                                                                                     |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM                    | Nivel 3               | PA                                                                                                                                                                                                |
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                              | Nivel 3               | ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (2 EA per 1 day) |

| Nombre del Medicamento                                               |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antagonistas De Receptor De Arginina Vasopresina (Avp)</b>        |                                  |                       |                                                        |
| SAMSCA ORAL TABLET 15 MG                                             | (tolvaptan)                      | Nivel 4               | QL (30 EA per 365 days)                                |
| SAMSCA ORAL TABLET 30 MG                                             | (tolvaptan)                      | Nivel 4               | QL (60 EA per 365 days)                                |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>              | (Jynarque)                       | Nivel 4               | \$\$\$; QL (30 EA per 365 days)                        |
| <i>tolvaptan oral tablet 15 mg</i>                                   | (Samsca)                         | Nivel 4               | \$\$\$; QL (30 EA per 365 days)                        |
| <i>tolvaptan oral tablet 30 mg</i>                                   | (Samsca)                         | Nivel 4               | \$\$\$\$; QL (60 EA per 365 days)                      |
| <b>Preparados De Sodio/Salina</b>                                    |                                  |                       |                                                        |
| AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE                      | (sodium chloride 0.9 % (flush))  | Nivel 3               |                                                        |
| AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE                     | (sodium chloride 0.9 % (flush))  | Nivel 3               |                                                        |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE                     | (sodium chloride 0.9 % (flush))  | Nivel 1               |                                                        |
| MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE                      | (sodium chloride 0.9 % (flush))  | Nivel 3               |                                                        |
| MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE                       | (sodium chloride 0.9 % (flush))  | Nivel 3               |                                                        |
| NORMAL SALINE FLUSH INJECTION SYRINGE                                | (sodium chloride 0.9 % (flush))  | Nivel 1               |                                                        |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>       |                                  | Nivel 1               | \$                                                     |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> |                                  | Nivel 1               | \$                                                     |
| <i>sodium chloride 0.9 % (flush) injection syringe</i>               | (BD PosiFlush Normal Saline 0.9) | Nivel 1               | \$                                                     |
| <i>sodium chloride 0.9 % injection solution</i>                      |                                  | Nivel 1               | \$                                                     |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>         |                                  | Nivel 1               | \$                                                     |
| <i>sodium chloride 0.9 % intravenous piggyback</i>                   |                                  | Nivel 1               | \$                                                     |
| <i>sodium chloride injection syringe 0.9 %</i>                       |                                  | Nivel 1               | \$                                                     |
| <b>Reemplazo De Potasio</b>                                          |                                  |                       |                                                        |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                     |                                  | Nivel 3               |                                                        |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ                             | (potassium bicarb-citric acid)   | Nivel 1               |                                                        |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                      | (potassium chloride)             | Nivel 3               | \$                                                     |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ                        | (potassium chloride)             | Nivel 3               | \$                                                     |

| Nombre del Medicamento                                                 |                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                     |
|------------------------------------------------------------------------|--------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ                  | (potassium chloride)           | Nivel 1               | \$                                                                                                                                                                                                         |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ                  | (potassium chloride)           | Nivel 1               | \$                                                                                                                                                                                                         |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ                  | (potassium chloride)           | Nivel 1               | \$                                                                                                                                                                                                         |
| KLOR-CON ORAL PACKET 20 MEQ                                            | (potassium chloride)           | Nivel 3               | \$                                                                                                                                                                                                         |
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ                           | (potassium bicarb-citric acid) | Nivel 3               | \$                                                                                                                                                                                                         |
| POKONZA ORAL PACKET 10 MEQ                                             |                                | Nivel 1               | \$\$                                                                                                                                                                                                       |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> |                                | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>       |                                | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral packet 20 meq</i>                           | (Klor-Con)                     | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral tablet extended release 10 meq</i>          | (Klor-Con 10)                  | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral tablet extended release 15 meq</i>          |                                | Nivel 1               |                                                                                                                                                                                                            |
| <i>potassium chloride oral tablet extended release 20 meq</i>          |                                | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral tablet extended release 8 meq</i>           | (Klor-Con 8)                   | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i>     | (Klor-Con M10)                 | Nivel 1               | \$                                                                                                                                                                                                         |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i>     | (Klor-Con M15)                 | Nivel 1               |                                                                                                                                                                                                            |
| <i>potassium chloride oral tablet,er particles/crystals 20 meq</i>     | (Klor-Con M20)                 | Nivel 1               | \$                                                                                                                                                                                                         |
| <b>Salud Del Comportamiento - Antidepresivos</b>                       |                                |                       |                                                                                                                                                                                                            |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                    |                                | Nivel 3               | ST: Must meet any of the following requirements: Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine in 120 days |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)                    |                                | Nivel 4               | PA; \$\$                                                                                                                                                                                                   |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)                    |                                | Nivel 4               | PA; \$\$\$                                                                                                                                                                                                 |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG                              |                                | Nivel 4               | PA                                                                                                                                                                                                         |

| Nombre del Medicamento                                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                      |
|-------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Agonista Parcial Antidepresivo Ssri &amp; 5Ht1a</b>                              |                       |                                                                                                                                                                             |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)                                | Nivel 3               | \$; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                         | Nivel 1               | \$; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days |
| <b>Antagonistas De Serotonina-2/Inhibidores De Recaptación (Saris)</b>              |                       |                                                                                                                                                                             |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                 | Nivel 1               |                                                                                                                                                                             |
| RALDESY ORAL SOLUTION 10 MG/ML                                                      | Nivel 3               | PA; \$\$                                                                                                                                                                    |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                          | Nivel 1               | \$                                                                                                                                                                          |
| <b>Antidepresivos Antagonistas Receptores Alfa-2</b>                                |                       |                                                                                                                                                                             |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                               | Nivel 1               | \$                                                                                                                                                                          |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>                                        | Nivel 1               | \$                                                                                                                                                                          |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | Nivel 1               |                                                                                                                                                                             |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                      | Nivel 3               |                                                                                                                                                                             |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)        | Nivel 3               |                                                                                                                                                                             |
| <b>Antidrepsivos Tricíclicos &amp; Rel. No-Sel. Ru-Inhib</b>                        |                       |                                                                                                                                                                             |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>         | Nivel 1               | \$                                                                                                                                                                          |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                           | Nivel 1               |                                                                                                                                                                             |
| ANAFRANIL ORAL CAPSULE 25 MG (clomipramine)                                         | Nivel 3               | \$                                                                                                                                                                          |
| ANAFRANIL ORAL CAPSULE 50 MG, 75 MG (clomipramine)                                  | Nivel 3               |                                                                                                                                                                             |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                    | Nivel 1               | \$                                                                                                                                                                          |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                             | Nivel 1               | \$                                                                                                                                                                          |



| Nombre del Medicamento                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                            |
|----------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                            | Nivel 1               | \$                                                                                                |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                 | Nivel 1               | \$                                                                                                |
| <i>doxepin oral concentrate 10 mg/ml</i>                                               | Nivel 1               |                                                                                                   |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                  | Nivel 1               |                                                                                                   |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                   | Nivel 1               |                                                                                                   |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)                                       | Nivel 3               |                                                                                                   |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                 | Nivel 1               |                                                                                                   |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                          | Nivel 1               | \$                                                                                                |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)                        | Nivel 3               |                                                                                                   |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                           | Nivel 1               | \$                                                                                                |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                  | Nivel 1               | \$                                                                                                |
| <b>Combinaciones Tricíclicas Antidepresivas/Benzodiazepínico</b>                       |                       |                                                                                                   |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                  | Nivel 1               | \$                                                                                                |
| <b>Combinaciones Tricíclicas Antidepresivas/Fenotiazina</b>                            |                       |                                                                                                   |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>                | Nivel 1               | \$                                                                                                |
| <i>perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg</i>                         | Nivel 1               |                                                                                                   |
| <b>Inhib. De Recaptación De Noradrenalina Y Dopamina (Ndris)</b>                       |                       |                                                                                                   |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG                             | Nivel 3               | \$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day) |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG                                     | Nivel 3               | \$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                         | Nivel 1               | \$                                                                                                |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | Nivel 1               | \$                                                                                                |
| <i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)            | Nivel 1               | \$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)       |

| Nombre del Medicamento                                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Nivel 1               | \$                                                                                                                                                                                                     |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)        | Nivel 3               | \$\$                                                                                                                                                                                                   |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)                 | Nivel 3               | \$\$\$\$                                                                                                                                                                                               |
| <b>Inhib. De Recaptación De Serotonina-Noradrenalina (Snris)</b>                                |                       |                                                                                                                                                                                                        |
| CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)                   | Nivel 3               | \$\$                                                                                                                                                                                                   |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                          | Nivel 1               | ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, generic Paroxetine HCL, Sertraline, or Venlafaxine ER/IR in 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i> (Pristiq)      | Nivel 1               | \$                                                                                                                                                                                                     |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i> (Pristiq)              | Nivel 1               |                                                                                                                                                                                                        |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG                 | Nivel 3               | \$                                                                                                                                                                                                     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                      | Nivel 1               | \$                                                                                                                                                                                                     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                                    | Nivel 1               | \$; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)                                                                                       |
| DULOXICAINE KIT 30 MG- 4%                                                                       | Nivel 3               |                                                                                                                                                                                                        |
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)              | Nivel 3               |                                                                                                                                                                                                        |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                               | Nivel 2               | \$; QL (1 EA per 1 day)                                                                                                                                                                                |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                         | Nivel 2               | \$\$; QL (1 EA per 1 day)                                                                                                                                                                              |

| Nombre del Medicamento                                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRISTIQ ORAL TABLET EXTENDED (desvenlafaxine succinate)<br>RELEASE 24 HR 100 MG, 25 MG, 50 MG | Nivel 3               |                                                                                                                                                                                                             |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>                        | Nivel 1               | ST: Must meet the following requirement: Venlafaxine HCL ER capsules in 120 days; QL (1 EA per 1 day)                                                                                                       |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)     | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                           | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>           | Nivel 1               | \$                                                                                                                                                                                                          |
| <b>Inhibidor De Recaptación Selectivo De Serotonina (Ssris)</b>                               |                       |                                                                                                                                                                                                             |
| CELEXA ORAL TABLET 10 MG (citalopram)                                                         | Nivel 3               | \$\$\$                                                                                                                                                                                                      |
| CELEXA ORAL TABLET 20 MG, 40 MG (citalopram)                                                  | Nivel 3               | \$\$                                                                                                                                                                                                        |
| <i>citalopram oral capsule 30 mg</i>                                                          | Nivel 1               |                                                                                                                                                                                                             |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                    | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                                    | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                           | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                          | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)                                          | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluoxetine oral capsule 40 mg</i>                                                          | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>                                  | Nivel 1               |                                                                                                                                                                                                             |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                          | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>                                             | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>                          | Nivel 1               | \$; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day) |
| <i>fluvoxamine oral tablet 100 mg, 50 mg</i>                                                  | Nivel 1               | \$                                                                                                                                                                                                          |
| <i>fluvoxamine oral tablet 25 mg</i>                                                          | Nivel 1               |                                                                                                                                                                                                             |

| Nombre del Medicamento                                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)                                                         | Nivel 3               | \$\$                                                                                                                                |
| paroxetine hcl oral suspension 10 mg/5 ml (Paxil)                                                                     | Nivel 1               |                                                                                                                                     |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)                                                         | Nivel 1               | \$                                                                                                                                  |
| paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)                                  | Nivel 1               | \$                                                                                                                                  |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)                                  | Nivel 3               |                                                                                                                                     |
| PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)                                                                     | Nivel 3               |                                                                                                                                     |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)                                                         | Nivel 3               |                                                                                                                                     |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)                                                                  | Nivel 3               |                                                                                                                                     |
| sertraline oral capsule 150 mg, 200 mg                                                                                | Nivel 3               | QL (1 EA per 1 day)                                                                                                                 |
| sertraline oral concentrate 20 mg/ml (Zoloft)                                                                         | Nivel 1               | \$                                                                                                                                  |
| sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)                                                                  | Nivel 1               | \$                                                                                                                                  |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)                                                                         | Nivel 3               |                                                                                                                                     |
| ZOLOFT ORAL TABLET 100 MG, 50 MG (sertraline)                                                                         | Nivel 3               | \$\$                                                                                                                                |
| ZOLOFT ORAL TABLET 25 MG (sertraline)                                                                                 | Nivel 3               |                                                                                                                                     |
| <b>Inhibidores De Monoamina Oxidasa(Mao)</b>                                                                          |                       |                                                                                                                                     |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                                                   | Nivel 3               | \$\$\$\$; ST: Must meet any of the following requirements: Marplan, Phenelzine, or Tranylcypromine in 120 days; QL (1 EA per 1 day) |
| <b>Maois - No Selectiva &amp; Irreversible</b>                                                                        |                       |                                                                                                                                     |
| MARPLAN ORAL TABLET 10 MG                                                                                             | Nivel 3               | \$\$\$                                                                                                                              |
| NARDIL ORAL TABLET 15 MG (phenelzine)                                                                                 | Nivel 3               |                                                                                                                                     |
| PARNATE ORAL TABLET 10 MG (tranylcypromine)                                                                           | Nivel 3               |                                                                                                                                     |
| phenelzine oral tablet 15 mg (Nardil)                                                                                 | Nivel 1               |                                                                                                                                     |
| tranylcypromine oral tablet 10 mg (Parnate)                                                                           | Nivel 1               | \$                                                                                                                                  |
| <b>Modulador Antidepresivo De Receptor De Serotonina &amp; Ssri &amp; Serotonin Receptor Modulator Antidepressant</b> |                       |                                                                                                                                     |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                                             | Nivel 2               | QL (1 EA per 1 day)                                                                                                                 |

| Nombre del Medicamento                                                                                    | Nivel del Medicamento                      | Acciones necesarias, restricciones o límites en el uso                                                  |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Salud Del Comportamiento - Otro</b>                                                                    |                                            |                                                                                                         |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                                                                        | Nivel 4                                    | PA                                                                                                      |
| <b>Adrenérgicos, Aromáticos, No-Catecolaminas</b>                                                         |                                            |                                                                                                         |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG                                    | (dextroamphetamine-amphetamine)<br>Nivel 3 | QL (2 EA per 1 day)                                                                                     |
| ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG                                        | (dextroamphetamine-amphetamine)<br>Nivel 3 | QL (1 EA per 1 day)                                                                                     |
| ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG                                       | (dextroamphetamine-amphetamine)<br>Nivel 3 | QL (2 EA per 1 day)                                                                                     |
| ADZENYS XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG       | (amphetamine)<br>Nivel 3                   | ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)         |
| <i>amphetamine oral tablet, disintegrer biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i> | (Adzenys XR-ODT)<br>Nivel 3                | ST: Must meet any of the following requirements: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day) |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                        | (Evekeo)<br>Nivel 1                        | \$; QL (4 EA per 1 day)                                                                                 |
| DESOXYN ORAL TABLET 5 MG                                                                                  | (methamphetamine)<br>Nivel 3               | QL (150 EA per 30 days)                                                                                 |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG                                                   | (dextroamphetamine sulfate)<br>Nivel 3     | QL (4 EA per 1 day)                                                                                     |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG                                                   | (dextroamphetamine sulfate)<br>Nivel 3     | QL (120 EA per 30 days)                                                                                 |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>                                     | (Dexedrine Spansule)<br>Nivel 1            | \$; QL (4 EA per 1 day)                                                                                 |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                     | (Dexedrine Spansule)<br>Nivel 1            | \$; QL (120 EA per 30 days)                                                                             |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                      | Nivel 1                                    | \$; QL (60 EA per 30 days)                                                                              |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>                                                  | (ProCentra)<br>Nivel 1                     | \$; QL (1800 ML per 30 days)                                                                            |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                  | (Zenzedi)<br>Nivel 1                       | \$; QL (4 EA per 1 day)                                                                                 |

| Nombre del Medicamento                                                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                           |
|----------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)                                   | Nivel 1               | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)                                                   | Nivel 1               | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)                                                   | Nivel 1               | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (2 EA per 1 day) |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis) | Nivel 1               | \$. 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               | \$. 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               | \$. 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               | \$. QL (2 EA per 1 day)                                                                                                                                          |
| DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML                                                      | Nivel 3               | \$. ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)                                                       |
| DYANAVAL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                                      | Nivel 3               | \$. ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                           |
| EVEKEO ORAL TABLET 10 MG (amphetamine sulfate)                                                                 | Nivel 3               | \$. QL (4 EA per 1 day)                                                                                                                                          |
| EVEKEO ORAL TABLET 5 MG (amphetamine sulfate)                                                                  | Nivel 3               | QL (4 EA per 1 day)                                                                                                                                              |

| Nombre del Medicamento                                                                      |                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                         |
|---------------------------------------------------------------------------------------------|---------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>        | (Vyvanse)                       | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                        |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>      | (Vyvanse)                       | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                        |
| <i>methamphetamine oral tablet 5 mg</i>                                                     | (Desoxyn)                       | Nivel 1               | QL (150 EA per 30 days)                                                                                                                                        |
| MYDAYIS ORAL CAPSULE, ER<br>TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG                  | (dextroamphetamine-amphetamine) | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                            |
| PROCENTRA ORAL SOLUTION 5 MG/5 ML                                                           | (dextroamphetamine sulfate)     | Nivel 3               | \$; QL (1800 ML per 30 days)                                                                                                                                   |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG                        | (lisdexamfetamine)              | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                            |
| VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG                      | (lisdexamfetamine)              | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                            |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR |                                 | Nivel 3               | ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                                |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                             | (dextroamphetamine sulfate)     | Nivel 3               | \$; QL (4 EA per 1 day)                                                                                                                                        |
| ZENZEDI ORAL TABLET 15 MG                                                                   | (dextroamphetamine sulfate)     | Nivel 3               | \$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day) |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG                                                          | (dextroamphetamine sulfate)     | Nivel 3               | ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)     |
| ZENZEDI ORAL TABLET 20 MG                                                                   | (dextroamphetamine sulfate)     | Nivel 3               | \$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day) |



| Nombre del Medicamento                                          |                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                         |
|-----------------------------------------------------------------|-----------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ZENZEDI ORAL TABLET 30 MG                                       | (dextroamphetamine sulfate) | Nivel 3               | \$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day) |
| <b>Agentes De Narcolepsia Y Terapia De Trastorno Del Sueño</b>  |                             |                       |                                                                                                                                                                |
| armodafinil oral tablet 150 mg, 250 mg                          | (Nuvigil)                   | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                                                        |
| armodafinil oral tablet 200 mg                                  | (Nuvigil)                   | Nivel 1               | QL (1 EA per 1 day)                                                                                                                                            |
| armodafinil oral tablet 50 mg                                   | (Nuvigil)                   | Nivel 1               | \$; QL (3 EA per 1 day)                                                                                                                                        |
| modafinil oral tablet 100 mg, 200 mg                            | (Provigil)                  | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                                                        |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG                      | (armodafinil)               | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                            |
| NUVIGIL ORAL TABLET 50 MG                                       | (armodafinil)               | Nivel 3               | QL (3 EA per 1 day)                                                                                                                                            |
| PROVIGIL ORAL TABLET 100 MG, 200 MG                             | (modafinil)                 | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                            |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                |                             | Nivel 2               | PA                                                                                                                                                             |
| <b>Agonistas Selectivos De Serotonina 5-Ht2a Inversa (Ssia)</b> |                             |                       |                                                                                                                                                                |
| NUPLAZID ORAL CAPSULE 34 MG                                     |                             | Nivel 4               | PA                                                                                                                                                             |
| NUPLAZID ORAL TABLET 10 MG                                      |                             | Nivel 4               | PA                                                                                                                                                             |
| <b>Antagonistas Narcóticos</b>                                  |                             |                       |                                                                                                                                                                |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                |                             | Nivel 2               | QL (4 EA per 30 days)                                                                                                                                          |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                           |                             | Nivel 3               |                                                                                                                                                                |
| naloxone injection syringe 0.4 mg/ml, 1 mg/ml                   |                             | Nivel 1               | \$                                                                                                                                                             |
| naloxone nasal spray, non-aerosol 4 mg/actuation                | (Narcan)                    | Nivel 1               | \$; QL (4 EA per 30 days)                                                                                                                                      |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                             |                             | Nivel 3               |                                                                                                                                                                |
| naltrexone oral tablet 50 mg                                    |                             | Nivel 1               | \$                                                                                                                                                             |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                  | (naloxone)                  | Nivel 3               | QL (4 EA per 30 days)                                                                                                                                          |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                 |                             | Nivel 3               | \$; QL (4 EA per 30 days)                                                                                                                                      |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                 | (naloxone)                  | Nivel 3               | QL (4 EA per 30 days)                                                                                                                                          |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                             |                             | Nivel 3               | QL (2 ML per 30 days)                                                                                                                                          |



| Nombre del Medicamento                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                 |
|------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------|
| <b>Anti-Ansiedad - Benzodiacepinas</b>                                                   |                       |                                                                        |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML                                             | Nivel 2               |                                                                        |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)                        | Nivel 1               | \$                                                                     |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR) | Nivel 1               | \$                                                                     |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                | Nivel 1               | \$                                                                     |
| ATIVAN ORAL TABLET 0.5 MG (lorazepam)                                                    | Nivel 3               | \$\$\$\$                                                               |
| ATIVAN ORAL TABLET 1 MG (lorazepam)                                                      | Nivel 3               | \$\$\$                                                                 |
| ATIVAN ORAL TABLET 2 MG (lorazepam)                                                      | Nivel 3               | \$\$                                                                   |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                              | Nivel 1               | \$                                                                     |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                        | Nivel 1               | \$                                                                     |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)                                    | Nivel 1               |                                                                        |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                             | Nivel 1               |                                                                        |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                        | Nivel 1               |                                                                        |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                                   | Nivel 1               | \$                                                                     |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)                                  | Nivel 1               |                                                                        |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                           | Nivel 1               | \$                                                                     |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                                 | Nivel 1               | \$                                                                     |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG                           | Nivel 3               |                                                                        |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG                                     | Nivel 3               | ST: Must meet the following requirement: Lorazepam tablets in 120 days |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                         | Nivel 1               | \$                                                                     |
| VALIUM ORAL TABLET 10 MG (diazepam)                                                      | Nivel 3               |                                                                        |
| VALIUM ORAL TABLET 2 MG, 5 MG (diazepam)                                                 | Nivel 3               | \$                                                                     |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)                               | Nivel 3               |                                                                        |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)        | Nivel 3               |                                                                        |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Anti-Narcolepsia &amp; Anti-Cataplejia, Sedante-Tipo Agt</b>                |                       |                                                        |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Nivel 4               | PA; \$\$\$\$\$                                         |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM          | Nivel 4               | PA                                                     |
| sodium oxybate oral solution 500 mg/ml (Xyrem)                                 | Nivel 4               | PA                                                     |
| XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)                                 | Nivel 4               | PA                                                     |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                | Nivel 4               | PA                                                     |
| <b>Antipsicóticos, Antag. De Dopamina, Difnibutylpiperidinas</b>               |                       |                                                        |
| pimozide oral tablet 1 mg, 2 mg                                                | Nivel 1               | \$                                                     |
| <b>Antipsicóticos, Antagonistas De Dopamina, Butirofenonas</b>                 |                       |                                                        |
| haloperidol lactate oral concentrate 2 mg/ml                                   | Nivel 1               | \$                                                     |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg                 | Nivel 1               | \$                                                     |
| <b>Antipsicóticos, Antagonistas De Dopamina, Tiosantinas</b>                   |                       |                                                        |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg                               | Nivel 1               |                                                        |
| <b>Antipsicóticos, Atípicos, Dopamina, &amp; Antag. De Serotonina</b>          |                       |                                                        |
| asenapine maleate sublingual tablet 10 mg, 5 mg (Saphris)                      | Nivel 1               | \$; QL (2 EA per 1 day)                                |
| asenapine maleate sublingual tablet 2.5 mg (Saphris)                           | Nivel 1               | QL (2 EA per 1 day)                                    |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                     | Nivel 2               | QL (1 EA per 1 day)                                    |
| clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)                  | Nivel 1               | \$                                                     |
| clozapine oral tablet, disintegrating 100 mg, 150 mg, 25 mg                    | Nivel 1               | \$; QL (3 EA per 1 day)                                |
| clozapine oral tablet, disintegrating 12.5 mg                                  | Nivel 1               | QL (3 EA per 1 day)                                    |
| clozapine oral tablet, disintegrating 200 mg                                   | Nivel 1               | \$\$\$; QL (3 EA per 1 day)                            |
| CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)                                 | Nivel 3               |                                                        |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                         |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG                                | Nivel 3               | \$\$\$; ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (2 EA per 1 day)   |
| FANAPT ORAL TABLET 10 MG, 12 MG                                                | Nivel 3               | \$\$\$\$; ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (2 EA per 1 day) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)    | Nivel 3               | \$; ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (8 EA per 28 days)     |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | Nivel 3               | ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (12 EA per 28 days)        |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)       | Nivel 3               | ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (8 EA per 28 days)         |
| GEODON ORAL CAPSULE 20 MG, 40 MG (ziprasidone hcl)                             | Nivel 3               | \$\$                                                                                                                           |
| GEODON ORAL CAPSULE 60 MG (ziprasidone hcl)                                    | Nivel 3               | \$\$\$\$                                                                                                                       |
| GEODON ORAL CAPSULE 80 MG (ziprasidone hcl)                                    | Nivel 3               | \$\$\$                                                                                                                         |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG (paliperidone)                   | Nivel 3               | \$\$; QL (1 EA per 1 day)                                                                                                      |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)                   | Nivel 3               | \$; QL (2 EA per 1 day)                                                                                                        |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG (paliperidone)                   | Nivel 3               | \$; QL (1 EA per 1 day)                                                                                                        |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone)                    | Nivel 3               | QL (30 EA per 30 days)                                                                                                         |
| LATUDA ORAL TABLET 80 MG (lurasidone)                                          | Nivel 3               | QL (60 EA per 30 days)                                                                                                         |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)             | Nivel 1               | \$; QL (30 EA per 30 days)                                                                                                     |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                                   | Nivel 1               | \$; QL (60 EA per 30 days)                                                                                                     |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                      | Nivel 3               | ST: Must meet any of the following requirements:<br>Generic atypical antipsychotic in 365 days;<br>QL (1 EA per 1 day)         |

| Nombre del Medicamento                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                               |
|---------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------|
| olanzapine oral tablet 10 mg, 15 mg, 7.5 mg                                                       | Nivel 1               | \$                                                                                                                   |
| olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (Zyprexa)                                              | Nivel 1               | \$                                                                                                                   |
| olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg                                  | Nivel 1               | \$                                                                                                                   |
| paliperidone oral tablet extended release 24hr 1.5 mg                                             | Nivel 1               | \$. QL (1 EA per 1 day)                                                                                              |
| paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)                                | Nivel 1               | \$. QL (1 EA per 1 day)                                                                                              |
| paliperidone oral tablet extended release 24hr 6 mg (Invega)                                      | Nivel 1               | \$. QL (2 EA per 1 day)                                                                                              |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)                    | Nivel 1               | \$                                                                                                                   |
| quetiapine oral tablet 150 mg                                                                     | Nivel 1               | \$. QL (1 EA per 1 day)                                                                                              |
| quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR) | Nivel 1               | \$                                                                                                                   |
| RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)                                                     | Nivel 3               | \$\$                                                                                                                 |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG (risperidone)                                                  | Nivel 3               | \$                                                                                                                   |
| RISPERDAL ORAL TABLET 2 MG, 3 MG, 4 MG (risperidone)                                              | Nivel 3               | \$\$                                                                                                                 |
| risperidone oral solution 1 mg/ml (Risperdal)                                                     | Nivel 1               | \$                                                                                                                   |
| risperidone oral tablet 0.25 mg                                                                   | Nivel 1               | \$                                                                                                                   |
| risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)                                | Nivel 1               | \$                                                                                                                   |
| risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg                   | Nivel 1               | \$                                                                                                                   |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)                                 | Nivel 3               | \$\$; QL (2 EA per 1 day)                                                                                            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                  | Nivel 3               | ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (1 EA per 1 day) |
| SEROQUEL ORAL TABLET 100 MG, 300 MG (quetiapine)                                                  | Nivel 3               | \$\$                                                                                                                 |
| SEROQUEL ORAL TABLET 200 MG, 400 MG (quetiapine)                                                  | Nivel 3               | \$\$\$                                                                                                               |
| SEROQUEL ORAL TABLET 25 MG, 50 MG (quetiapine)                                                    | Nivel 3               | \$                                                                                                                   |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG (quetiapine)                                | Nivel 3               | \$                                                                                                                   |

| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                  |
|-------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| SEROQUEL XR ORAL TABLET (quetiapine)<br>EXTENDED RELEASE 24 HR 200 MG, 50 MG  | Nivel 3               | \$\$                                                                                                                                    |
| SEROQUEL XR ORAL TABLET (quetiapine)<br>EXTENDED RELEASE 24 HR 300 MG, 400 MG | Nivel 3               | \$\$\$                                                                                                                                  |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                            | Nivel 3               | ST: Must meet the following requirements:<br>Two generic atypical antipsychotics in 365 days;<br>QL (18 ML per 1 day)                   |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)              | Nivel 1               | \$                                                                                                                                      |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)                          | Nivel 3               |                                                                                                                                         |
| <b>Antipsicóticos, Atyp, Agonistas D2 Parcial/5Ht Mezclados</b>               |                       |                                                                                                                                         |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)     | Nivel 3               |                                                                                                                                         |
| aripiprazole oral solution 1 mg/ml                                            | Nivel 1               | \$; ST: Must meet 2 of the following requirements:<br>generic SSRIS, SNRIS, or atypical antipsychotics in 365 days                      |
| aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)           | Nivel 1               | \$                                                                                                                                      |
| aripiprazole oral tablet, disintegrating 10 mg                                | Nivel 1               | \$; ST: Must meet 2 of the following requirements:<br>generic SSRIS, SNRIS, or atypical antipsychotics in 365 days; QL (3 EA per 1 day) |
| aripiprazole oral tablet, disintegrating 15 mg                                | Nivel 1               | \$; ST: Must meet 2 of the following requirements:<br>generic SSRIS, SNRIS, or atypical antipsychotics in 365 days; QL (2 EA per 1 day) |
| OPIPZA ORAL FILM 10 MG, 2 MG                                                  | Nivel 3               | ST: Must meet the following requirement:<br>generic Aripiprazole tablets in 120 days                                                    |
| OPIPZA ORAL FILM 5 MG                                                         | Nivel 3               | \$\$\$; ST: Must meet the following requirement:<br>generic Aripiprazole tablets in 120 days                                            |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                   | Nivel 2               | QL (1 EA per 1 day)                                                                                                                     |

| Nombre del Medicamento                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Antipsicóticos, Dopamina &amp; Antagonistas De Serotonina</b>                                 |                       |                                                        |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG                                          | Nivel 4               |                                                        |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                 | Nivel 1               | \$                                                     |
| <b>Antipsicóticos, Fenotiazinas</b>                                                              |                       |                                                        |
| <i>chlorpromazine oral concentrate 100 mg/ml</i>                                                 | Nivel 1               |                                                        |
| <i>chlorpromazine oral concentrate 30 mg/ml</i>                                                  | Nivel 1               | \$                                                     |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                            | Nivel 1               | \$                                                     |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                 | Nivel 1               | \$                                                     |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                                  | Nivel 1               | \$                                                     |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                    | Nivel 1               | \$                                                     |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                          | Nivel 1               | \$                                                     |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                      | Nivel 1               | \$                                                     |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                       | Nivel 1               | \$                                                     |
| <b>Antipsicóticos, Antagonistas De Dopamina, Dihidroindolones</b>                                |                       |                                                        |
| <i>molindone oral tablet 10 mg</i>                                                               | Nivel 1               | QL (8 EA per 1 day)                                    |
| <i>molindone oral tablet 25 mg</i>                                                               | Nivel 1               | QL (9 EA per 1 day)                                    |
| <i>molindone oral tablet 5 mg</i>                                                                | Nivel 1               | \$                                                     |
| <b>Antipsicóticos-Atípicos, D3/D2 Parcial Ag-5Ht Mexclados</b>                                   |                       |                                                        |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                                  | Nivel 2               | QL (1 EA per 1 day)                                    |
| <b>Barbitúricos</b>                                                                              |                       |                                                        |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                            | Nivel 1               | \$                                                     |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Nivel 1               | \$                                                     |
| <b>Comb Antag De Dopamina &amp; Serotonina Ssri &amp; Antipsych, Atyp</b>                        |                       |                                                        |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>          | Nivel 1               | \$; QL (1 EA per 1 day)                                |

| Nombre del Medicamento                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                             |
|------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hipnoticos, Agonistas De Receptor De Melatonina Mt1/Mt2</b>   |                       |                                                                                                                                    |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                               | Nivel 4               | PA; \$\$\$\$\$                                                                                                                     |
| HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)                         | Nivel 4               | PA; \$\$\$\$\$                                                                                                                     |
| ramelteon oral tablet 8 mg (Rozerem)                             | Nivel 1               | \$; ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days |
| ROZEREM ORAL TABLET 8 MG (ramelteon)                             | Nivel 3               | ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days     |
| tasimelteon oral capsule 20 mg (Hetlioze)                        | Nivel 4               | PA; \$\$\$\$\$                                                                                                                     |
| <b>Mediamcentos Antiansiedad</b>                                 |                       |                                                                                                                                    |
| BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG                       | Nivel 1               |                                                                                                                                    |
| buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg          | Nivel 1               | \$                                                                                                                                 |
| meprobamate oral tablet 200 mg, 400 mg                           | Nivel 1               |                                                                                                                                    |
| <b>Mediamcentos Antimaníacos</b>                                 |                       |                                                                                                                                    |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG         | Nivel 3               | \$                                                                                                                                 |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG                 | Nivel 3               | \$\$                                                                                                                               |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg            | Nivel 1               | \$                                                                                                                                 |
| lithium carbonate oral tablet 300 mg                             | Nivel 1               |                                                                                                                                    |
| lithium carbonate oral tablet extended release 300 mg (Lithobid) | Nivel 1               | \$                                                                                                                                 |
| lithium carbonate oral tablet extended release 450 mg            | Nivel 1               |                                                                                                                                    |
| lithium citrate oral solution 8 meq/5 ml                         | Nivel 1               |                                                                                                                                    |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate) | Nivel 3               |                                                                                                                                    |
| <b>Preparaciones Antialcohólicas</b>                             |                       |                                                                                                                                    |
| acamprosate oral tablet, delayed release (dr/lec) 333 mg         | Nivel 1               | \$                                                                                                                                 |
| disulfiram oral tablet 250 mg, 500 mg                            | Nivel 1               | \$                                                                                                                                 |

| Nombre del Medicamento                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                 |
|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sedantes-Hipnóticos - Benzodiacepinas</b>                             |                       |                                                                                                                                                        |
| DORAL ORAL TABLET 15 MG (quazepam)                                       | Nivel 3               | ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days            |
| estazolam oral tablet 1 mg, 2 mg                                         | Nivel 1               |                                                                                                                                                        |
| flurazepam oral capsule 15 mg, 30 mg                                     | Nivel 1               |                                                                                                                                                        |
| HALCION ORAL TABLET 0.25 MG (triazolam)                                  | Nivel 3               |                                                                                                                                                        |
| midazolam oral syrup 2 mg/ml                                             | Nivel 1               |                                                                                                                                                        |
| quazepam oral tablet 15 mg (Doral)                                       | Nivel 1               | ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days            |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)          | Nivel 3               |                                                                                                                                                        |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)          | Nivel 1               | \$                                                                                                                                                     |
| triazolam oral tablet 0.125 mg                                           | Nivel 1               | \$                                                                                                                                                     |
| triazolam oral tablet 0.25 mg (Halcion)                                  | Nivel 1               | \$                                                                                                                                                     |
| <b>Sedantes-Hipnóticos, No Barbiturados</b>                              |                       |                                                                                                                                                        |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem) | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                    |
| AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)                                | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                    |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                           | Nivel 2               | ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)                          |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                          | Nivel 2               | ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)                          |
| doxepin oral tablet 3 mg, 6 mg (Silenor)                                 | Nivel 1               | ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day) |



| Nombre del Medicamento                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG                                                     | Nivel 3               | \$; ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)                                                      |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)                                | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                                                      |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG                                                  | Nivel 3               | PA                                                                                                                                                             |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)                                       | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                            |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG                               | Nivel 1               |                                                                                                                                                                |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG                                                         | Nivel 3               | ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)                                  |
| SILENOR ORAL TABLET 3 MG (doxepin)                                                       | Nivel 3               | ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)         |
| SILENOR ORAL TABLET 6 MG (doxepin)                                                       | Nivel 3               | \$\$\$; ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                 | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                                                      |
| <i>zolpidem oral capsule 7.5 mg</i>                                                      | Nivel 1               |                                                                                                                                                                |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                         | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                                                      |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)         | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                                                      |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>                                        | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                                                      |
| <b>Tx For Adhd - Selectivo Alfa-2A Agonista De Receptor</b>                              |                       |                                                                                                                                                                |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                           | Nivel 1               | \$                                                                                                                                                             |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | Nivel 1               | \$                                                                                                                                                             |

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

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

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

| Nombre del Medicamento                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                             |
|--------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLICHEW ER ORAL<br>TABLET,CHEW,IR-ER.BIPHASIC24HR<br>30 MG                        | Nivel 3               | \$; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (2 EA per 1 day)                   |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                   | Nivel 3               | \$; 120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                   | Nivel 3               | \$; 150mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER 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; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER 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; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (60 ML per 30 days)   |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl) | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                                                                |

| Nombre del Medicamento                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl)<br>RELEASE 24HR 36 MG              | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                                                                                                      |
| RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl)<br>RELEASE 24HR 72 MG              | Nivel 3               | ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)                                                                             |
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 10 MG, 20 MG, 40 MG | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                                                                                                      |
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 30 MG               | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                                                                                                      |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)                           | Nivel 3               | QL (90 EA per 30 days)                                                                                                                                                                                                                   |
| <b>Tx Para Deficit De Atención-Hiperact.(Adhd), Nri-Tipe</b>                           |                       |                                                                                                                                                                                                                                          |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>       | Nivel 1               | \$                                                                                                                                                                                                                                       |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG                                      | Nivel 3               | \$\$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day)   |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG                                      | Nivel 3               | \$\$\$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG                                      | Nivel 3               | \$\$\$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day) |

| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                   |
|-------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| STRATTERA ORAL CAPSULE 10 MG, (atomoxetine)<br>18 MG, 60 MG                                           | Nivel 3               | \$                                                                                                       |
| STRATTERA ORAL CAPSULE 100 MG, (atomoxetine)<br>25 MG, 40 MG, 80 MG                                   | Nivel 3               | \$\$                                                                                                     |
| <b>Sistema Nervioso Autónomo</b>                                                                      |                       |                                                                                                          |
| LEQEMBI IQLIK SUBCUTANEOUS<br>AUTO-INJECTOR 360 MG/1.8 ML                                             | Nivel 4               |                                                                                                          |
| VYVGART HYTRULO<br>SUBCUTANEOUS SYRINGE 1,000 MG-<br>10,000 UNIT/5 ML                                 | Nivel 4               |                                                                                                          |
| <b>Antag. De Recept. De Thx De Alzheimer, Nmda &amp; Inhib. De Colinas</b>                            |                       |                                                                                                          |
| <i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)    | Nivel 1               | ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)       |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG (memantine-donepezil)           | Nivel 3               | \$\$; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG                                                      | Nivel 2               | \$\$; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day) |
| <b>Inhibidores De Colinesterasa</b>                                                                   |                       |                                                                                                          |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR                                         | Nivel 3               | PA                                                                                                       |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)                                                    | Nivel 3               |                                                                                                          |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)                                             | Nivel 1               | \$                                                                                                       |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                                              | Nivel 1               | \$                                                                                                       |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine) | Nivel 3               | QL (30 EA per 30 days)                                                                                   |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                            | Nivel 1               | \$; QL (30 EA per 30 days)                                                                               |
| <i>galantamine oral solution 4 mg/ml</i>                                                              | Nivel 1               | QL (200 ML per 30 days)                                                                                  |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                      | Nivel 1               | \$; QL (60 EA per 30 days)                                                                               |
| MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)                                               | Nivel 3               |                                                                                                          |
| MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)                                                   | Nivel 3               | \$\$\$\$                                                                                                 |



| Nombre del Medicamento                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                           |
|-------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| MESTINON TIMESPAN ORAL TABLET (pyridostigmine bromide)<br>EXTENDED RELEASE 180 MG                     | Nivel 3               | \$\$\$\$                                                                                                                         |
| pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)                                               | Nivel 1               | \$                                                                                                                               |
| pyridostigmine bromide oral tablet 30 mg                                                              | Nivel 1               |                                                                                                                                  |
| pyridostigmine bromide oral tablet 60 mg (Mestinon)                                                   | Nivel 1               | \$                                                                                                                               |
| pyridostigmine bromide oral tablet extended release 105 mg                                            | Nivel 3               |                                                                                                                                  |
| pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)                        | Nivel 1               | \$                                                                                                                               |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                                         | Nivel 1               | \$                                                                                                                               |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | Nivel 1               | \$; QL (30 EA per 30 days)                                                                                                       |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG                                       | Nivel 3               | ST: Must meet the following requirement: generic Galantamine tablets or Galantamine ER capsules in 120 days; QL (2 EA per 1 day) |
| <b>Terapia De Alzheimer, Antagonistas De Receptor Nmda</b>                                            |                       |                                                                                                                                  |
| memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg                                         | Nivel 1               | \$; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)             |
| memantine oral capsule, sprinkle, er 24hr 7 mg (Namenda XR)                                           | Nivel 1               | \$; 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               | \$; QL (300 ML per 30 days)                                                                                                      |
| memantine oral tablet 10 mg, 5 mg                                                                     | Nivel 1               | \$; 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 TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG (memantine)                                     | Nivel 3               | \$; QL (49 EA per 28 days)                                                                                                       |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG                                        | Nivel 2               | ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)                 |



| Nombre del Medicamento                                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                 |
|--------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| NAMENDA XR ORAL (memantine)<br>CAPSULE,SPRINKLE,ER 24HR 7 MG                                                 | Nivel 3               | ST: Must meet the following requirement:<br>Memantine immediate release tablets in 120 days;<br>QL (30 EA per 30 days) |
| <b>Suministros Médicos</b>                                                                                   |                       |                                                                                                                        |
| <b>Catéteres Y Dispositivos Relacionados</b>                                                                 |                       |                                                                                                                        |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" | Nivel 3               |                                                                                                                        |
| ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)                                                              | Nivel 3               |                                                                                                                        |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"                                                         | Nivel 3               |                                                                                                                        |
| APOGEE IC INTERMIT CATHETER 14-6 FR-"                                                                        | Nivel 3               |                                                                                                                        |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-"                                                                    | Nivel 3               |                                                                                                                        |
| CURITY DRAINAGE BAG 2,000 ML                                                                                 | Nivel 3               |                                                                                                                        |
| DOVER COATED LATEX FOLEY COMBO PACK                                                                          | Nivel 3               |                                                                                                                        |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR                                                                      | Nivel 3               |                                                                                                                        |
| DOVER RED RUBBER ROBINSON CATH 8 FR                                                                          | Nivel 3               |                                                                                                                        |
| DOVER UNIVERSAL TRAY (catheterization tray)                                                                  | Nivel 3               |                                                                                                                        |
| FEMALE CATHETER 14 FR                                                                                        | Nivel 3               | \$                                                                                                                     |
| KENGUARD FOLEY CATHETER 18-16 FR-"                                                                           | Nivel 3               |                                                                                                                        |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray)                                                          | Nivel 3               |                                                                                                                        |
| LOFRIC 12-16 FR-"                                                                                            | Nivel 3               |                                                                                                                        |
| LOFRIC 14-16 FR-" (catheter)                                                                                 | Nivel 3               |                                                                                                                        |
| LOFRIC ORIGO 14-16 FR-" (catheter)                                                                           | Nivel 3               |                                                                                                                        |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-"                                                                     | Nivel 3               |                                                                                                                        |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-"                                                                      | Nivel 3               |                                                                                                                        |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"                                                          | Nivel 3               |                                                                                                                        |
| MONO-FLO DRAINAGE BAG 2,000 ML                                                                               | Nivel 3               |                                                                                                                        |
| ROBINSON CLEAR VINYL CATHETER 16 FR                                                                          | Nivel 3               |                                                                                                                        |
| SELF-CATHETER, FEMALE 14 FR                                                                                  | Nivel 3               | \$                                                                                                                     |
| SILASTIC FOLEY CATHETER 20 FR                                                                                | Nivel 3               |                                                                                                                        |

| Nombre del Medicamento                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| SPEEDICATH (FEMALE) 16 FR                                                 | Nivel 3               |                                                        |
| TOUCH-TROL 10 FR                                                          | Nivel 3               |                                                        |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" | Nivel 3               |                                                        |
| <b>Dispositivos De Alimentación</b>                                       |                       |                                                        |
| ENFIT IRRIGAT SYRINGE-CONTAINER KIT                                       | Nivel 3               |                                                        |
| <i>enteral connector, enfit</i>                                           | Nivel 3               |                                                        |
| ENTERAL GRAVITY BAG SET-ENFIT                                             | Nivel 3               |                                                        |
| KANGAROO 924 SAFETY SCREW (pump set)                                      | Nivel 3               |                                                        |
| KANGAROO EPUMP SET                                                        | Nivel 3               |                                                        |
| KANGAROO GRAVITY SET                                                      | Nivel 3               |                                                        |
| RELIZORB CARTRIDGE                                                        | Nivel 3               |                                                        |
| <b>Equipod Médicos Duraderos, Misc. (Grupo 1)</b>                         |                       |                                                        |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets)                                  | Nivel 2               |                                                        |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                             | Nivel 2               | \$                                                     |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                                        | Nivel 2               | \$                                                     |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                                      | Nivel 2               | \$                                                     |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE                                     | Nivel 2               |                                                        |
| ACTI-LANCE LANCETS 28 GAUGE (lancets)                                     | Nivel 2               | \$                                                     |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                                | Nivel 2               |                                                        |
| ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)          | Nivel 2               |                                                        |
| ADVOCATE LANCET 23 GAUGE                                                  | Nivel 2               |                                                        |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)                            | Nivel 2               |                                                        |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                                  | Nivel 2               |                                                        |
| ASSURE LANCE 25 GAUGE                                                     | Nivel 2               |                                                        |
| ASSURE LANCE 28 GAUGE (lancets)                                           | Nivel 2               | \$                                                     |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)                            | Nivel 2               |                                                        |
| ASSURE LANCE PLUS 25 GAUGE                                                | Nivel 2               |                                                        |
| BD MICROTAINER LANCET 1.5 X 2 MM                                          | Nivel 2               |                                                        |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)                        | Nivel 2               |                                                        |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                 | Nivel 2               |                                                        |

| Nombre del Medicamento                                                     | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE                                      | Nivel 2               |                                                        |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                                  | Nivel 2               |                                                        |
| CAREONE ULTRA THIN LANCET (lancets)                                        | Nivel 2               |                                                        |
| CARESENS LANCETS 30 GAUGE (lancets)                                        | Nivel 2               |                                                        |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)                      | Nivel 2               |                                                        |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)              | Nivel 2               |                                                        |
| CHOSEN LANCET 30 GAUGE (lancets)                                           | Nivel 2               |                                                        |
| CHOSEN SAFETY LANCET 28 GAUGE (lancets)                                    | Nivel 2               |                                                        |
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                                     | Nivel 2               |                                                        |
| COAGUCHEK LANCETS (lancets)                                                | Nivel 2               |                                                        |
| COLOR LANCETS 21 GAUGE (lancets)                                           | Nivel 2               |                                                        |
| COMFORT EZ LANCETS 23 GAUGE                                                | Nivel 2               |                                                        |
| COMFORT EZ LANCETS 28 GAUGE (lancets)                                      | Nivel 2               |                                                        |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)                          | Nivel 2               |                                                        |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                    | Nivel 2               |                                                        |
| DROPLET LANCETS 30 GAUGE (lancets)                                         | Nivel 2               |                                                        |
| DROPSAFE ACTI-LANCE 23 GAUGE                                               | Nivel 2               |                                                        |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                                    | Nivel 2               | \$                                                     |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                  | Nivel 2               |                                                        |
| EASY TOUCH LANCETS 32 GAUGE                                                | Nivel 2               |                                                        |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Nivel 2               |                                                        |
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE                               | Nivel 2               |                                                        |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)  | Nivel 2               |                                                        |
| EASY TOUCH TWIST LANCETS 32 GAUGE                                          | Nivel 2               |                                                        |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                              | Nivel 2               |                                                        |
| EMBRACE LANCETS 30 GAUGE (lancets)                                         | Nivel 2               |                                                        |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)                         | Nivel 2               |                                                        |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE (lancets)                            | Nivel 2               | \$                                                     |

| Nombre del Medicamento                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------|-----------------------|--------------------------------------------------------|
| E-Z JECT LANCETS 32 GAUGE                               | Nivel 2               |                                                        |
| E-Z JECT LANCETS 33 GAUGE (lancets)                     | Nivel 2               |                                                        |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                | Nivel 2               |                                                        |
| EZ SMART LANCETS 28 GAUGE (lancets)                     | Nivel 2               |                                                        |
| FINGERSTIX LANCETS (lancets)                            | Nivel 2               | \$                                                     |
| FORACARE LANCETS 30 GAUGE (lancets)                     | Nivel 2               |                                                        |
| FREESTYLE LANCETS 28 GAUGE (lancets)                    | Nivel 2               |                                                        |
| FREESTYLE UNISTIK 2 (lancets)                           | Nivel 2               |                                                        |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Nivel 2               |                                                        |
| GOJJI LANCETS 30 GAUGE (lancets)                        | Nivel 2               |                                                        |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)         | Nivel 2               |                                                        |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)         | Nivel 2               |                                                        |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)        | Nivel 2               |                                                        |
| INVACARE LANCETS 30 GAUGE (lancets)                     | Nivel 2               |                                                        |
| <i>lancets</i> (Accu-Chek Fastclix Lancet Drum)         | Nivel 2               | \$                                                     |
| <i>lancets 21 gauge, 30 gauge</i> (Advocate Lancet)     | Nivel 2               |                                                        |
| <i>lancets 26 gauge</i> (Advocate Lancet)               | Nivel 2               | \$                                                     |
| <i>lancets 28 gauge</i> (Acti-Lance Lancets)            | Nivel 2               | \$                                                     |
| <i>lancets 33 gauge</i> (AgaMatrix Ultra-Thin Lancet)   | Nivel 2               | \$                                                     |
| LANCETS, SUPER THIN (lancets)                           | Nivel 2               |                                                        |
| LANCETS, THIN , 28 GAUGE (lancets)                      | Nivel 2               |                                                        |
| LANCETS, ULTRA THIN (lancets)                           | Nivel 2               | \$                                                     |
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)               | Nivel 2               |                                                        |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)      | Nivel 2               |                                                        |
| MEDLANCE PLUS LANCETS 25 GAUGE                          | Nivel 2               | \$                                                     |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM                  | Nivel 2               |                                                        |
| MICRO THIN LANCETS 33 GAUGE (lancets)                   | Nivel 2               | \$                                                     |
| MICROLET LANCET (lancets)                               | Nivel 2               | \$                                                     |
| MOBILE LANCETS 30 GAUGE (lancets)                       | Nivel 2               | \$                                                     |
| MONOLET LANCETS 21 GAUGE (lancets)                      | Nivel 2               |                                                        |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                 | Nivel 2               |                                                        |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                | Nivel 2               |                                                        |

| Nombre del Medicamento                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------|-----------------------|--------------------------------------------------------|
| NOVA SAFETY LANCETS 23 GAUGE                              | Nivel 2               |                                                        |
| NOVA SAFETY LANCETS 28 GAUGE (lancets)                    | Nivel 2               |                                                        |
| NOVA SUREFLEX LANCETS (lancets)                           | Nivel 2               |                                                        |
| ON CALL LANCET 30 GAUGE (lancets)                         | Nivel 2               |                                                        |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)  | Nivel 2               | \$                                                     |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)          | Nivel 2               |                                                        |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)            | Nivel 2               |                                                        |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                      | Nivel 2               |                                                        |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets) | Nivel 2               |                                                        |
| PIP LANCET 28 GAUGE (lancets)                             | Nivel 2               |                                                        |
| PIP LANCET 30 GAUGE (lancets)                             | Nivel 2               | \$                                                     |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)   | Nivel 2               |                                                        |
| PRO COMFORT LANCET 30 GAUGE (lancets)                     | Nivel 2               | \$                                                     |
| PRO COMFORT LANCET 31 GAUGE                               | Nivel 2               | \$                                                     |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)              | Nivel 2               | \$                                                     |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)              | Nivel 2               |                                                        |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)               | Nivel 2               |                                                        |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                   | Nivel 2               |                                                        |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)            | Nivel 2               |                                                        |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)             | Nivel 2               |                                                        |
| RELIAMED LANCET 28 GAUGE (lancets)                        | Nivel 2               | \$                                                     |
| RELIAMED LANCET 30 GAUGE (lancets)                        | Nivel 2               |                                                        |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | Nivel 2               |                                                        |
| RIGHTTEST GL300 LANCETS 30 GAUGE (lancets)                | Nivel 2               |                                                        |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)               | Nivel 2               |                                                        |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)          | Nivel 2               | \$                                                     |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                     | Nivel 2               |                                                        |
| SINGLE-LET (lancets)                                      | Nivel 2               |                                                        |

| Nombre del Medicamento                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| SMART SENSE LANCETS 21 GAUGE, (lancets)<br>26 GAUGE, 33 GAUGE       | Nivel 2               |                                                        |
| SMARTEST LANCET (lancets)                                           | Nivel 2               |                                                        |
| SOLUS V2 LANCETS 28 GAUGE, 30 (lancets)<br>GAUGE                    | Nivel 2               |                                                        |
| STERILANCE TL 30 GAUGE (lancets)                                    | Nivel 2               |                                                        |
| STERILANCE TL 32 GAUGE                                              | Nivel 2               |                                                        |
| SUPER THIN LANCETS 28 GAUGE (lancets)                               | Nivel 2               | \$                                                     |
| SUPER THIN LANCETS 30 GAUGE (lancets)                               | Nivel 2               |                                                        |
| SURE COMFORT LANCETS 18<br>GAUGE, 23 GAUGE                          | Nivel 2               |                                                        |
| SURE COMFORT LANCETS 21 (lancets)<br>GAUGE, 28 GAUGE, 30 GAUGE      | Nivel 2               |                                                        |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                           | Nivel 2               |                                                        |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                            | Nivel 2               |                                                        |
| SURE-TOUCH LANCET (lancets)                                         | Nivel 2               |                                                        |
| TECHLITE LANCETS 26 GAUGE (lancets)                                 | Nivel 2               |                                                        |
| TECHLITE LANCETS 28 GAUGE, 30 (lancets)<br>GAUGE                    | Nivel 2               | \$                                                     |
| TELCARE LANCETS 30 GAUGE (lancets)                                  | Nivel 2               |                                                        |
| TEMPO REFILL KIT WITH GAUZE KIT                                     | Nivel 2               |                                                        |
| THIN LANCETS 26 GAUGE (lancets)                                     | Nivel 2               |                                                        |
| TOPCARE UNIVERSAL1 LANCET , 33 (lancets)<br>GAUGE                   | Nivel 2               |                                                        |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                              | Nivel 2               | \$                                                     |
| TRUEPLUS LANCETS 28 GAUGE, 30 (lancets)<br>GAUGE                    | Nivel 2               | \$                                                     |
| TRUEPLUS LANCETS 33 GAUGE (lancets)                                 | Nivel 2               |                                                        |
| TWIST LANCETS 30 GAUGE (lancets)                                    | Nivel 2               |                                                        |
| TWIST LANCETS 32 GAUGE                                              | Nivel 2               |                                                        |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                            | Nivel 2               |                                                        |
| ULTILET CLASSIC LANCETS , 28 (lancets)<br>GAUGE, 30 GAUGE, 33 GAUGE | Nivel 2               |                                                        |
| ULTILET LANCETS 28 GAUGE, 30 (lancets)<br>GAUGE, 33 GAUGE           | Nivel 2               |                                                        |
| ULTILET SAFETY LANCETS 23<br>GAUGE                                  | Nivel 2               |                                                        |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                            | Nivel 2               |                                                        |
| ULTRA THIN LANCETS , 30 GAUGE (lancets)                             | Nivel 2               | \$                                                     |
| ULTRA THIN LANCETS 28 GAUGE (lancets)                               | Nivel 2               |                                                        |
| ULTRA THIN LANCETS 31 GAUGE                                         | Nivel 2               | \$                                                     |
| ULTRA THIN PLUS LANCETS 33 (lancets)<br>GAUGE                       | Nivel 2               | \$                                                     |

| Nombre del Medicamento                                   |           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------|
| ULTRA TLC LANCETS                                        | (lancets) | Nivel 2               |                                                        |
| ULTRA-CARE LANCETS 30 GAUGE                              | (lancets) | Nivel 2               |                                                        |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE                    | (lancets) | Nivel 2               |                                                        |
| ULTRA-THIN II LANCETS 28 GAUGE                           | (lancets) | Nivel 2               |                                                        |
| UNILET COMFORTOUCH LANCET , 26 GAUGE                     | (lancets) | Nivel 2               |                                                        |
| UNILET GP LANCET                                         | (lancets) | Nivel 2               |                                                        |
| UNILET LANCET 28 GAUGE, 33 GAUGE                         | (lancets) | Nivel 2               |                                                        |
| UNILET LANCETS 30 GAUGE                                  | (lancets) | Nivel 2               |                                                        |
| UNILET SUPER THIN LANCETS 30 GAUGE                       | (lancets) | Nivel 2               |                                                        |
| UNISTIK 3 EXTRA LANCET 21 GAUGE                          | (lancets) | Nivel 2               |                                                        |
| UNISTIK 3 GENTLE 30 GAUGE                                | (lancets) | Nivel 2               |                                                        |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                         |           | Nivel 2               |                                                        |
| UNISTIK COMFORT LANCETS 28 GAUGE                         | (lancets) | Nivel 2               |                                                        |
| UNISTIK CZT LANCET 23 GAUGE                              |           | Nivel 2               |                                                        |
| UNISTIK CZT LANCET 28 GAUGE                              | (lancets) | Nivel 2               |                                                        |
| UNISTIK EXTRA LANCETS 21 GAUGE                           | (lancets) | Nivel 2               |                                                        |
| UNISTIK NORMAL LANCETS 23 GAUGE                          |           | Nivel 2               |                                                        |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE                    | (lancets) | Nivel 2               |                                                        |
| UNISTIK PRO LANCET 25 GAUGE                              |           | Nivel 2               |                                                        |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE                        | (lancets) | Nivel 2               |                                                        |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE       | (lancets) | Nivel 2               |                                                        |
| UNISTIK TOUCH LANCETS 23 GAUGE                           |           | Nivel 2               |                                                        |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE                   | (lancets) | Nivel 2               | \$                                                     |
| UNIVERSAL 1 LANCETS 30 GAUGE, 33 GAUGE                   | (lancets) | Nivel 2               |                                                        |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE | (lancets) | Nivel 2               |                                                        |
| VERIFINE SAFETY LANCET MINI 23 GAUGE                     |           | Nivel 2               |                                                        |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 33 GAUGE             | (lancets) | Nivel 2               |                                                        |
| VERIFINE UNIVERSAL LANCET 30 GAUGE                       | (lancets) | Nivel 2               | \$                                                     |

| Nombre del Medicamento                                                                                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| VIVAGUARD LANCET 30 GAUGE (lancets)                                                                                                    | Nivel 2               |                                                        |
| VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)                                                                                             | Nivel 2               |                                                        |
| <b>Equipos De Administración Parenteral</b>                                                                                            |                       |                                                        |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"                                                                        | Nivel 3               |                                                        |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"                                                                                           | Nivel 3               |                                                        |
| INSUFLOX INFUSION SET 25 X 18 MM                                                                                                       | Nivel 3               |                                                        |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "                                                                               | Nivel 3               |                                                        |
| I-PORT                                                                                                                                 | Nivel 3               |                                                        |
| I-PORT ADVANCE 6 MM INJEC PORT                                                                                                         | Nivel 3               |                                                        |
| I-PORT ADVANCE 9 MM INJEC PORT                                                                                                         | Nivel 3               |                                                        |
| IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET                                                                    | Nivel 3               |                                                        |
| IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET                                                                    | Nivel 3               |                                                        |
| IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET                                                                                    | Nivel 3               |                                                        |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY                                                                                      | Nivel 3               |                                                        |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " | Nivel 3               |                                                        |
| PHASEAL ASSEMBLY FIXTURE DEVICE                                                                                                        | Nivel 3               |                                                        |
| PHASEAL CONNECTOR LUER LOCK                                                                                                            | Nivel 3               |                                                        |
| PHASEAL INFUSION ADAPTER                                                                                                               | Nivel 3               |                                                        |
| PHASEAL INFUSION CLAMP                                                                                                                 | Nivel 3               |                                                        |
| PHASEAL INJECTOR LUER                                                                                                                  | Nivel 3               |                                                        |
| PHASEAL INJECTOR LUER LOCK                                                                                                             | Nivel 3               |                                                        |
| PHASEAL SECONDARY SET INFUSION SET                                                                                                     | Nivel 3               |                                                        |
| PHASEAL Y-SITE                                                                                                                         | Nivel 3               |                                                        |
| <b>Equipos Médicos Duraderos, Misc</b>                                                                                                 |                       |                                                        |
| A.I.R.S. NEBULIZER REPLACEMENT KIT                                                                                                     | Nivel 3               |                                                        |
| AERONEB GO (nebulizer accessories)                                                                                                     | Nivel 3               |                                                        |
| AIRS ADULT AEROSOL MASK (nebulizer accessories)                                                                                        | Nivel 3               |                                                        |
| ALL FLOW 1000 KIT (nebulizer accessories)                                                                                              | Nivel 3               |                                                        |
| ALL FLOW 1000 PFT FILTER (nebulizer accessories)                                                                                       | Nivel 3               |                                                        |
| ALL FLOW 3000 KIT (nebulizer accessories)                                                                                              | Nivel 3               |                                                        |



| Nombre del Medicamento                                               |                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------|--------------------------|-----------------------|--------------------------------------------------------|
| ALL FLOW 3000 PFT FILTER                                             | (nebulizer accessories)  | Nivel 3               |                                                        |
| ALL FLOW 4000 KIT                                                    | (nebulizer accessories)  | Nivel 3               |                                                        |
| ALL FLOW 4000 PFT FILTER                                             | (nebulizer accessories)  | Nivel 3               |                                                        |
| ALL FLOW 5000 KIT                                                    | (nebulizer accessories)  | Nivel 3               |                                                        |
| ALL FLOW 5000 PFT FILTER                                             | (nebulizer accessories)  | Nivel 3               |                                                        |
| ALL FLOW 6000 PFT FILTER                                             | (nebulizer accessories)  | Nivel 3               |                                                        |
| AMIELLE VAGINAL TRAINER KIT                                          |                          | Nivel 3               |                                                        |
| ARGYLE TRACHEOSTOMY CARE TRAY                                        |                          | Nivel 3               |                                                        |
| CEFALY COMBO PACK                                                    |                          | Nivel 3               |                                                        |
| CLEVER CHOICE NEB KIT-ADULT                                          | (nebulizer accessories)  | Nivel 3               | \$                                                     |
| CLEVER CHOICE NEB KIT-CHILD                                          | (nebulizer accessories)  | Nivel 3               |                                                        |
| ENFIT MEDICAL STRAW                                                  |                          | Nivel 3               |                                                        |
| ENFIT MEDICINE BOTTLE ADAPTER                                        | (adapter cap for bottle) | Nivel 3               |                                                        |
| INNOSPIRE REPLACEMENT FILTER                                         | (nebulizer accessories)  | Nivel 3               |                                                        |
| INSPIRATION ELITE FILTER                                             | (nebulizer accessories)  | Nivel 3               |                                                        |
| NOSE CLIP                                                            | (nebulizer accessories)  | Nivel 3               |                                                        |
| PARI BABY CONV KIT - SIZE 1 KIT                                      |                          | Nivel 3               |                                                        |
| PARI BABY CONV KIT - SIZE 2 KIT                                      |                          | Nivel 3               |                                                        |
| PARI BABY CONV KIT - SIZE 3 KIT                                      |                          | Nivel 3               |                                                        |
| PARI TREK S PORTABLE PWR KIT                                         | (nebulizer accessories)  | Nivel 3               |                                                        |
| PILLOW MASK CHILD                                                    | (nebulizer accessories)  | Nivel 3               |                                                        |
| PRO COMFORT TENS ELECTRODE PAD                                       |                          | Nivel 3               |                                                        |
| PRO COMFORT TENS UNIT COMBO PACK                                     |                          | Nivel 3               |                                                        |
| PRO-CEPTION VAGINAL                                                  |                          | Nivel 3               |                                                        |
| PRONEB ULTRA II FILTER ASSEM                                         | (nebulizer accessories)  | Nivel 3               |                                                        |
| REUSABLE NEBULIZER KIT KIT                                           |                          | Nivel 3               |                                                        |
| RUBBER MOUTHPIECE                                                    | (nebulizer accessories)  | Nivel 3               |                                                        |
| SAMI THE SEAL MASK                                                   | (nebulizer accessories)  | Nivel 3               |                                                        |
| SIDESTREAM MASK                                                      | (nebulizer accessories)  | Nivel 3               |                                                        |
| SILICONE MASK                                                        | (nebulizer accessories)  | Nivel 3               |                                                        |
| TENS 502 DEVICE                                                      |                          | Nivel 3               |                                                        |
| TENS 504 DEVICE                                                      |                          | Nivel 3               |                                                        |
| <b>Implantes Que Abultan El Tejido</b>                               |                          |                       |                                                        |
| BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML               |                          | Nivel 3               | PA                                                     |
| <b>Jeringas Y Accesorios</b>                                         |                          |                       |                                                        |
| EXTENDED RESERVOIR 3 ML                                              |                          | Nivel 3               |                                                        |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i> |                          | Nivel 2               |                                                        |

| Nombre del Medicamento                                                                                                                                                                                                                                                                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| INTERLINK LEVER LOCK CANNULA                                                                                                                                                                                                                                                                                        | Nivel 3               |                                                        |
| KENDALL DISINFECTANT CAP                                                                                                                                                                                                                                                                                            | Nivel 3               |                                                        |
| PARADIGM RESERVOIR 1.8 ML, 3 ML                                                                                                                                                                                                                                                                                     | Nivel 3               |                                                        |
| ULTRA-FINE INS SYR (HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 15/64",<br>0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                      | Nivel 2               |                                                        |
| ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-<br>100)<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3<br>ML 31 GAUGE X 15/64", 0.3 ML 31<br>GAUGE X 5/16", 0.5 ML 30 GAUGE X<br>1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML<br>30 GAUGE X 1/2", 1 ML 31 GAUGE X<br>15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML<br>31 GAUGE X 15/64" | Nivel 2               |                                                        |
| <b>Suministros De Incontinencia</b>                                                                                                                                                                                                                                                                                 |                       |                                                        |
| FLEXI-SEAL SIGNAL FMS RECTAL                                                                                                                                                                                                                                                                                        | Nivel 3               |                                                        |
| TENSCARE ITOUCH SURE VAGINAL<br>DEVICE                                                                                                                                                                                                                                                                              | Nivel 3               |                                                        |
| <b>Suministros Diabeticos</b>                                                                                                                                                                                                                                                                                       |                       |                                                        |
| UNISTIK 3 COMFORT LANCET 28 (lancets)<br>GAUGE                                                                                                                                                                                                                                                                      | Nivel 2               |                                                        |
| <b>Suministros Médicos, Varios</b>                                                                                                                                                                                                                                                                                  |                       |                                                        |
| VARITHENA ADMINISTRATION PACK                                                                                                                                                                                                                                                                                       | Nivel 3               |                                                        |
| VIBRANT ORAL CAPSULE                                                                                                                                                                                                                                                                                                | Nivel 3               |                                                        |
| VIBRANT STARTER KIT COMBO PACK                                                                                                                                                                                                                                                                                      | Nivel 3               |                                                        |
| <b>Suministros Médicos,Misceláneos(Grupo 2)</b>                                                                                                                                                                                                                                                                     |                       |                                                        |
| AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)                                                                                                                                                                                                                                                              | Nivel 3               |                                                        |
| EAR POPPER INFLATION DEVICE                                                                                                                                                                                                                                                                                         | Nivel 3               |                                                        |
| NASAL DEVICE                                                                                                                                                                                                                                                                                                        |                       |                                                        |
| PCCA ACCUPEN-15 DEVICE                                                                                                                                                                                                                                                                                              | Nivel 3               |                                                        |
| PROVATE PELVIC ORGAN SUPPORT<br>VAGINAL 61 MM, 67 MM, 73 MM, 79<br>MM, 85 MM, 91 MM                                                                                                                                                                                                                                 | Nivel 3               |                                                        |
| YONI FIT BLADDER SUPPORT<br>VAGINAL 34-38 MM, 34-38-42 MM, 42-<br>45 MM, 45-48-52 MM, 48-52 MM                                                                                                                                                                                                                      | Nivel 3               |                                                        |
| <b>Vendas Y Suministros Relacionados</b>                                                                                                                                                                                                                                                                            |                       |                                                        |
| ACESO AG TOPICAL BANDAGE 4 X 4 "                                                                                                                                                                                                                                                                                    | Nivel 3               |                                                        |
| ACTICOAT 7 DRESSING TOPICAL<br>BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "                                                                                                                                                                                                                                                    | Nivel 3               |                                                        |
| ACTICOAT DRESSING TOPICAL<br>BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4<br>X 48 ", 5 X 5 ", 8 X 16 "                                                                                                                                                                                                                    | Nivel 3               |                                                        |

| <b>Nombre del Medicamento</b>                                                                            | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| ACTICOAT DRESSING TOPICAL BANDAGE 4 X 8 "                                                                | Nivel 3                      | \$                                                            |
| ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "        | Nivel 3                      |                                                               |
| ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "        | Nivel 3                      |                                                               |
| ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 "                                                        | Nivel 3                      |                                                               |
| ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"                             | Nivel 3                      |                                                               |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "                                                            | Nivel 3                      |                                                               |
| BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "                                                              | Nivel 3                      |                                                               |
| BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "                                                                 | Nivel 3                      |                                                               |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL                                                                | Nivel 3                      |                                                               |
| CELLPAD TOPICAL PAD 2 X 5.5 "                                                                            | Nivel 3                      |                                                               |
| CICASIL TOPICAL PAD 2 X 5.5 "                                                                            | Nivel 3                      |                                                               |
| CICATRACE PAD TOPICAL PAD 4.7 X 5.7 "                                                                    | Nivel 3                      |                                                               |
| CURAFIL GEL WOUND TOPICAL GEL                                                                            | Nivel 3                      |                                                               |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"                                             | Nivel 3                      |                                                               |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET                                        | Nivel 3                      |                                                               |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "                                                      | Nivel 3                      |                                                               |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD | Nivel 3                      |                                                               |
| DERM-SILK TOPICAL PAD 2.5 X 2 "                                                                          | Nivel 3                      |                                                               |
| DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "                                                                      | Nivel 3                      |                                                               |
| DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "                                            | Nivel 3                      |                                                               |
| KELOTOP TOPICAL PAD 4.7 X 5.7 "                                                                          | Nivel 3                      |                                                               |
| KERAGEL TOPICAL GEL                                                                                      | Nivel 3                      |                                                               |

| <b>Nombre del Medicamento</b>                                               | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|-----------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| KERAGELT TOPICAL GEL                                                        | Nivel 3                      |                                                               |
| KERLIX AMD TOPICAL BANDAGE 0.2 % - 4.5" X 4.1 YARD                          | Nivel 3                      |                                                               |
| KERLIX AMD TOPICAL SPONGE 0.2 % - 6" X 6.75"                                | Nivel 3                      |                                                               |
| MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " | Nivel 3                      |                                                               |
| NUVA III TOPICAL SHEET 10 CM X 12 CM                                        | Nivel 3                      |                                                               |
| NUVAGEL TOPICAL SHEET 10 CM X 12 CM                                         | Nivel 3                      |                                                               |
| NUVAZIL II TOPICAL SHEET 10 CM X 12 CM                                      | Nivel 3                      |                                                               |
| OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM                  | Nivel 3                      |                                                               |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM           | Nivel 3                      |                                                               |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM      | Nivel 3                      |                                                               |
| PETROLEUM GAUZE TOPICAL BANDAGE                                             | Nivel 3                      |                                                               |
| PROSILK TOPICAL PAD 2 X 5.5 "                                               | Nivel 3                      |                                                               |
| REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 "                          | Nivel 3                      |                                                               |
| REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 "                 | Nivel 3                      |                                                               |
| REPLICARE THIN TOPICAL BANDAGE (hydrocolloid dressing) 6 X 8 "              | Nivel 3                      |                                                               |
| REPLICARE ULTRA DRESSING (hydrocolloid dressing) TOPICAL BANDAGE 4 X 4 "    | Nivel 3                      |                                                               |
| REPLICARE ULTRA DRESSING TOPICAL BANDAGE 7 X 8 "                            | Nivel 3                      |                                                               |
| RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "                        | Nivel 3                      |                                                               |
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "                                   | Nivel 3                      |                                                               |
| SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 "                                  | Nivel 3                      |                                                               |
| SCARCINPAD TOPICAL PAD 1.57 X 5.12 "                                        | Nivel 3                      |                                                               |
| SCARHEAL TOPICAL SHEET 2 X 2.5 "                                            | Nivel 3                      |                                                               |
| SCARSILK TOPICAL PAD 2 X 5.5 "                                              | Nivel 3                      |                                                               |

| Nombre del Medicamento                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| SILADERM TOPICAL SHEET 5 CM X 14 CM                                         | Nivel 3               |                                                        |
| SILADONE TOPICAL SHEET 2 X 2.5 "                                            | Nivel 3               |                                                        |
| SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "            | Nivel 3               |                                                        |
| SIL-K TOPICAL PAD 2 X 5.5 "                                                 | Nivel 3               |                                                        |
| SILTREX TOPICAL PAD 2 X 5.5 "                                               | Nivel 3               |                                                        |
| SPECTRAGEL TOPICAL GEL                                                      | Nivel 3               |                                                        |
| STRATACTX TOPICAL GEL                                                       | Nivel 3               |                                                        |
| STRATAGRT TOPICAL GEL                                                       | Nivel 3               |                                                        |
| STRATAXRT TOPICAL GEL                                                       | Nivel 3               |                                                        |
| SZOSIL TOPICAL SHEET 5 CM X 14 CM                                           | Nivel 3               |                                                        |
| SZOSIL TOPICAL STRIP 1.4 X 6 "                                              | Nivel 3               |                                                        |
| THERAHONEY TOPICAL BANDAGE 4 X 5 "                                          | Nivel 3               |                                                        |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD | Nivel 3               |                                                        |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "               | Nivel 3               | \$                                                     |
| XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 "                        | Nivel 3               |                                                        |
| XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 5 X 9 "                        | Nivel 3               | \$                                                     |
| XEROFORM TOPICAL BANDAGE 5 X 9 "                                            | Nivel 3               |                                                        |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 "                                           | Nivel 3               |                                                        |
| ZENPHOR TOPICAL GEL                                                         | Nivel 3               |                                                        |
| <b>Tos Y Resfriado</b>                                                      |                       |                                                        |
| <b>Antihist.-Decongest Con Comb. De Anticolinérgicas De 1Era Gen</b>        |                       |                                                        |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG                    | Nivel 1               |                                                        |
| <b>Antitusivo Narcótico-1Era Generación Antihistamínico-Descongestivo</b>   |                       |                                                        |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML                                      | Nivel 3               | Age (Min 12 Years)                                     |
| MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML                                     | Nivel 1               | Age (Min 12 Years)                                     |

| Nombre del Medicamento                                                               |                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                             |
|--------------------------------------------------------------------------------------|--------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML                                             |                                | Nivel 3               | Age (Min 12 Years)                                                                                                 |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML                                           |                                | Nivel 3               | Age (Min 12 Years)                                                                                                 |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML                                                 |                                | Nivel 1               | Age (Min 12 Years)                                                                                                 |
| <b>Antitusivo Narcótico-Antihistamínico De 1Era Generación</b>                       |                                |                       |                                                                                                                    |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> |                                | Nivel 1               | \$. QL (10 ML per 1 day); Age (Min 18 Years)                                                                       |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               |                                | Nivel 1               | \$. QL (30 ML per 1 day); Age (Min 18 Years)                                                                       |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG                              |                                | Nivel 3               | ST: Must meet the following requirement: Promethazine/Codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <b>Antitusivo Narcótico-Comb. Anticolinérgica</b>                                    |                                |                       |                                                                                                                    |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG                                      | (hydrocodone-homatropine)      | Nivel 3               | QL (6 EA per 1 day); Age (Min 18 Years)                                                                            |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                           | (Hydromet)                     | Nivel 1               | \$. QL (30 ML per 1 day); Age (Min 18 Years)                                                                       |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                  | (Hycodan (with homatropine))   | Nivel 1               | \$. QL (6 EA per 1 day); Age (Min 18 Years)                                                                        |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML                                                 | (hydrocodone-homatropine)      | Nivel 1               | \$. QL (30 ML per 1 day); Age (Min 18 Years)                                                                       |
| <b>Antitusivo No Narcótico-1Era Generación Antihistamínico-Descongestivo</b>         |                                |                       |                                                                                                                    |
| 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               | \$                                                                                                                 |
| <b>Antitusivos, No Narcóticos</b>                                                    |                                |                       |                                                                                                                    |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>                               |                                | Nivel 1               | \$                                                                                                                 |
| <b>Combinación De Antitusivo Narcótico-Descongestivo-Expectorante</b>                |                                |                       |                                                                                                                    |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML                                         |                                | Nivel 3               | Age (Min 12 Years)                                                                                                 |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML                                         |                                | Nivel 1               | Age (Min 12 Years)                                                                                                 |

| Nombre del Medicamento                                                                                                                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Combinación De Antitusivo Narcótico-Expectorante</b>                                                                                                                                   |                       |                                                        |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)                                                                                                                       | Nivel 1               | \$; Age (Min 12 Years)                                 |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)                                                                                                                            | Nivel 1               | Age (Min 12 Years)                                     |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                                                                                                                              | Nivel 1               | Age (Min 12 Years)                                     |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                                                                                                                           | Nivel 1               | Age (Min 12 Years)                                     |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML                                                                                                                                                    | Nivel 1               | Age (Min 12 Years)                                     |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                                                                                                                             | Nivel 1               | Age (Min 12 Years)                                     |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML                                                                                                                                                     | Nivel 1               | Age (Min 12 Years)                                     |
| <b>Combinación De Antitusivo No Narcótico-Antihistamínico De 1Era Generación</b>                                                                                                          |                       |                                                        |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                                                                                                                                         | Nivel 1               | \$                                                     |
| <b>Combinaciones De Antihistamínicos Y Descongestivos De 1Era Gen</b>                                                                                                                     |                       |                                                        |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)                                                                                                             | Nivel 1               |                                                        |
| <b>Tracto Urinario - Trastornos Funcionales</b>                                                                                                                                           |                       |                                                        |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                                                                                                                       | Nivel 4               | \$                                                     |
| DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)                                                                                                                                 | Nivel 4               |                                                        |
| ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)                                                                                                                                       | Nivel 3               | PA                                                     |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                                                                                                                                       | Nivel 4               | PA                                                     |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))                                                                                                                        | Nivel 4               | PA                                                     |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan (polycys kidney dis)) | Nivel 4               | PA                                                     |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                                                                                                                                  | Nivel 4               | PA                                                     |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                                                                                                                                | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                                                                                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                                                                                                                                          | Nivel 4               |                                                                                              |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                                                                                                                                           | Nivel 4               |                                                                                              |
| <i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque) | Nivel 4               | PA                                                                                           |
| <b>Agente Anestésico/Analgésico Del Tracto Urinario (Azo-Dye)</b>                                                                                                                                |                       |                                                                                              |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)                                                                                                                                     | Nivel 1               | \$                                                                                           |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)                                                                                                                                            | Nivel 3               |                                                                                              |
| <b>Agente Antispasmódico/Antiincontinencia Del Tracto Urinario</b>                                                                                                                               |                       |                                                                                              |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)                                                                                                                       | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                    |
| <i>flavoxate oral tablet 100 mg</i>                                                                                                                                                              | Nivel 1               | \$                                                                                           |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                                                                                                                                  | Nivel 1               |                                                                                              |
| <i>oxybutynin chloride oral tablet 2.5 mg</i>                                                                                                                                                    | Nivel 1               |                                                                                              |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                                                                                                                                      | Nivel 1               | \$                                                                                           |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>                                                                                                                  | Nivel 1               | \$                                                                                           |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR                                                                                                                                                | Nivel 3               | \$\$\$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>                                                                                                                                | Nivel 1               | \$                                                                                           |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                                                                                                                                        | Nivel 1               | \$                                                                                           |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)                                                                                                                              | Nivel 3               | QL (1 EA per 1 day)                                                                          |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                                                                                                                                        | Nivel 1               |                                                                                              |
| <i>trospium oral tablet 20 mg</i>                                                                                                                                                                | Nivel 1               | \$                                                                                           |
| <b>Agentes Analgésicos Del Tracto Urinario</b>                                                                                                                                                   |                       |                                                                                              |
| ELMIRON ORAL CAPSULE 100 MG                                                                                                                                                                      | Nivel 2               | PA; \$\$\$                                                                                   |



| Nombre del Medicamento                                                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                |
|------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Agentes Bph,5-Alfa-Rrojo Inh &amp; Afa-1-Adr Antg Cmb</b>                       |                       |                                                                                                                                                       |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | Nivel 1               | \$; ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)        | Nivel 3               | ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days     |
| <b>Agentes De Cálculos Renales</b>                                                 |                       |                                                                                                                                                       |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (tiopronin)                   | Nivel 4               | \$\$\$\$                                                                                                                                              |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG (tiopronin)                   | Nivel 4               | \$\$\$\$\$                                                                                                                                            |
| THIOLA ORAL TABLET 100 MG (tiopronin)                                              | Nivel 4               | \$\$\$\$\$                                                                                                                                            |
| <i>tiopronin oral tablet 100 mg</i> (Thiola)                                       | Nivel 4               |                                                                                                                                                       |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg</i> (Thiola EC)           | Nivel 4               |                                                                                                                                                       |
| <i>tiopronin oral tablet, delayed release (dr/ec) 300 mg</i> (Thiola EC)           | Nivel 4               | \$\$\$\$\$                                                                                                                                            |
| VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)            | Nivel 4               |                                                                                                                                                       |
| <b>Agentes De Vejiga Hiperactiva, Beta-3 Rececp Adrenérgicos</b>                   |                       |                                                                                                                                                       |
| GEMTESA ORAL TABLET 75 MG                                                          | Nivel 3               | ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day)                                             |
| <i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)      | Nivel 1               | QL (1 EA per 1 day)                                                                                                                                   |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML                               | Nivel 2               | \$                                                                                                                                                    |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)             | Nivel 3               | \$\$; QL (1 EA per 1 day)                                                                                                                             |
| <b>Antiespasmódico Del Tracto Urinario, M(3) Antag. Selectivo</b>                  |                       |                                                                                                                                                       |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>                | Nivel 1               | \$                                                                                                                                                    |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                              | Nivel 1               | \$                                                                                                                                                    |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| VESICARE LS ORAL SUSPENSION 1 MG/ML                                            | Nivel 3               | PA; \$                                                 |
| VESICARE ORAL TABLET 10 MG (solifenacin)                                       | Nivel 3               | \$\$                                                   |
| VESICARE ORAL TABLET 5 MG (solifenacin)                                        | Nivel 3               | \$                                                     |
| <b>Hipertrofia Prostática Benigna/Agentes De Micción</b>                       |                       |                                                        |
| alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)                 | Nivel 1               | \$                                                     |
| AVODART ORAL CAPSULE 0.5 MG (dutasteride)                                      | Nivel 3               |                                                        |
| dutasteride oral capsule 0.5 mg (Avodart)                                      | Nivel 1               | \$                                                     |
| finasteride oral tablet 5 mg (Proscar)                                         | Nivel 1               | \$                                                     |
| FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin)                                        | Nivel 3               | \$                                                     |
| PROSCAR ORAL TABLET 5 MG (finasteride)                                         | Nivel 3               |                                                        |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)                                    | Nivel 3               | \$                                                     |
| silodosin oral capsule 4 mg, 8 mg (Rapaflo)                                    | Nivel 1               | \$                                                     |
| tamsulosin oral capsule 0.4 mg (Flomax)                                        | Nivel 1               | \$                                                     |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin)                 | Nivel 3               |                                                        |
| <b>Modificadores De Ph Urinaria</b>                                            |                       |                                                        |
| K-PHOS NO 2 ORAL TABLET 305-700 MG                                             | Nivel 3               | \$                                                     |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG                                    | Nivel 3               | \$                                                     |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)              | Nivel 3               | \$                                                     |
| potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10) | Nivel 1               | \$                                                     |
| potassium citrate oral tablet extended release 15 meq (Urocit-K 15)            | Nivel 1               | \$                                                     |
| potassium citrate oral tablet extended release 5 meq (540 mg)                  | Nivel 1               | \$                                                     |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML                   | Nivel 3               | \$                                                     |
| sodium citrate-citric acid oral solution 490-640 mg/5 ml (Oracit)              | Nivel 1               |                                                        |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate) | Nivel 3               | \$                                                     |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)            | Nivel 3               |                                                        |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG                                        | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                    |
|---------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Trastorno De Convulsiones</b>                                                      |                       |                                                                                                                                                                                           |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                     | Nivel 4               | ST: Must meet the following generic anticonvulsants requirement: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid, Vigabatrin, Carbamazepine, or Oxcarbazepine in 365 days |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                       | Nivel 4               | PA                                                                                                                                                                                        |
| <b>Anticonvulsivos</b>                                                                |                       |                                                                                                                                                                                           |
| APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)                                   | Nivel 3               | QL (1 EA per 1 day)                                                                                                                                                                       |
| APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)                                   | Nivel 3               | QL (2 EA per 1 day)                                                                                                                                                                       |
| BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)                                          | Nivel 3               | ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)                                                                 |
| BANZEL ORAL TABLET 200 MG (rufinamide)                                                | Nivel 3               | ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (16 EA per 1 day)                                                                 |
| BANZEL ORAL TABLET 400 MG (rufinamide)                                                | Nivel 3               | ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (8 EA per 1 day)                                                                  |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                       | Nivel 2               | \$\$\$; QL (600 ML per 30 days)                                                                                                                                                           |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                               | Nivel 2               | \$\$\$; QL (2 EA per 1 day)                                                                                                                                                               |
| carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)    | Nivel 1               | \$                                                                                                                                                                                        |
| carbamazepine oral suspension 100 mg/5 ml (Tegretol)                                  | Nivel 1               |                                                                                                                                                                                           |
| carbamazepine oral tablet 200 mg (Tegretol)                                           | Nivel 1               | \$                                                                                                                                                                                        |
| carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR) | Nivel 1               | \$                                                                                                                                                                                        |
| carbamazepine oral tablet, chewable 100 mg                                            | Nivel 1               | \$                                                                                                                                                                                        |

| Nombre del Medicamento                                                        |                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                 |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| <i>carbamazepine oral tablet, chewable 200 mg</i>                             |                             | Nivel 1               |                                                                                                                        |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG            | (carbamazepine)             | Nivel 3               |                                                                                                                        |
| CELONTIN ORAL CAPSULE 300 MG                                                  | (methsuximide)              | Nivel 3               |                                                                                                                        |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG                 | (divalproex)                | Nivel 3               |                                                                                                                        |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG          | (divalproex)                | Nivel 3               |                                                                                                                        |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG                  | (divalproex)                | Nivel 3               |                                                                                                                        |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                          |                             | Nivel 4               | PA                                                                                                                     |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG                                 |                             | Nivel 4               | PA                                                                                                                     |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG                                         | (phenytoin sodium extended) | Nivel 3               |                                                                                                                        |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG                                 | (phenytoin)                 | Nivel 3               |                                                                                                                        |
| DILANTIN ORAL CAPSULE 30 MG                                                   |                             | Nivel 3               |                                                                                                                        |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML                                      | (phenytoin)                 | Nivel 3               |                                                                                                                        |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                   | (Depakote Sprinkles)        | Nivel 1               | \$                                                                                                                     |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>           | (Depakote ER)               | Nivel 1               | \$                                                                                                                     |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | (Depakote)                  | Nivel 1               | \$                                                                                                                     |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG                        |                             | Nivel 3               | ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (3 EA per 1 day); Age (Min 12 Years) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG                        |                             | Nivel 3               | ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (2 EA per 1 day); Age (Min 12 Years) |
| EPITOL ORAL TABLET 200 MG                                                     | (carbamazepine)             | Nivel 1               |                                                                                                                        |
| EPRONTIA ORAL SOLUTION 25 MG/ML                                               | (topiramate)                | Nivel 3               | PA                                                                                                                     |

| Nombre del Medicamento                                                                |                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------|-----------------|-----------------------|--------------------------------------------------------|
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i>                                     | (Aptiom)        | Nivel 1               | \$; QL (1 EA per 1 day)                                |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i>                                     | (Aptiom)        | Nivel 1               | \$\$; QL (2 EA per 1 day)                              |
| <i>ethosuximide oral capsule 250 mg</i>                                               | (Zarontin)      | Nivel 1               | \$                                                     |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                         | (Zarontin)      | Nivel 1               | \$                                                     |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                          |                 | Nivel 1               | \$                                                     |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                           | (Felbatol)      | Nivel 1               | \$                                                     |
| FELBATOL ORAL TABLET 400 MG                                                           | (felbamate)     | Nivel 3               | \$\$\$                                                 |
| FELBATOL ORAL TABLET 600 MG                                                           | (felbamate)     | Nivel 3               | \$\$\$\$\$                                             |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                      |                 | Nivel 4               | PA; \$\$\$\$\$                                         |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                     |                 | Nivel 2               | QL (680 ML per 28 days)                                |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                                                | (perampanel)    | Nivel 3               | QL (30 EA per 30 days)                                 |
| FYCOMPA ORAL TABLET 2 MG                                                              | (perampanel)    | Nivel 3               | QL (120 EA per 30 days)                                |
| FYCOMPA ORAL TABLET 4 MG, 6 MG                                                        | (perampanel)    | Nivel 3               | QL (60 EA per 30 days)                                 |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                 | (Neurontin)     | Nivel 1               | \$                                                     |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                           | (Neurontin)     | Nivel 1               | \$                                                     |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>                |                 | Nivel 1               | \$                                                     |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                          | (Neurontin)     | Nivel 1               | \$                                                     |
| GABARONE ORAL TABLET 100 MG, 400 MG                                                   | (gabapentin)    | Nivel 1               |                                                        |
| KEPPRA ORAL SOLUTION 100 MG/ML                                                        | (levetiracetam) | Nivel 3               | \$\$\$                                                 |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 750 MG                                           | (levetiracetam) | Nivel 3               | \$\$\$                                                 |
| KEPPRA ORAL TABLET 500 MG                                                             | (levetiracetam) | Nivel 3               | \$\$\$\$                                               |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG                           | (levetiracetam) | Nivel 3               | \$\$\$                                                 |
| <i>lacosamide oral solution 10 mg/ml</i>                                              | (Vimpat)        | Nivel 1               | \$                                                     |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                           | (Vimpat)        | Nivel 1               | \$                                                     |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG                         | (lamotrigine)   | Nivel 3               | \$\$\$                                                 |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 50 MG                                         | (lamotrigine)   | Nivel 3               | \$\$                                                   |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) | (lamotrigine)   | Nivel 3               |                                                        |

| Nombre del Medicamento                                                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| LAMICTAL ODT STARTER (GREEN) (lamotrigine)<br>ORAL TABLET DISINTEGRATING,<br>DOSE PK 50 MG (42) -100 MG (14)                      | Nivel 3               |                                                        |
| LAMICTAL ODT STARTER (ORANGE) (lamotrigine)<br>ORAL TABLET DISINTEGRATING,<br>DOSE PK 25 MG(14)-50 MG (14)-100<br>MG (7)          | Nivel 3               |                                                        |
| LAMICTAL ORAL TABLET 100 MG, 150<br>MG, 200 MG, 25 MG (lamotrigine)                                                               | Nivel 3               | \$\$\$                                                 |
| LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine)<br>DISPERSIBLE 25 MG                                                                 | Nivel 3               | \$\$\$\$\$                                             |
| LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine)<br>DISPERSIBLE 5 MG                                                                  | Nivel 3               |                                                        |
| LAMICTAL STARTER (BLUE) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(35)                                                 | Nivel 3               |                                                        |
| LAMICTAL STARTER (GREEN) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(84) -100 MG (14)                                   | Nivel 3               |                                                        |
| LAMICTAL STARTER (ORANGE) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(42) -100 MG (7)                                   | Nivel 3               | \$\$                                                   |
| LAMICTAL XR ORAL TABLET (lamotrigine)<br>EXTENDED RELEASE 24HR 100 MG                                                             | Nivel 3               | \$\$\$\$\$                                             |
| LAMICTAL XR ORAL TABLET (lamotrigine)<br>EXTENDED RELEASE 24HR 200 MG,<br>25 MG, 250 MG, 300 MG, 50 MG                            | Nivel 3               | \$\$\$\$\$                                             |
| LAMICTAL XR STARTER (BLUE) ORAL<br>TABLET EXTENDED REL,DOSE PACK<br>25 MG (21) -50 MG (7)                                         | Nivel 3               |                                                        |
| LAMICTAL XR STARTER (GREEN)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 50 MG(14)-100MG (14)-200 MG<br>(7)                           | Nivel 3               |                                                        |
| LAMICTAL XR STARTER (ORANGE)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 25MG (14)-50 MG (14)-100MG<br>(7)                           | Nivel 3               | \$\$                                                   |
| <i>lamotrigine oral tablet 100 mg, 150 mg,<br/>200 mg, 25 mg</i> (Lamictal)                                                       | Nivel 1               | \$                                                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter<br>(Blue))                 | Nivel 1               | \$                                                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg(14)-50 mg (14)-100 mg<br/>(7)</i> (Lamictal ODT Starter<br>(Orange)) | Nivel 1               | \$                                                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter<br>(Green))              | Nivel 1               |                                                        |

| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR) | Nivel 1               | \$                                                     |
| lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)                                     | Nivel 1               | \$                                                     |
| lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal ODT)                      | Nivel 1               | \$                                                     |
| lamotrigine oral tablets, dose pack 25 mg (35) (Lamictal Starter (Blue) Kit)                             | Nivel 1               |                                                        |
| lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)               | Nivel 1               |                                                        |
| lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)               | Nivel 1               |                                                        |
| levetiracetam oral solution 100 mg/ml (Keppra)                                                           | Nivel 1               | \$                                                     |
| levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)                                      | Nivel 1               | \$                                                     |
| levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)                              | Nivel 1               | \$                                                     |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)             | Nivel 3               |                                                        |
| LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)                                                               | Nivel 3               |                                                        |
| methsuximide oral capsule 300 mg (Celontin)                                                              | Nivel 1               |                                                        |
| MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                                    | Nivel 3               | PA                                                     |
| MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)                                                           | Nivel 3               |                                                        |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)                                               | Nivel 3               |                                                        |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)                                                         | Nivel 3               |                                                        |
| NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)                                                        | Nivel 3               |                                                        |
| oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)                                         | Nivel 1               | \$                                                     |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)                                             | Nivel 1               | \$                                                     |



| Nombre del Medicamento                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                   |
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| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg</i> (Oxtellar XR) | Nivel 1               | \$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)     |
| <i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i> (Oxtellar XR) | Nivel 1               | \$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)   |
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR) | Nivel 1               | \$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG (oxcarbazepine)        | Nivel 3               | \$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)     |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (oxcarbazepine)        | Nivel 3               | \$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)   |



| Nombre del Medicamento                                                                     |                             | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                                   |
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| OXTELLAR XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 600 MG                                   | (oxcarbazepine)             | Nivel 3               | \$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day) |
| <i>perampanel oral tablet 10 mg, 8 mg</i>                                                  | (Fycompa)                   | Nivel 1               | \$\$\$; QL (30 EA per 30 days)                                                                                                                                                                                           |
| <i>perampanel oral tablet 12 mg</i>                                                        | (Fycompa)                   | Nivel 1               | \$\$; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>perampanel oral tablet 2 mg</i>                                                         | (Fycompa)                   | Nivel 1               | \$\$; QL (120 EA per 30 days)                                                                                                                                                                                            |
| <i>perampanel oral tablet 4 mg, 6 mg</i>                                                   | (Fycompa)                   | Nivel 1               | \$\$; QL (60 EA per 30 days)                                                                                                                                                                                             |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                       | (phenytoin sodium extended) | Nivel 3               | \$                                                                                                                                                                                                                       |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                               | (Dilantin-125)              | Nivel 1               |                                                                                                                                                                                                                          |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                               | (Dilantin Infatabs)         | Nivel 1               | \$                                                                                                                                                                                                                       |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                                       | (Dilantin Extended)         | Nivel 1               | \$                                                                                                                                                                                                                       |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>                               | (Phenytek)                  | Nivel 1               |                                                                                                                                                                                                                          |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | (Lyrica)                    | Nivel 1               | \$                                                                                                                                                                                                                       |
| <i>pregabalin oral solution 20 mg/ml</i>                                                   | (Lyrica)                    | Nivel 1               | \$                                                                                                                                                                                                                       |
| <i>primidone oral tablet 125 mg</i>                                                        |                             | Nivel 1               |                                                                                                                                                                                                                          |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                 | (Mysoline)                  | Nivel 1               | \$                                                                                                                                                                                                                       |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG                                           | (topiramate)                | Nivel 3               | \$\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)                                                                              |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG                                   | (topiramate)                | Nivel 3               | \$\$\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)                                                                            |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG                                            | (topiramate)                | Nivel 3               | \$; 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                                                                                    |
|------------------------------------------------------------------------------|-----------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG                                | (topiramate)    | Nivel 3               | \$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day) |
| ROWEEPRA ORAL TABLET 500 MG                                                  | (levetiracetam) | Nivel 3               |                                                                                                                                           |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG                | (levetiracetam) | Nivel 3               |                                                                                                                                           |
| <i>rufinamide oral suspension 40 mg/ml</i>                                   | (Banzel)        | Nivel 1               | \$\$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)           |
| <i>rufinamide oral tablet 200 mg</i>                                         | (Banzel)        | Nivel 1               | \$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (16 EA per 1 day)             |
| <i>rufinamide oral tablet 400 mg</i>                                         | (Banzel)        | Nivel 1               | \$\$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (8 EA per 1 day)            |
| SABRIL ORAL POWDER IN PACKET 500 MG                                          | (vigabatrin)    | Nivel 4               | PA                                                                                                                                        |
| SABRIL ORAL TABLET 500 MG                                                    | (vigabatrin)    | Nivel 4               | PA                                                                                                                                        |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG                  |                 | Nivel 3               | PA; \$\$                                                                                                                                  |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG                                    | (levetiracetam) | Nivel 3               | PA; \$\$                                                                                                                                  |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                          | (lamotrigine)   | Nivel 3               |                                                                                                                                           |
| SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)               | (lamotrigine)   | Nivel 3               |                                                                                                                                           |
| SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | (lamotrigine)   | Nivel 3               |                                                                                                                                           |
| SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | (lamotrigine)   | Nivel 3               |                                                                                                                                           |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML                                         | (carbamazepine) | Nivel 3               |                                                                                                                                           |
| TEGRETOL ORAL TABLET 200 MG                                                  | (carbamazepine) | Nivel 3               |                                                                                                                                           |

| Nombre del Medicamento                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                                                                                           |
|------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TEGRETOL XR ORAL TABLET (carbamazepine)<br>EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | Nivel 3               |                                                                                                                                                                                                                  |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                                           | Nivel 1               | ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day) |
| <i>tiagabine oral tablet 16 mg</i>                                                       | Nivel 1               | ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day) |
| TOPAMAX ORAL CAPSULE, (topiramate)<br>SPRINKLE 15 MG                                     | Nivel 3               |                                                                                                                                                                                                                  |
| TOPAMAX ORAL CAPSULE, (topiramate)<br>SPRINKLE 25 MG                                     | Nivel 3               | \$\$\$                                                                                                                                                                                                           |
| TOPAMAX ORAL TABLET 100 MG, 200 (topiramate)<br>MG                                       | Nivel 3               | \$\$\$                                                                                                                                                                                                           |
| TOPAMAX ORAL TABLET 25 MG, 50 (topiramate)<br>MG                                         | Nivel 3               | \$\$                                                                                                                                                                                                             |
| <i>topiramate oral capsule, sprinkle 15 mg, (Topamax)<br/>25 mg</i>                      | Nivel 1               | \$                                                                                                                                                                                                               |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                           | Nivel 1               |                                                                                                                                                                                                                  |
| <i>topiramate oral capsule, extended (Trokendi XR)<br/>release 24hr 100 mg</i>           | Nivel 1               | \$\$; QL (3 EA per 1 day)                                                                                                                                                                                        |
| <i>topiramate oral capsule, extended (Trokendi XR)<br/>release 24hr 200 mg</i>           | Nivel 1               | \$\$; QL (2 EA per 1 day)                                                                                                                                                                                        |
| <i>topiramate oral capsule, extended (Trokendi XR)<br/>release 24hr 25 mg</i>            | Nivel 1               | \$; QL (8 EA per 1 day)                                                                                                                                                                                          |
| <i>topiramate oral capsule, extended (Trokendi XR)<br/>release 24hr 50 mg</i>            | Nivel 1               | \$; QL (7 EA per 1 day)                                                                                                                                                                                          |
| <i>topiramate oral capsule, sprinkle, er 24hr<br/>100 mg</i>                             | Nivel 1               | ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)                                                                            |

| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                                   |
|----------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <i>topiramate oral capsule, sprinkle, er 24hr</i><br>150 mg, 200 mg  | Nivel 1               | ST: Must meet the following requirement:<br>Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr</i><br>25 mg           | Nivel 1               | ST: Must meet the following requirement:<br>Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr</i><br>50 mg           | Nivel 1               | ST: Must meet the following requirement:<br>Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day) |
| <i>topiramate oral solution 25 mg/ml</i> (Eprontia)                  | Nivel 1               | PA                                                                                                                                       |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | Nivel 1               | \$                                                                                                                                       |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)     | Nivel 3               |                                                                                                                                          |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)         | Nivel 3               |                                                                                                                                          |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG (topiramate)  | Nivel 3               | \$\$; QL (3 EA per 1 day)                                                                                                                |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG (topiramate)  | Nivel 3               | \$\$\$; QL (2 EA per 1 day)                                                                                                              |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG (topiramate)   | Nivel 3               | \$; QL (8 EA per 1 day)                                                                                                                  |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG (topiramate)   | Nivel 3               | \$\$; QL (7 EA per 1 day)                                                                                                                |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>      | Nivel 1               | \$                                                                                                                                       |
| <i>valproic acid oral capsule 250 mg</i>                             | Nivel 1               |                                                                                                                                          |
| <i>vigabatrin oral powder in packet 500 mg</i> (Sabril)              | Nivel 4               | PA; \$\$                                                                                                                                 |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)                        | Nivel 4               | PA; \$\$\$\$\$                                                                                                                           |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)                  | Nivel 4               | PA; \$\$\$\$\$                                                                                                                           |
| VIGADRONE ORAL TABLET 500 MG (vigabatrin)                            | Nivel 4               | PA                                                                                                                                       |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                     | Nivel 4               | PA                                                                                                                                       |

| Nombre del Medicamento                                                                                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)                                                                      | Nivel 4               | PA                                                     |
| VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)                                                                              | Nivel 3               | \$\$\$                                                 |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG (lacosamide)                                                                  | Nivel 3               | \$\$\$                                                 |
| VIMPAT ORAL TABLET 50 MG (lacosamide)                                                                                   | Nivel 3               | \$\$                                                   |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)                                                       | Nivel 2               | QL (1 EA per 1 day)                                    |
| XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)                                                     | Nivel 2               | QL (2 EA per 1 day)                                    |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG                                                                         | Nivel 2               | QL (1 EA per 1 day)                                    |
| XCOPRI ORAL TABLET 200 MG                                                                                               | Nivel 2               | QL (2 EA per 1 day)                                    |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Nivel 2               | QL (1 EA per 1 day)                                    |
| ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)                                                                             | Nivel 3               |                                                        |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)                                                                       | Nivel 3               |                                                        |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)                                                                        | Nivel 3               |                                                        |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                                                    | Nivel 3               | PA                                                     |
| zonisamide oral capsule 100 mg, 25 mg (Zonegran)                                                                        | Nivel 1               | \$                                                     |
| zonisamide oral capsule 50 mg                                                                                           | Nivel 1               | \$                                                     |
| <b>Anticonvulsivos - Del Tipo Benzodiacepinas</b>                                                                       |                       |                                                        |
| clobazam oral suspension 2.5 mg/ml (Onfi)                                                                               | Nivel 1               | \$; QL (480 ML per 30 days)                            |
| clobazam oral tablet 10 mg, 20 mg (Onfi)                                                                                | Nivel 1               | \$; QL (2 EA per 1 day)                                |
| clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)                                                                    | Nivel 1               | \$                                                     |
| clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg                                             | Nivel 1               | \$                                                     |
| diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg                                                                     | Nivel 1               | \$                                                     |
| diazepam rectal kit 2.5 mg                                                                                              | Nivel 1               |                                                        |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG (clonazepam)                                                                          | Nivel 3               | \$                                                     |
| KLONOPIN ORAL TABLET 2 MG (clonazepam)                                                                                  | Nivel 3               |                                                        |
| LIBERVANT BUCCAL FILM 10 MG, 15 MG, 7.5 MG                                                                              | Nivel 3               | QL (10 EA per 30 days)                                 |
| LIBERVANT BUCCAL FILM 12.5 MG                                                                                           | Nivel 3               | \$\$; QL (10 EA per 30 days)                           |

| Nombre del Medicamento                                                                                                                   | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                              |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|
| LIBERVANT BUCCAL FILM 5 MG                                                                                                               | Nivel 3               | \$\$\$; QL (10 EA per 30 days)                                                      |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                                                    | Nivel 3               | \$\$; QL (10 EA per 30 days)                                                        |
| ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)                                                                                                | Nivel 3               | QL (480 ML per 30 days)                                                             |
| ONFI ORAL TABLET 10 MG, 20 MG (clobazam)                                                                                                 | Nivel 3               | QL (2 EA per 1 day)                                                                 |
| SYMPAZAN ORAL FILM 10 MG                                                                                                                 | Nivel 3               | PA; \$\$\$                                                                          |
| SYMPAZAN ORAL FILM 20 MG                                                                                                                 | Nivel 3               | PA; \$\$\$\$                                                                        |
| SYMPAZAN ORAL FILM 5 MG                                                                                                                  | Nivel 3               | PA; \$\$                                                                            |
| 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)                                                              |
| <b>Trastorno Endocrino - Fertilidad</b>                                                                                                  |                       |                                                                                     |
| <b>Estimulantes De Fólicula/Hormonas Luteinizantes</b>                                                                                   |                       |                                                                                     |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT                                                                                                  | Nivel 4               |                                                                                     |
| <b>Facilitador De Embarazo/Agente De Mantenimiento, Hormonal</b>                                                                         |                       |                                                                                     |
| CRINONE VAGINAL GEL 8 %                                                                                                                  | Nivel 2               | \$\$                                                                                |
| ENDOMETRIN VAGINAL INSERT 100 MG (progesterone micronized)                                                                               | Nivel 2               |                                                                                     |
| <b>Gonadotropina Coriónica Humana (Hcg)</b>                                                                                              |                       |                                                                                     |
| chorionic gonadotropin, human intramuscular recon soln 10,000 unit (Pregnyl)                                                             | Nivel 3               | ST: Must meet the following requirement: Novarel or Ovidrel in 120 days             |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT                                                                                              | Nivel 2               |                                                                                     |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML                                                                                              | Nivel 2               | \$                                                                                  |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)                                                             | Nivel 3               | ST: Must meet the following requirement: Novarel or Ovidrel in 120 days             |
| <b>Hormona Estimulante De Folículo (Fsh)</b>                                                                                             |                       |                                                                                     |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML                                                 | Nivel 4               | ST: Must meet any of the following requirements: Gonal-F or Gonal-F RFF in 120 days |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML                                                       | Nivel 4               | \$\$\$                                                                              |

| Nombre del Medicamento                                                 | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| GONAL-F RFF REDI-JECT<br>SUBCUTANEOUS PEN INJECTOR 900<br>UNIT/1.44 ML | Nivel 4               | \$\$\$\$                                               |
| GONAL-F RFF SUBCUTANEOUS<br>RECON SOLN 75 UNIT                         | Nivel 4               |                                                        |
| GONAL-F SUBCUTANEOUS RECON<br>SOLN 1,050 UNIT                          | Nivel 4               |                                                        |
| GONAL-F SUBCUTANEOUS RECON<br>SOLN 450 UNIT                            | Nivel 4               | \$\$\$\$                                               |
| <b>Mediamcentos Para Tratar Impotencia</b>                             |                       |                                                        |
| CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)                            | Nivel 3               | PA; \$\$                                               |
| CIALIS ORAL TABLET 5 MG (tadalafil)                                    | Nivel 3               | PA; \$; QL (1 EA per 1 day)                            |
| <i>tadalafil oral tablet 10 mg</i> (Cialis)                            | Nivel 1               | PA; \$                                                 |
| <i>tadalafil oral tablet 2.5 mg</i>                                    | Nivel 1               | PA; \$; QL (1 EA per 1 day)                            |
| <i>tadalafil oral tablet 20 mg</i> (Cialis)                            | Nivel 1               | PA; \$; QL (2 EA per 1 day)                            |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)                             | Nivel 1               | PA; \$; QL (1 EA per 1 day)                            |
| <b>Preparados Estimulantes De Fertilidad, No-Fsh</b>                   |                       |                                                        |
| CLOMID ORAL TABLET 50 MG (clomiphene citrate)                          | Nivel 3               |                                                        |
| <i>clomiphene citrate oral tablet 50 mg</i> (Clomid)                   | Nivel 1               | \$                                                     |
| <b>Trastorno Endocrino - Otro</b>                                      |                       |                                                        |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                        | Nivel 4               | PA                                                     |
| MYFEMBREE ORAL TABLET 40-1-0.5<br>MG                                   | Nivel 2               | PA                                                     |
| ORIAHNN ORAL CAPSULE,<br>SEQUENTIAL 300-1-0.5MG(AM) /300<br>MG(PM)     | Nivel 2               | PA                                                     |
| RECORLEV ORAL TABLET 150 MG                                            | Nivel 4               | PA                                                     |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56<br>ML)      | Nivel 4               | PA                                                     |
| VOXZOGO SUBCUTANEOUS RECON<br>SOLN 0.4 MG, 0.56 MG, 1.2 MG             | Nivel 4               | PA                                                     |
| <b>Agentes Supresores De Pituitaria</b>                                |                       |                                                        |
| <i>cabergoline oral tablet 0.5 mg</i>                                  | Nivel 1               | \$                                                     |
| CRENESSITY ORAL CAPSULE 100<br>MG, 25 MG, 50 MG                        | Nivel 4               | PA                                                     |
| CRENESSITY ORAL SOLUTION 50<br>MG/ML                                   | Nivel 4               | PA                                                     |
| <i>danazol oral capsule 100 mg, 200 mg,<br/>50 mg</i>                  | Nivel 1               |                                                        |



| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Agentes Tx Hiperparatiroides - Vitamina D Tipo Análoga</b>        |                       |                                                        |
| <i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>                 | Nivel 1               | \$                                                     |
| <i>doxercalciferol oral capsule 1 mcg</i>                            | Nivel 1               | \$\$                                                   |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)              | Nivel 1               | \$                                                     |
| <i>paricalcitol oral capsule 4 mcg</i>                               | Nivel 1               | \$                                                     |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                  | Nivel 2               | QL (2 EA per 1 day)                                    |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)                     | Nivel 3               |                                                        |
| <b>Agonistas De Antineoplásico Lhrh(Gnrh), Supresores Pituitario</b> |                       |                                                        |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                         | Nivel 4               | PA                                                     |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                        | Nivel 4               | PA                                                     |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                       | Nivel 4               | PA; \$                                                 |
| <b>Análogos De Hormona De Leptina</b>                                |                       |                                                        |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)                | Nivel 4               | PA; \$\$\$\$\$                                         |
| <b>Antagonistas De Receptor De Hormona De Crecimiento</b>            |                       |                                                        |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | Nivel 4               |                                                        |
| <b>Antidiuréticos Y Hormonas Vasopresoras</b>                        |                       |                                                        |
| DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)                     | Nivel 3               |                                                        |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)                      | Nivel 3               |                                                        |
| <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               | \$                                                     |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>    | Nivel 1               | \$                                                     |
| <i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>   | Nivel 1               |                                                        |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)               | Nivel 1               | \$                                                     |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG             | Nivel 3               | QL (1 EA per 1 day)                                    |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG           | Nivel 3               | QL (1 EA per 1 day)                                    |



| Nombre del Medicamento                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Calciomiméticos, Potenciador De Calcio Paratiroides</b>                                |                       |                                                        |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                                     | Nivel 4               | \$; QL (2 EA per 1 day)                                |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                            | Nivel 4               | \$; QL (4 EA per 1 day)                                |
| SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)                                            | Nivel 4               | QL (2 EA per 1 day)                                    |
| SENSIPAR ORAL TABLET 90 MG (cinacalcet)                                                   | Nivel 4               | QL (4 EA per 1 day)                                    |
| <b>Estim. De Formación Ósea Agentes - Hormona Paratiroidea</b>                            |                       |                                                        |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)              | Nivel 4               | PA                                                     |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)               | Nivel 4               | PA; \$\$\$                                             |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)       | Nivel 4               | PA; \$\$\$                                             |
| <b>Factor-1 De Crecimiento Tipo Insulina (Igf-1) Hormonas</b>                             |                       |                                                        |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                                                   | Nivel 4               | PA                                                     |
| <b>Hormona Liberadoras De Hormonas De Crecimiento (Ghrh) &amp; Análogos</b>               |                       |                                                        |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG                                                   | Nivel 4               | PA                                                     |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG                                                       | Nivel 4               | PA                                                     |
| <b>Hormonas Adrenocorticotrópicas</b>                                                     |                       |                                                        |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                           | Nivel 4               | PA                                                     |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML                      | Nivel 4               | PA                                                     |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                                                   | Nivel 4               | PA                                                     |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML                            | Nivel 4               | PA                                                     |
| <b>Hormonas De Crecimiento</b>                                                            |                       |                                                        |
| GENOTROPIN MINISQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML                                 | Nivel 4               | PA; \$\$                                               |
| GENOTROPIN MINISQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML | Nivel 4               | PA; \$\$\$                                             |

| <b>Nombre del Medicamento</b>                                                                                    | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| GENOTROPIN MINISQUICK<br>SUBCUTANEOUS SYRINGE 1 MG/0.25<br>ML, 1.2 MG/0.25 ML                                    | Nivel 4                      | PA; \$\$\$\$                                                  |
| GENOTROPIN MINISQUICK<br>SUBCUTANEOUS SYRINGE 1.4<br>MG/0.25 ML, 1.6 MG/0.25 ML, 1.8<br>MG/0.25 ML, 2 MG/0.25 ML | Nivel 4                      | PA; \$\$\$\$\$                                                |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 12 MG/ML (36 UNIT/ML)                                                       | Nivel 4                      | PA; \$\$\$\$\$                                                |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 5 MG/ML (15 UNIT/ML)                                                        | Nivel 4                      | PA; \$\$\$\$                                                  |
| HUMATROPE INJECTION CARTRIDGE<br>12 MG (36 UNIT)                                                                 | Nivel 4                      | PA; \$\$\$\$                                                  |
| HUMATROPE INJECTION CARTRIDGE<br>24 MG (72 UNIT)                                                                 | Nivel 4                      | PA; \$\$\$\$\$                                                |
| HUMATROPE INJECTION CARTRIDGE<br>6 MG (18 UNIT)                                                                  | Nivel 4                      | PA; \$\$\$                                                    |
| NGENLA SUBCUTANEOUS PEN<br>INJECTOR 24 MG/1.2 ML (20 MG/ML),<br>60 MG/1.2 ML (50 MG/ML)                          | Nivel 4                      | PA                                                            |
| NORDITROPIN FLEXPEN<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/1.5 ML (6.7 MG/ML)                                     | Nivel 4                      | PA; \$\$\$\$                                                  |
| NORDITROPIN FLEXPEN<br>SUBCUTANEOUS PEN INJECTOR 15<br>MG/1.5 ML (10 MG/ML)                                      | Nivel 4                      | PA; \$\$\$\$\$                                                |
| NORDITROPIN FLEXPEN<br>SUBCUTANEOUS PEN INJECTOR 30<br>MG/3 ML (10 MG/ML)                                        | Nivel 4                      | PA                                                            |
| NORDITROPIN FLEXPEN<br>SUBCUTANEOUS PEN INJECTOR 5<br>MG/1.5 ML (3.3 MG/ML)                                      | Nivel 4                      | PA; \$\$\$                                                    |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/2 ML (5 MG/ML)                                          | Nivel 4                      | PA; \$\$\$\$\$                                                |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 20<br>MG/2 ML (10 MG/ML)                                         | Nivel 4                      | PA                                                            |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 5<br>MG/2 ML (2.5 MG/ML)                                         | Nivel 4                      | PA; \$\$                                                      |
| OMNITROPE SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7<br>MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                         | Nivel 4                      | PA                                                            |
| OMNITROPE SUBCUTANEOUS<br>RECON SOLN 5.8 MG                                                                      | Nivel 4                      | PA                                                            |

| Nombre del Medicamento                                                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                 |
|---------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| SAIZEN SAIZENPREP<br>SUBCUTANEOUS CARTRIDGE 8.8<br>MG/1.51 ML (FINAL CONC.)                                   | Nivel 4               | PA                                                                                                                     |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 4 MG                                                                      | Nivel 4               | PA; \$\$\$\$                                                                                                           |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 5 MG                                                                      | Nivel 4               | PA                                                                                                                     |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 6 MG                                                                      | Nivel 4               | PA; \$\$\$\$                                                                                                           |
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 11 MG, 13.3 MG, 3 MG,<br>3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6<br>MG, 9.1 MG | Nivel 4               | PA                                                                                                                     |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 10 MG/1.5 ML (6.7 MG/ML)                                                 | Nivel 4               | PA; \$\$\$\$                                                                                                           |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 15 MG/1.5 ML (10 MG/ML)                                                  | Nivel 4               | PA; \$\$\$\$                                                                                                           |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 5 MG/1.5 ML (3.3 MG/ML)                                                  | Nivel 4               | PA; \$\$\$                                                                                                             |
| ZOMACTON SUBCUTANEOUS<br>RECON SOLN 10 MG, 5 MG                                                               | Nivel 4               | PA                                                                                                                     |
| <b>Hormonas Paratiroides</b>                                                                                  |                       |                                                                                                                        |
| YORVIPATH SUBCUTANEOUS PEN<br>INJECTOR 168 MCG/0.56 ML, 294<br>MCG/0.98 ML, 420 MCG/1.4 ML                    | Nivel 4               | PA                                                                                                                     |
| <b>Inhibidor De Resorción Ósea &amp; Combinaciones De Vitamina D</b>                                          |                       |                                                                                                                        |
| FOSAMAX PLUS D ORAL TABLET 70<br>MG- 2,800 UNIT, 70 MG- 5,600 UNIT                                            | Nivel 2               |                                                                                                                        |
| <b>Inhibidores De Resorción Ósea</b>                                                                          |                       |                                                                                                                        |
| ACTONEL ORAL TABLET 150 MG (risedronate)                                                                      | Nivel 3               | \$\$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days) |
| ACTONEL ORAL TABLET 35 MG (risedronate)                                                                       | Nivel 3               | \$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)    |
| <i>alendronate oral solution 70 mg/75 ml</i>                                                                  | Nivel 1               | QL (75 ML per 7 days)                                                                                                  |
| <i>alendronate oral tablet 10 mg, 35 mg</i>                                                                   | Nivel 1               | \$                                                                                                                     |
| <i>alendronate oral tablet 5 mg</i>                                                                           | Nivel 1               |                                                                                                                        |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                                                | Nivel 1               | \$                                                                                                                     |

| Nombre del Medicamento                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                               |
|------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------|
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate) | Nivel 3               | \$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)  |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG                          | Nivel 3               | \$\$; ST: Must meet the following requirement: Alendronate and Ibandronate in 365 days; QL (4 EA per 28 days)        |
| calcitonin (salmon) injection solution 200 unit/ml (Miacalcin)   | Nivel 1               | \$\$\$\$                                                                                                             |
| calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation  | Nivel 1               | \$                                                                                                                   |
| EVISTA ORAL TABLET 60 MG (raloxifene)                            | Nivel 3               | \$                                                                                                                   |
| FOSAMAX ORAL TABLET 70 MG (alendronate)                          | Nivel 3               |                                                                                                                      |
| ibandronate oral tablet 150 mg                                   | Nivel 1               | \$                                                                                                                   |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))   | Nivel 3               |                                                                                                                      |
| raloxifene oral tablet 60 mg (Evista)                            | Nivel 5               | \$; \$0 COPAY IF QUANTITY 1 IN 1 DAY                                                                                 |
| risedronate oral tablet 150 mg (Actonel)                         | Nivel 1               | \$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days) |
| risedronate oral tablet 30 mg                                    | Nivel 1               | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)       |
| risedronate oral tablet 35 mg (Actonel)                          | Nivel 1               | \$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)  |
| risedronate oral tablet 5 mg                                     | Nivel 1               | \$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)   |
| risedronate oral tablet, delayed release (dr/ec) 35 mg (Atelvia) | Nivel 1               | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)      |

| Nombre del Medicamento                                                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                            |
|--------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|
| <b>Lhrh(Gnrh) Agonista Análogo De Supresores Pituitarios</b>                   |                       |                                                                                   |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML                                       | Nivel 4               | PA; \$\$                                                                          |
| <b>Lhrh(Gnrh) Antagonista, Agentes Supresores Pituitarios</b>                  |                       |                                                                                   |
| <i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide)                          | Nivel 4               | \$\$                                                                              |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetorelix)                                 | Nivel 4               | \$\$\$                                                                            |
| FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)                      | Nivel 4               |                                                                                   |
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)               | Nivel 4               |                                                                                   |
| ORILISSA ORAL TABLET 150 MG, 200 MG                                            | Nivel 2               | PA                                                                                |
| <b>Lhrh(Gnrh) Agnst Pit. Sup-Central De Pubertad Precoz</b>                    |                       |                                                                                   |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)                                    | Nivel 4               |                                                                                   |
| <b>Trastorno Endocrino - Tiroides</b>                                          |                       |                                                                                   |
| <b>Agentes Que Contienen Yodo</b>                                              |                       |                                                                                   |
| LUGOLS ORAL SOLUTION 5 %                                                       | Nivel 3               | \$                                                                                |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI)                         | Nivel 1               |                                                                                   |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)                                | Nivel 1               |                                                                                   |
| STRONG IODINE ORAL SOLUTION 5 %                                                | Nivel 1               | \$                                                                                |
| <b>Hormonas De Tiroides</b>                                                    |                       |                                                                                   |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))                      | Nivel 3               | \$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days       |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 97.5 MG                         | Nivel 3               |                                                                                   |
| ADTHYZA ORAL TABLET 30 MG, 90 MG (thyroid (pork))                              | Nivel 3               | \$                                                                                |
| ADTHYZA ORAL TABLET 65 MG                                                      | Nivel 3               | \$                                                                                |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork)) | Nivel 3               | \$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days       |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG                              | Nivel 3               | \$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days       |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)                       | Nivel 3               | ST: Must meet the following requirement: generic Liothyronine tablets in 120 days |

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

| Nombre del Medicamento                                                                                                                                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| THYQUIDITY ORAL SOLUTION 20 MCG/ML                                                                                                                                                                        | Nivel 3               | 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               |                                                                                                          |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                               | Nivel 3               | PA                                                                                                       |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                                                                          | Nivel 3               | PA                                                                                                       |
| 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                                                                                                       |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                              | Nivel 3               | ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)  |
| <b>Preparaciones Antitiroides</b>                                                                                                                                                                         |                       |                                                                                                          |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                                                                | Nivel 1               | \$                                                                                                       |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                                                                                 | Nivel 1               | \$                                                                                                       |
| <b>Trastorno Musculoesquelético</b>                                                                                                                                                                       |                       |                                                                                                          |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG                                                                                                                                                    | Nivel 4               | PA                                                                                                       |
| <b>Agentes Para Trata Parálisis Periódica - Inh De Anhid De Carbon</b>                                                                                                                                    |                       |                                                                                                          |
| <i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)                                                                                                                                                       | Nivel 4               | PA; \$\$\$\$\$                                                                                           |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)                                                                                                                                                              | Nivel 4               | PA                                                                                                       |
| ORMALVI ORAL TABLET 50 MG (dichlorphenamide)                                                                                                                                                              | Nivel 4               | PA                                                                                                       |
| <b>Relajantes Musculares Esqueléticos</b>                                                                                                                                                                 |                       |                                                                                                          |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)                                                                                                                                            | Nivel 1               | PA                                                                                                       |
| <i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)                                                                                                                                                          | Nivel 1               | PA                                                                                                       |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)                                                                                                                                           | Nivel 1               | PA                                                                                                       |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                                                                            | Nivel 1               | \$                                                                                                       |
| <i>baclofen oral tablet 15 mg</i>                                                                                                                                                                         | Nivel 1               |                                                                                                          |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)                                                                                                                                                     | Nivel 1               | \$                                                                                                       |



| Nombre del Medicamento                                                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                |
|---------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                              | Nivel 1               |                                                                                                       |
| <i>chlorzoxazone oral tablet 250 mg</i>                                         | Nivel 1               | \$\$\$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day) |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)                       | Nivel 1               | \$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)     |
| <i>chlorzoxazone oral tablet 500 mg</i>                                         | Nivel 1               | \$                                                                                                    |
| <i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> (Amrix) | Nivel 1               | \$; QL (1 EA per 1 day)                                                                               |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                  | Nivel 1               | \$                                                                                                    |
| <i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)                              | Nivel 1               | \$                                                                                                    |
| CYCLOTENS REFILL COMBO PACK 10 MG                                               | Nivel 3               |                                                                                                       |
| CYCLOTENS STARTER COMBO PACK 10 MG                                              | Nivel 3               |                                                                                                       |
| DANTRIUM ORAL CAPSULE 25 MG (dantrolene)                                        | Nivel 3               |                                                                                                       |
| <i>dantrolene oral capsule 100 mg, 50 mg</i>                                    | Nivel 1               | \$                                                                                                    |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)                                 | Nivel 1               | \$                                                                                                    |
| FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine)                                     | Nivel 3               |                                                                                                       |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)                        | Nivel 3               | PA                                                                                                    |
| LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG                             | Nivel 3               | PA                                                                                                    |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                                    | Nivel 1               | \$                                                                                                    |
| <i>metaxalone oral tablet 640 mg</i>                                            | Nivel 1               |                                                                                                       |
| <i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)                              | Nivel 1               | \$\$\$                                                                                                |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                 | Nivel 1               | \$                                                                                                    |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)             | Nivel 3               | \$\$\$; QL (4 EA per 1 day)                                                                           |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                 | Nivel 1               | \$                                                                                                    |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)            | Nivel 1               | QL (8 EA per 1 day)                                                                                   |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)          | Nivel 1               | QL (4 EA per 1 day)                                                                                   |
| OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)                                       | Nivel 3               | PA                                                                                                    |
| SOMA ORAL TABLET 250 MG (carisoprodol)                                          | Nivel 3               |                                                                                                       |
| SOMA ORAL TABLET 350 MG (carisoprodol)                                          | Nivel 3               | \$                                                                                                    |



| Nombre del Medicamento                                                        | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|-------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| TANLOR ORAL TABLET 1,000 MG (methocarbamol)                                   | Nivel 1               |                                                        |
| tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)                           | Nivel 1               | \$                                                     |
| tizanidine oral tablet 2 mg                                                   | Nivel 1               | \$                                                     |
| tizanidine oral tablet 4 mg (Zanaflex)                                        | Nivel 1               | \$                                                     |
| VANADOM ORAL TABLET 350 MG (carisoprodol)                                     | Nivel 3               |                                                        |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine)                           | Nivel 3               |                                                        |
| ZANAFLEX ORAL TABLET 4 MG (tizanidine)                                        | Nivel 3               |                                                        |
| <b>Relajantes Musculoesqueléticos.&amp; Tópico Irritante Anti-Irritante</b>   |                       |                                                        |
| CYCLOPAK KIT 5 MG-2.5 %- 2.5 %                                                | Nivel 3               |                                                        |
| <b>Trastornos Gastrointestinal Inferior - Inflamación De Intestino</b>        |                       |                                                        |
| <b>Agentes De Colon Irritable,Agonist De Gualinata Ciclasa</b>                |                       |                                                        |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                 | Nivel 2               | \$\$; QL (1 EA per 1 day)                              |
| TRULANCE ORAL TABLET 3 MG                                                     | Nivel 2               | QL (1 EA per 1 day)                                    |
| <b>Agonistas/Antagonistas De Recep De Opiodes Mezclados, Agentes lbs</b>      |                       |                                                        |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                             | Nivel 2               | QL (2 EA per 1 day)                                    |
| <b>Antagonista De Receptor De Integrina, Anticuerpos Monoclonales</b>         |                       |                                                        |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML                          | Nivel 4               |                                                        |
| <b>Inflam. Crónica Colon Dx, 5-A-Salicilato,Rectal Tx</b>                     |                       |                                                        |
| CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)                               | Nivel 3               |                                                        |
| mesalamine rectal enema 4 gram/60 ml (sfRowasa)                               | Nivel 1               | \$                                                     |
| mesalamine rectal suppository 1,000 mg (Canasa)                               | Nivel 1               | \$                                                     |
| mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)         | Nivel 1               | \$                                                     |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe)         | Nivel 3               | \$\$\$                                                 |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)                               | Nivel 3               |                                                        |
| <b>Medicamentos Tx-Infla. Crónica Colon Dx,5-Aminosalicilatos</b>             |                       |                                                        |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)             | Nivel 3               |                                                        |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine) | Nivel 3               | \$                                                     |

| Nombre del Medicamento                                                            |                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                |
|-----------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------------------------------------------------|
| AZULFIDINE ORAL TABLET 500 MG                                                     | (sulfasalazine)            | Nivel 3               | \$                                                                    |
| <i>balsalazide oral capsule 750 mg</i>                                            | (Colazal)                  | Nivel 1               | \$                                                                    |
| COLAZAL ORAL CAPSULE 750 MG                                                       | (balsalazide)              | Nivel 3               |                                                                       |
| DIPENTUM ORAL CAPSULE 250 MG                                                      |                            | Nivel 3               | \$\$\$\$; ST: Must meet the following requirement: Lialda in 120 days |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM                              | (mesalamine)               | Nivel 3               |                                                                       |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                      |                            | Nivel 1               |                                                                       |
| <i>mesalamine oral capsule, extended release 500 mg</i>                           | (Pentasa)                  | Nivel 1               |                                                                       |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>                  | (Apriso)                   | Nivel 1               | \$                                                                    |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>                   | (Lialda)                   | Nivel 1               | \$                                                                    |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>                     |                            | Nivel 1               | \$\$                                                                  |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                     |                            | Nivel 3               |                                                                       |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                                     | (mesalamine)               | Nivel 3               |                                                                       |
| <i>sulfasalazine oral tablet 500 mg</i>                                           | (Azulfidine)               | Nivel 1               | \$                                                                    |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>                  | (Azulfidine EN-tabs)       | Nivel 1               |                                                                       |
| <b>Prep Hemorroidal, Anti-Infam Esteroides/Anest Local</b>                        |                            |                       |                                                                       |
| ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %                                           | (hydrocortisone-pramoxine) | Nivel 3               |                                                                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>                       | (Analpram-HC)              | Nivel 1               | \$                                                                    |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>                         |                            | Nivel 1               | \$                                                                    |
| <i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>                       |                            | Nivel 1               |                                                                       |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>                        |                            | Nivel 1               |                                                                       |
| <i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>               |                            | Nivel 1               | \$                                                                    |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)</i> |                            | Nivel 1               |                                                                       |
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-2.5 % (7 gram)</i>        |                            | Nivel 1               | \$                                                                    |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                        |                            | Nivel 1               |                                                                       |

| Nombre del Medicamento                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|----------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| PROCORT RECTAL CREAM 1.85-1.15 %                                     | Nivel 3               | \$                                                     |
| PROCTOFOAM HC RECTAL FOAM 1-1 %                                      | Nivel 2               | \$                                                     |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %                      | Nivel 3               |                                                        |
| <b>Prep. Rectal/Intestinal Inferior, Glucocort. (No-Hemorr)</b>      |                       |                                                        |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                | Nivel 1               | \$\$                                                   |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)                 | Nivel 3               |                                                        |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                                   | Nivel 3               | \$                                                     |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)          | Nivel 1               | \$                                                     |
| UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)                       | Nivel 3               |                                                        |
| <b>Preparados De Nitrato Local Anorectal</b>                         |                       |                                                        |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)            | Nivel 1               | \$                                                     |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)                   | Nivel 3               |                                                        |
| <b>Preparados Rectales</b>                                           |                       |                                                        |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)         | Nivel 1               |                                                        |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)          | Nivel 3               |                                                        |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate) | Nivel 3               | \$                                                     |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)  | Nivel 1               | \$                                                     |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC) | Nivel 1               | \$                                                     |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)         | Nivel 3               |                                                        |
| <b>Trastornos Gastrointestinal Inferior - Otro</b>                   |                       |                                                        |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG                               | Nivel 4               | PA; \$\$\$\$\$                                         |
| BYLVAY ORAL PELLETT 200 MCG                                          | Nivel 4               | PA; \$\$\$\$\$                                         |
| BYLVAY ORAL PELLETT 600 MCG                                          | Nivel 4               | PA                                                     |
| IBSRELA ORAL TABLET 50 MG                                            | Nivel 3               | PA                                                     |
| IQIRVO ORAL TABLET 80 MG                                             | Nivel 4               | PA; \$\$\$\$\$                                         |
| LIVDELZI ORAL CAPSULE 10 MG                                          | Nivel 4               | PA                                                     |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                           | Nivel 4               | PA                                                     |

| Nombre del Medicamento                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                           |
|-----------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------|
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG                       | Nivel 4               | PA                                                                                               |
| SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)            | Nivel 4               |                                                                                                  |
| <b>Agonistas De Receptor De Farnesoide X (Fxr), Análogo Biliar Ac</b> |                       |                                                                                                  |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                       | Nivel 4               | PA                                                                                               |
| <b>Antagonistas Narcóticos, De Actuación Periférica</b>               |                       |                                                                                                  |
| <i>alvimopan oral capsule 12 mg</i>                                   | Nivel 1               |                                                                                                  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                   | Nivel 2               | QL (1 EA per 1 day)                                                                              |
| RELISTOR ORAL TABLET 150 MG                                           | Nivel 3               | PA                                                                                               |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                           | Nivel 3               | PA                                                                                               |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML               | Nivel 3               | PA                                                                                               |
| SYMPROIC ORAL TABLET 0.2 MG                                           | Nivel 2               | QL (1 EA per 1 day)                                                                              |
| <b>Antidiarreico - G.I. Inhibidores De Canal De Cloruro</b>           |                       |                                                                                                  |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                    | Nivel 2               | ST: Must meet the following requirement: Antiretroviral therapy in 120 days; QL (2 EA per 1 day) |
| <b>Antidiarreico - Inhibidor De Triptófano De Hidroxilasa</b>         |                       |                                                                                                  |
| XERMELO ORAL TABLET 250 MG                                            | Nivel 4               | PA                                                                                               |
| <b>Antidiarreicos</b>                                                 |                       |                                                                                                  |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>           | Nivel 1               |                                                                                                  |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)      | Nivel 1               | \$                                                                                               |
| LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)             | Nivel 3               | \$                                                                                               |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))     | Nivel 1               | \$                                                                                               |
| MOTOFEN ORAL TABLET 1-0.025 MG                                        | Nivel 3               | ST: Must meet the following requirement: Diphenoxylate/Atropine in 120 days; QL (8 EA per 1 day) |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>               | Nivel 1               | \$                                                                                               |

| Nombre del Medicamento                                                           |                         | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                       |
|----------------------------------------------------------------------------------|-------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Inhibidores De Amoníacos</b>                                                  |                         |                       |                                                                                                              |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM                                              | (sodium phenylbutyrate) | Nivel 4               | PA                                                                                                           |
| BUPHENYL ORAL TABLET 500 MG                                                      | (sodium phenylbutyrate) | Nivel 4               | PA                                                                                                           |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG                                         | (carglumic acid)        | Nivel 4               | PA                                                                                                           |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                            | (Carbaglu)              | Nivel 4               | PA; \$\$\$\$\$                                                                                               |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML                                              | (lactulose)             | Nivel 1               | \$                                                                                                           |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML                                             | (lactulose)             | Nivel 1               |                                                                                                              |
| LITHOSTAT ORAL TABLET 250 MG                                                     |                         | Nivel 3               | \$\$                                                                                                         |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM |                         | Nivel 4               | PA                                                                                                           |
| PHEBURANE ORAL GRANULES 483 MG/GRAM                                              |                         | Nivel 4               | PA                                                                                                           |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                                  |                         | Nivel 4               | PA                                                                                                           |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>                          | (Buphenyl)              | Nivel 4               | PA; \$\$\$\$\$                                                                                               |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                  | (Buphenyl)              | Nivel 4               | PA; \$\$\$\$                                                                                                 |
| <b>Laxantes Y Catárticos</b>                                                     |                         |                       |                                                                                                              |
| AMITIZA ORAL CAPSULE 24 MCG                                                      | (lubiprostone)          | Nivel 3               | \$\$; QL (2 EA per 1 day)                                                                                    |
| AMITIZA ORAL CAPSULE 8 MCG                                                       | (lubiprostone)          | Nivel 3               | \$\$; QL (4 EA per 1 day)                                                                                    |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                             |                         | Nivel 5               | \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)       |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML                                           | (lactulose)             | Nivel 1               | \$                                                                                                           |
| 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) |

| Nombre del Medicamento                                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                         |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM                                | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)   |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)                | Nivel 3               | QL (4000 ML per 1 FILL)                                                                                        |
| KRISTALOSE ORAL PACKET 20 GRAM (lactulose)                                                | Nivel 3               | 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               | \$\$\$; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (3 EA per 1 day)   |
| <i>lactulose oral packet 20 gram</i> (Kristalose)                                         | Nivel 1               | \$\$\$\$; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day) |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                                 | Nivel 1               | \$                                                                                                             |
| <i>lubiprostone oral capsule 24 mcg</i> (Amitiza)                                         | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                        |
| <i>lubiprostone oral capsule 8 mcg</i> (Amitiza)                                          | Nivel 1               | \$; QL (4 EA per 1 day)                                                                                        |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)        | Nivel 3               | QL (1 EA per 1 FILL)                                                                                           |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)         | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)   |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep) | Nivel 5               | \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)             |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                         | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)   |

| 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, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit) | Nivel 5               | \$; \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)                                                                                                                                       |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM                                               | Nivel 5               | ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,mag sulfates) | Nivel 3               | QL (354 ML per 1 FILL)                                                                                                                                                                                                                           |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM                                                 | Nivel 5               | \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)                                                                                                                                             |
| <b>Sales Biliares</b>                                                                    |                       |                                                                                                                                                                                                                                                  |
| CHENODAL ORAL TABLET 250 MG                                                              | Nivel 4               | PA                                                                                                                                                                                                                                               |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                                       | Nivel 4               | PA; \$\$\$\$\$                                                                                                                                                                                                                                   |
| CTEXLI ORAL TABLET 250 MG                                                                | Nivel 4               | PA                                                                                                                                                                                                                                               |
| RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)                                           | Nivel 3               | PA                                                                                                                                                                                                                                               |
| URSO FORTE ORAL TABLET 500 MG (ursodiol)                                                 | Nivel 3               |                                                                                                                                                                                                                                                  |
| ursodiol oral capsule 200 mg, 400 mg (Reltone)                                           | Nivel 1               | PA                                                                                                                                                                                                                                               |
| ursodiol oral capsule 300 mg                                                             | Nivel 1               | \$                                                                                                                                                                                                                                               |
| ursodiol oral tablet 250 mg                                                              | Nivel 1               | \$                                                                                                                                                                                                                                               |
| ursodiol oral tablet 500 mg (URSO Forte)                                                 | Nivel 1               | \$                                                                                                                                                                                                                                               |

| Nombre del Medicamento                                                                                                                                                                                              | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------|
| <b>Sbs - Péptido Similar Al Glucógeno-2 (Glp-2) Análogos</b>                                                                                                                                                        |                       |                                                                              |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                                                                                                                                                                | Nivel 4               | PA                                                                           |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG                                                                                                                                                                               | Nivel 4               | PA                                                                           |
| <b>Síndrome De Colon Irritable Agente,Antagonistas De 5Ht-3-Tipo</b>                                                                                                                                                |                       |                                                                              |
| alose tron oral tablet 0.5 mg, 1 mg (Lotronex)                                                                                                                                                                      | Nivel 1               |                                                                              |
| LOTROXEN ORAL TABLET 0.5 MG, 1 MG (alose tron)                                                                                                                                                                      | Nivel 3               |                                                                              |
| <b>Trastornos Gastrointestinal Superior - Digestivos</b>                                                                                                                                                            |                       |                                                                              |
| <b>Enzimas Gástricas</b>                                                                                                                                                                                            |                       |                                                                              |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML                                                                                                                                                                                 | Nivel 4               | PA                                                                           |
| <b>Enzimas Pancreáticos</b>                                                                                                                                                                                         |                       |                                                                              |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 6,000-19,000 -30,000 UNIT                                                                                                                    | Nivel 2               | \$\$                                                                         |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-76,000 - 120,000 UNIT                                                                                                                                              | Nivel 2               | \$\$\$                                                                       |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 3,000-9,500- 15,000 UNIT                                                                                                                                                  | Nivel 2               | \$                                                                           |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT                                                                                                                                              | Nivel 2               | \$\$\$\$                                                                     |
| 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               |                                                                              |
| 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               | ST: Must meet any of the following requirements: Zenpep or Creon in 120 days |
| VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT                                                                                                                                         | Nivel 3               | ST: Must meet any of the following requirements: Zenpep or Creon in 120 days |



| Nombre del Medicamento                                                                                                                                                                                                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| 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               |                                                                                                             |
| <b>Trastornos Gastrointestinal Superior - Enfermedad Espástica</b>                                                                                                                                                                                                           |                       |                                                                                                             |
| <b>Alcalodes De Belladonna</b>                                                                                                                                                                                                                                               |                       |                                                                                                             |
| ANASPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG                                                                                                                                                                                                            | Nivel 3               |                                                                                                             |
| DONNATAL ORAL ELIXIR 16.2 MG- 0.1037 MG/5 ML (5 ML) (phenobarb-hyoscy-atropine-scop)                                                                                                                                                                                         | Nivel 3               | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days) |
| DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)                                                                                                                                                                                                 | Nivel 3               | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)      |
| ED-SPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG                                                                                                                                                                                                            | Nivel 1               |                                                                                                             |
| hyoscyamine sulfate oral drops 0.125 mg/ml (Hyosyne)                                                                                                                                                                                                                         | Nivel 1               |                                                                                                             |
| hyoscyamine sulfate oral elixir 0.125 mg/5 ml (Hyosyne)                                                                                                                                                                                                                      | Nivel 1               |                                                                                                             |
| hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)                                                                                                                                                                                                                           | Nivel 1               | \$                                                                                                          |
| hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Levbid)                                                                                                                                                                                                     | Nivel 1               | \$                                                                                                          |
| hyoscyamine sulfate oral tablet,disintegrating 0.125 mg (Ed-Spaz)                                                                                                                                                                                                            | Nivel 1               | \$                                                                                                          |
| hyoscyamine sulfate sublingual tablet 0.125 mg (Oscimin SL)                                                                                                                                                                                                                  | Nivel 1               | \$                                                                                                          |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                                                                                                                                                                                                         | Nivel 1               |                                                                                                             |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                                                                                                                                                                                                      | Nivel 1               |                                                                                                             |
| LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)                                                                                                                                                                                                    | Nivel 3               |                                                                                                             |
| LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                                            | Nivel 3               |                                                                                                             |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                                   | Nivel 3               |                                                                                                             |
| methscopolamine oral tablet 2.5 mg, 5 mg                                                                                                                                                                                                                                     | Nivel 1               |                                                                                                             |

| Nombre del Medicamento                                                        |                                  | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                          |
|-------------------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| NULEV ORAL<br>TABLET,DISINTEGRATING 0.125 MG                                  | (hyoscyamine sulfate)            | Nivel 3               |                                                                                                                 |
| OSCIMIN ORAL TABLET 0.125 MG                                                  | (hyoscyamine sulfate)            | Nivel 1               |                                                                                                                 |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG                                         | (hyoscyamine sulfate)            | Nivel 1               |                                                                                                                 |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> | (Phenohyro)                      | Nivel 1               | \$; ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days) |
| <i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>      | (Donnatal)                       | Nivel 1               | \$; ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)      |
| PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML                            | (phenobarb-hyoscy-atropine-scop) | Nivel 3               | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)     |
| PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG                                 | (phenobarb-hyoscy-atropine-scop) | Nivel 3               | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)          |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)   | (hyoscyamine sulfate)            | Nivel 3               |                                                                                                                 |
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG                             | (hyoscyamine sulfate)            | Nivel 3               |                                                                                                                 |
| SYMAX-SL SUBLINGUAL TABLET 0.125 MG                                           | (hyoscyamine sulfate)            | Nivel 3               |                                                                                                                 |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG                          | (hyoscyamine sulfate)            | Nivel 3               |                                                                                                                 |
| <b>Anticolinérgicos/Antiespasmódicos</b>                                      |                                  |                       |                                                                                                                 |
| <i>dicyclomine oral capsule 10 mg</i>                                         |                                  | Nivel 1               | \$                                                                                                              |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                   |                                  | Nivel 1               |                                                                                                                 |
| <i>dicyclomine oral tablet 20 mg</i>                                          |                                  | Nivel 1               | \$                                                                                                              |
| <i>dicyclomine oral tablet 40 mg</i>                                          |                                  | Nivel 1               | QL (4 EA per 1 day)                                                                                             |
| <b>Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras</b>          |                                  |                       |                                                                                                                 |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                             |                                  | Nivel 3               | PA; QL (1 EA per 1 day)                                                                                         |
| <b>Agentes Anti-Úlcera-H. Pylori</b>                                          |                                  |                       |                                                                                                                 |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>           |                                  | Nivel 1               | QL (112 EA per 10 days)                                                                                         |

| Nombre del Medicamento                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                           |
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| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)        | Nivel 1               | \$                                                                                                               |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)                           | Nivel 3               |                                                                                                                  |
| PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)               | Nivel 3               |                                                                                                                  |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG                        | Nivel 3               | QL (168 EA per 14 days); Age (Min 18 Years)                                                                      |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)                         | Nivel 3               | PA; QL (112 EA per 14 days)                                                                                      |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG                                 | Nivel 3               | PA; QL (112 EA per 14 days)                                                                                      |
| <b>Anticolinérgicos, Amonio Cuaternario</b>                                       |                       |                                                                                                                  |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium)) | Nivel 1               | \$                                                                                                               |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)                      | Nivel 3               | \$                                                                                                               |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG                                        | Nivel 3               | ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)   | Nivel 1               |                                                                                                                  |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)               | Nivel 1               | \$                                                                                                               |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)                                  | Nivel 1               | \$                                                                                                               |
| <i>glycopyrrolate oral tablet 1.5 mg</i> (Glycate)                                | Nivel 1               | 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               | \$                                                                                                               |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))          | Nivel 3               |                                                                                                                  |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide-clidinium)        | Nivel 3               | \$\$\$\$\$                                                                                                       |
| ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)                                   | Nivel 3               |                                                                                                                  |
| ROBINUL ORAL TABLET 1 MG (glycopyrrolate)                                         | Nivel 3               |                                                                                                                  |
| <b>Estimulante De Motilidad Intestinal</b>                                        |                       |                                                                                                                  |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                          | Nivel 4               | PA                                                                                                               |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                 | Nivel 1               |                                                                                                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                        | Nivel 1               | \$                                                                                                               |

| Nombre del Medicamento                                                                                       | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                       |
|--------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------|
| MOTTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)                                                             | Nivel 3               | QL (1 EA per 1 day)                                                                                                          |
| <i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)                                                       | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                                                    |
| REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)                                                          | Nivel 3               |                                                                                                                              |
| <b>Inhibidores De La Bomba De Protones</b>                                                                   |                       |                                                                                                                              |
| ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)                                             | Nivel 3               | QL (1 EA per 1 day)                                                                                                          |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)                                      | Nivel 3               | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)    |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG                                                     | Nivel 3               | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)    |
| DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG (dexlansoprazole)                                | Nivel 3               | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)     |
| <i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i> (Dexilant)                         | Nivel 1               | \$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)                            | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                      |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)                            | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                      |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet) | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                      |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                      | Nivel 1               | \$; QL (2 EA per 1 day)                                                                                                      |
| KONVOMEPRAL ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML                                                    | Nivel 3               | PA                                                                                                                           |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))                 | Nivel 1               | \$                                                                                                                           |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                                    | Nivel 1               | \$                                                                                                                           |
| <i>lansoprazole oral tablet, disintegrating, delayed rel 15 mg, 30 mg</i> (Prevacid SoluTab)                 | Nivel 1               | \$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days                   |

| Nombre del Medicamento                                                       |                          | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                             |
|------------------------------------------------------------------------------|--------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG                             | (esomeprazole magnesium) | Nivel 3               | \$; QL (1 EA per 1 day)                                                                                                            |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG                             | (esomeprazole magnesium) | Nivel 3               | \$; QL (2 EA per 1 day)                                                                                                            |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG | (esomeprazole magnesium) | Nivel 3               | \$; QL (1 EA per 1 day)                                                                                                            |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG                      | (esomeprazole magnesium) | Nivel 3               | \$; QL (2 EA per 1 day)                                                                                                            |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>   |                          | Nivel 1               | \$                                                                                                                                 |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>             | (Zegerid OTC)            | Nivel 1               | \$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)       |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>             |                          | Nivel 1               | \$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)       |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>    |                          | Nivel 1               | PA; \$\$                                                                                                                           |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i>                | (Protonix)               | Nivel 1               | \$; ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>        | (Protonix)               | Nivel 1               | \$                                                                                                                                 |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG                           | (lansoprazole)           | Nivel 3               |                                                                                                                                    |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG             | (lansoprazole)           | Nivel 3               | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days                             |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG                   |                          | Nivel 3               | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days                                |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG                           | (pantoprazole)           | Nivel 3               | ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days     |

| Nombre del Medicamento                                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                                                    |
|------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)                                        | Nivel 3               |                                                                                                                           |
| rabeprazole oral capsule, delayed rel sprinkle 10 mg (AcipHex Sprinkle)                                          | Nivel 1               | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day) |
| rabeprazole oral tablet, delayed release (dr/ec) 20 mg (AcipHex)                                                 | Nivel 1               | \$; QL (1 EA per 1 day)                                                                                                   |
| <b>Inhibidores De Receptor De Histamina H2</b>                                                                   |                       |                                                                                                                           |
| cimetidine hcl oral solution 300 mg/5 ml                                                                         | Nivel 1               | \$                                                                                                                        |
| cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))                                                        | Nivel 1               | \$                                                                                                                        |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg                                                                    | Nivel 1               | \$                                                                                                                        |
| famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)                                               | Nivel 1               | \$                                                                                                                        |
| famotidine oral tablet 20 mg, 40 mg (Pepcid)                                                                     | Nivel 1               | \$                                                                                                                        |
| nizatidine oral capsule 150 mg                                                                                   | Nivel 1               | \$                                                                                                                        |
| nizatidine oral capsule 300 mg                                                                                   | Nivel 1               |                                                                                                                           |
| PEPCID ORAL TABLET 20 MG (famotidine)                                                                            | Nivel 3               | \$\$                                                                                                                      |
| PEPCID ORAL TABLET 40 MG (famotidine)                                                                            | Nivel 3               | \$                                                                                                                        |
| <b>Preparaciones Antiúlcera</b>                                                                                  |                       |                                                                                                                           |
| CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)                                                                  | Nivel 3               |                                                                                                                           |
| CARAFATE ORAL TABLET 1 GRAM (sucralfate)                                                                         | Nivel 3               |                                                                                                                           |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)                                                               | Nivel 3               |                                                                                                                           |
| misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)                                                               | Nivel 1               | \$                                                                                                                        |
| sucralfate oral suspension 100 mg/ml (Carafate)                                                                  | Nivel 1               | \$                                                                                                                        |
| sucralfate oral tablet 1 gram (Carafate)                                                                         | Nivel 1               | \$                                                                                                                        |
| <b>Trastornos Hematológicos</b>                                                                                  |                       |                                                                                                                           |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) | Nivel 4               | PA                                                                                                                        |
| CABLIVI INJECTION KIT 11 MG                                                                                      | Nivel 4               | PA                                                                                                                        |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML                                                                    | Nivel 4               | PA                                                                                                                        |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML         | Nivel 4               | PA; \$\$\$\$\$                                                                                                            |

| Nombre del Medicamento                                                    | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                               |
|---------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|
| HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML                               | Nivel 4               | PA; \$\$\$\$                                                                         |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                          | Nivel 4               | PA                                                                                   |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                   | Nivel 4               | PA                                                                                   |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | Nivel 4               | PA                                                                                   |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                        | Nivel 4               | PA                                                                                   |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML                                | Nivel 4               | PA                                                                                   |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                         | Nivel 3               | PA                                                                                   |
| <b>Agentes Antifibrinolíticos</b>                                         |                       |                                                                                      |
| AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)                 | Nivel 3               |                                                                                      |
| AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)                   | Nivel 3               |                                                                                      |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)          | Nivel 1               | \$                                                                                   |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)            | Nivel 1               | \$                                                                                   |
| <i>tranexamic acid oral tablet 650 mg</i>                                 | Nivel 1               |                                                                                      |
| <b>Agentes De Anemia Falciforme</b>                                       |                       |                                                                                      |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                | Nivel 3               | \$                                                                                   |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))             | Nivel 4               | PA; \$\$\$                                                                           |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)      | Nivel 4               | PA                                                                                   |
| SIKLOS ORAL TABLET 1,000 MG                                               | Nivel 3               | ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days |
| SIKLOS ORAL TABLET 100 MG                                                 | Nivel 3               | QL (2 EA per 1 day)                                                                  |
| XROMI ORAL SOLUTION 100 MG/ML                                             | Nivel 3               | PA                                                                                   |
| <b>Agentes Hemorreológicos</b>                                            |                       |                                                                                      |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                 | Nivel 1               | \$                                                                                   |
| <b>Agentes Reductores De Plaquetas</b>                                    |                       |                                                                                      |
| AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide)                                  | Nivel 3               |                                                                                      |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                           | Nivel 1               | \$                                                                                   |
| <i>anagrelide oral capsule 1 mg</i>                                       | Nivel 1               | \$                                                                                   |



| Nombre del Medicamento                                                                           | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Agonistas De Receptor De Trombopoyetina</b>                                                   |                       |                                                        |
| ALVAIZ ORAL TABLET 18 MG, 9 MG                                                                   | Nivel 4               | PA; \$\$\$\$                                           |
| ALVAIZ ORAL TABLET 36 MG, 54 MG                                                                  | Nivel 4               | PA; \$\$\$\$\$                                         |
| DOPTLET (10 TAB PACK) ORAL TABLET 20 MG                                                          | Nivel 4               | PA                                                     |
| DOPTLET (15 TAB PACK) ORAL TABLET 20 MG                                                          | Nivel 4               | PA                                                     |
| DOPTLET (30 TAB PACK) ORAL TABLET 20 MG                                                          | Nivel 4               | PA                                                     |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)                              | Nivel 4               | PA                                                     |
| <i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)                                | Nivel 4               | PA; \$\$\$\$\$                                         |
| <i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)                                        | Nivel 4               | PA; \$\$\$\$                                           |
| <i>eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg</i> (Promacta)                            | Nivel 4               | PA; \$\$\$\$\$                                         |
| MULPLETA ORAL TABLET 3 MG                                                                        | Nivel 4               | PA                                                     |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)                              | Nivel 4               | PA                                                     |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)                          | Nivel 4               | PA                                                     |
| <b>Anticoagulantes, Tipo De Cumarina</b>                                                         |                       |                                                        |
| 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               |                                                        |
| <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               |                                                        |
| <b>Citratos Como Anticoagulantes</b>                                                             |                       |                                                        |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML                                             | Nivel 3               |                                                        |
| ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML                                                    | Nivel 3               |                                                        |
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>                            | Nivel 1               |                                                        |
| <i>sodium citrate in 0.9 % nacl solution 0.5 %</i>                                               | Nivel 1               |                                                        |
| <i>sodium citrate intra-catheter solution 4 %</i>                                                | Nivel 1               |                                                        |
| <i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>                              | Nivel 1               |                                                        |
| <i>sodium citrate solution 4 gram /100 ml (4 %)</i>                                              | Nivel 1               |                                                        |
| <b>Estimulantes De Leucocito (Wbc)</b>                                                           |                       |                                                        |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                        | Nivel 4               | PA                                                     |



| <b>Nombre del Medicamento</b>                                         | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|-----------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Nivel 4                      | PA                                                            |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML               | Nivel 4                      | PA                                                            |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML            | Nivel 4                      | PA                                                            |
| LEUKINE INJECTION RECON SOLN 250 MCG                                  | Nivel 4                      | PA                                                            |
| 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 4                      | PA                                                            |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML          | Nivel 4                      | PA                                                            |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML               | Nivel 4                      | PA                                                            |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Nivel 4                      | PA                                                            |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML           | Nivel 4                      | PA                                                            |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML                          | Nivel 4                      | PA                                                            |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                            | Nivel 4                      | PA                                                            |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML           | Nivel 4                      | PA                                                            |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | Nivel 4                      | PA                                                            |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                              | Nivel 4                      | PA                                                            |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML               | Nivel 4                      | PA                                                            |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                            | Nivel 4                      | PA                                                            |

| Nombre del Medicamento                                                                                                                                                                            | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| <b>Factores Antihermofílicos</b>                                                                                                                                                                  |                       |                                                        |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                                            | Nivel 4               |                                                        |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT                                             | Nivel 4               |                                                        |
| 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 4               |                                                        |
| 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 4               |                                                        |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT                                                           | Nivel 4               |                                                        |
| 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 4               |                                                        |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                                                                                              | Nivel 4               |                                                        |
| ESPEROCT INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT                                                                                                                                | Nivel 4               | \$\$\$\$\$                                             |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT                                                                                                                    | Nivel 4               |                                                        |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT                                                                                                                                              | Nivel 4               |                                                        |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT                                                                                                                                                 | Nivel 4               |                                                        |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT                                                                                                                                                 | Nivel 4               |                                                        |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT                                                                                                                                      | Nivel 4               |                                                        |

| <b>Nombre del Medicamento</b>                                                                                           | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT                                          | Nivel 4                      |                                                               |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                                            | Nivel 4                      | \$                                                            |
| JIVI INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                        | Nivel 4                      | \$\$\$\$\$                                                    |
| KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT                                                             | Nivel 4                      |                                                               |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Nivel 4                      |                                                               |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                    | Nivel 4                      | \$\$\$\$\$                                                    |
| KOVALTRY INTRAVENOUS RECON SOLN 250 (+/-) UNIT                                                                          | Nivel 4                      | \$                                                            |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                                       | Nivel 4                      | \$\$\$\$                                                      |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT   | Nivel 4                      |                                                               |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)                                | Nivel 4                      | \$\$\$\$\$                                                    |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 8 MG (8,000 MCG)                                                                    | Nivel 4                      |                                                               |
| NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT              | Nivel 4                      |                                                               |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE                                                                      | Nivel 4                      |                                                               |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | Nivel 4                      |                                                               |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)                                   | Nivel 4                      |                                                               |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT                                                            | Nivel 4                      |                                                               |

| Nombre del Medicamento                                                                                                                                                                | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| XYNTHA INTRAVENOUS SOLUTION<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT                                                                                     | Nivel 4               |                                                        |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                                                              | Nivel 4               |                                                        |
| <b>Factores De Sangre, Varios</b>                                                                                                                                                     |                       |                                                        |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE                                                                                                          | Nivel 4               |                                                        |
| <b>Hematínicos, Otros</b>                                                                                                                                                             |                       |                                                        |
| ARANESP (IN POLYSORBATE)<br>INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                                                                                | Nivel 4               | PA                                                     |
| ARANESP (IN POLYSORBATE)<br>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                                                     |
| EPOGEN INJECTION SOLUTION<br>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                                                     |
| 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                                                     |
| PROCRIT INJECTION SOLUTION<br>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                                                     |
| RETACRIT INJECTION SOLUTION<br>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                                                     |
| <b>Hemostáticos Tópicos</b>                                                                                                                                                           |                       |                                                        |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G                                                                                                                                                   | Nivel 3               |                                                        |
| AVITENE FLOUR TOPICAL POWDER                                                                                                                                                          | Nivel 3               |                                                        |
| AVITENE TOPICAL POWDER IN PACKET                                                                                                                                                      | Nivel 3               |                                                        |

| <b>Nombre del Medicamento</b>                                                                                    | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b> |
|------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM                                                         | Nivel 3                      |                                                               |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM                                                                           | Nivel 3                      |                                                               |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Nivel 3                      |                                                               |
| GEL-FLOW NT TOPICAL SYRINGE                                                                                      | Nivel 3                      |                                                               |
| GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT                                                                          | Nivel 3                      |                                                               |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM                                                                | Nivel 3                      |                                                               |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT                                                                        | Nivel 3                      |                                                               |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT                                                                 | Nivel 3                      |                                                               |
| GELFOAM MUCOUS MEMBRANE POWDER                                                                                   | Nivel 3                      |                                                               |
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100                                                                       | Nivel 3                      |                                                               |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM                                                                | Nivel 3                      |                                                               |
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200                                                                       | Nivel 3                      |                                                               |
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50                                                                         | Nivel 3                      |                                                               |
| GELFOAM TOPICAL SPONGE 4                                                                                         | Nivel 3                      |                                                               |
| MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON                                                               | Nivel 3                      |                                                               |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML                                                    | Nivel 1                      |                                                               |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT                                                               | Nivel 3                      |                                                               |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT                                                             | Nivel 3                      |                                                               |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50                                                               | Nivel 3                      |                                                               |
| SYRINGE AVITENE TOPICAL POWDER                                                                                   | Nivel 3                      |                                                               |
| THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2                                                      | Nivel 1                      |                                                               |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT                                                                | Nivel 1                      |                                                               |

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

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

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



| Nombre del Medicamento                                                                      | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                               |
|---------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|
| DURLAZA ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>162.5 MG                                   | Nivel 3               | PA                                                                                                   |
| EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel hcl)                                             | Nivel 3               | QL (1 EA per 1 day)                                                                                  |
| PLAVIX ORAL TABLET 75 MG (clopidogrel)                                                      | Nivel 3               | \$                                                                                                   |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)                                      | Nivel 1               | \$\$; QL (1 EA per 1 day)                                                                            |
| ST JOSEPH ASPIRIN ORAL<br>TABLET,CHEWABLE 81 MG (aspirin)                                   | Nivel 5               |                                                                                                      |
| ST. JOSEPH ASPIRIN ORAL<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG (aspirin)                | Nivel 5               |                                                                                                      |
| <i>ticagrelor oral tablet 60 mg</i> (Brilinta)                                              | Nivel 1               | \$\$; QL (2 EA per 1 day)                                                                            |
| <i>ticagrelor oral tablet 90 mg</i> (Brilinta)                                              | Nivel 1               | \$\$; QL (2 EA per 1 day)                                                                            |
| YOSPRALA ORAL<br>TABLET,IR,DELAYED REL,BIPHASIC<br>325-40 MG, 81-40 MG (aspirin-omeprazole) | Nivel 3               | PA                                                                                                   |
| ZONTIVITY ORAL TABLET 2.08 MG                                                               | Nivel 3               | QL (1 EA per 1 day)                                                                                  |
| <b>Inhibidores De Factor Xa Directo</b>                                                     |                       |                                                                                                      |
| ELIQUIS DVT-PE TREAT 30D START<br>ORAL TABLETS,DOSE PACK 5 MG (74<br>TABS)                  | Nivel 2               | \$\$; QL (74 EA per 30 days)                                                                         |
| ELIQUIS ORAL TABLET 2.5 MG                                                                  | Nivel 2               | \$\$; QL (2 EA per 1 day)                                                                            |
| ELIQUIS ORAL TABLET 5 MG                                                                    | Nivel 2               | \$\$; QL (74 EA per 30 days)                                                                         |
| <i>rivaroxaban oral suspension for<br/>reconstitution 1 mg/ml</i> (Xarelto)                 | Nivel 1               | QL (20 ML per 1 day)                                                                                 |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)                                             | Nivel 1               | \$\$; QL (2 EA per 1 day)                                                                            |
| SAVAYSA ORAL TABLET 15 MG, 30<br>MG, 60 MG                                                  | Nivel 3               | ST: Must meet the following requirements:<br>Eliquis and Xarelto in 365 days; QL (30 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START<br>ORAL TABLETS,DOSE PACK 15 MG<br>(42)- 20 MG (9)           | Nivel 2               | \$\$; QL (51 EA per 30 days)                                                                         |
| XARELTO ORAL SUSPENSION FOR<br>RECONSTITUTION 1 MG/ML (rivaroxaban)                         | Nivel 2               | \$\$; QL (20 ML per 1 day)                                                                           |
| XARELTO ORAL TABLET 10 MG, 20<br>MG (rivaroxaban)                                           | Nivel 2               | \$\$; QL (1 EA per 1 day)                                                                            |
| XARELTO ORAL TABLET 15 MG, 2.5<br>MG (rivaroxaban)                                          | Nivel 2               | \$\$; QL (2 EA per 1 day)                                                                            |
| <b>Inhibidores De Tirosina Quinasa De Bazo</b>                                              |                       |                                                                                                      |
| TAVALISSE ORAL TABLET 100 MG,<br>150 MG                                                     | Nivel 4               | PA                                                                                                   |

| Nombre del Medicamento                                                                                               | Nivel del Medicamento | Acciones necesarias, restricciones o límites en el uso                                         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------|
| <b>Inhibidores De Trombina, Selectivo, Directo, &amp; Reversible</b>                                                 |                       |                                                                                                |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)                                             | Nivel 1               | \$; QL (2 EA per 1 day)                                                                        |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)                                                    | Nivel 3               | 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                                                                                             |
| <b>Preparaciones De Factor Ix</b>                                                                                    |                       |                                                                                                |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                               | Nivel 4               |                                                                                                |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                   | Nivel 4               |                                                                                                |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                | Nivel 4               |                                                                                                |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT | Nivel 4               |                                                                                                |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT                                          | Nivel 4               |                                                                                                |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT                                                    | Nivel 4               |                                                                                                |
| REBINYN INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 500 (+/-) UNIT                                                      | Nivel 4               | \$\$\$\$\$                                                                                     |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                | Nivel 4               |                                                                                                |
| <b>Preparaciones De Factor X</b>                                                                                     |                       |                                                                                                |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE                                           | Nivel 4               |                                                                                                |
| <b>Preparaciones De Factor Xiii</b>                                                                                  |                       |                                                                                                |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT                                                                     | Nivel 4               |                                                                                                |
| TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT                                                                             | Nivel 4               |                                                                                                |

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

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

| <b>Nombre del Medicamento</b>                    | <b>Nivel del Medicamento</b> | <b>Acciones necesarias, restricciones o límites en el uso</b>                                                                                                 |
|--------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)     | Nivel 3                      | \$\$; ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 90 days) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | Nivel 3                      | ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 84 days)       |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM             | Nivel 2                      | \$                                                                                                                                                            |
| VAGIFEM VAGINAL TABLET 10 MCG (estradiol)        | Nivel 3                      | \$                                                                                                                                                            |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol)        | Nivel 1                      | \$                                                                                                                                                            |



## ÍNDICE

|                                      |     |                                           |          |                                      |     |
|--------------------------------------|-----|-------------------------------------------|----------|--------------------------------------|-----|
| 2TEK CONTROL (HIGH-NORMAL) .....     | 135 | ACCUTREND GLUCOSE TEST STRIPS .....       | 105      | ADCIRCA .....                        | 161 |
| A.I.R.S. NEBULIZER REPLACEMENT ..... | 306 | ACD SOLUTION A .....                      | 354      | ADDERALL .....                       | 279 |
| <i>abacavir</i> .....                | 188 | ACD-A .....                               | 354      | ADDERALL XR .....                    | 279 |
| <i>abacavir-lamivudine</i> .....     | 191 | ACE AEROSOL CLOUD ENHANCER .....          | 29       | <i>adefovir</i> .....                | 187 |
| ABENOR .....                         | 64  | <i>acebutolol</i> .....                   | 149      | ADEINZDE .....                       | 51  |
| ABENOR HP .....                      | 64  | ACESO AG .....                            | 308      | ADEMPAS .....                        | 161 |
| ABIGALE .....                        | 47  | <i>acetaminophen-caff-dihydrocod</i> .... | 239      | ADERMICA .....                       | 51  |
| ABIGALE LO .....                     | 47  | <i>acetaminophen-codeine</i> .....        | 227      | ADERMICA HP .....                    | 51  |
| ABILIFY .....                        | 287 | <i>acetazolamide</i> .....                | 244      | ADLARITY .....                       | 297 |
| <i>abiraterone</i> .....             | 206 | <i>acetic acid</i> .....                  | 87, 244  | ADMELOG SOLOSTAR U-100 INSULIN ..... | 131 |
| ABIRTEGA .....                       | 206 | <i>acetylcysteine</i> .....               | 269      | ADMELOG U-100 INSULIN LISPRO .....   | 131 |
| ABRYSVO (PF) .....                   | 223 | ACIOXIA .....                             | 67       | ADMIRAZOL .....                      | 51  |
| ABSORICA LD .....                    | 50  | ACIOXIAY .....                            | 51       | ADMIRAZOL HP .....                   | 51  |
| <i>acamprosate</i> .....             | 289 | ACIPHEX .....                             | 350      | ADTHYZA .....                        | 335 |
| ACANYA .....                         | 51  | ACIPHEX SPRINKLE .....                    | 350      | ADULT ASPIRIN REGIMEN .....          | 362 |
| <i>acarbose</i> .....                | 99  | <i>acitretin</i> .....                    | 92       | ADULT LOW DOSE ASPIRIN .....         | 362 |
| ACCOLATE .....                       | 27  | ACTEMRA .....                             | 201      | ADVAIR DISKUS .....                  | 35  |
| ACCRUFER .....                       | 45  | ACTEMRA ACTPEN .....                      | 201      | ADVAIR HFA .....                     | 35  |
| ACCUCAINE KIT .....                  | 11  | ACTHAR .....                              | 331      | ADVANCE PLUS INTERMITTENT KIT .....  | 299 |
| ACCU-CHEK AVIVA CONTROL SOLN .....   | 135 | ACTHAR SELFJECT .....                     | 331      | ADVANCED ALLERGY COLLECT KIT .....   | 67  |
| ACCU-CHEK AVIVA PLUS TEST STRP ..... | 104 | ACTICOAT 7 DRESSING .....                 | 308      | ADVANCED GLUC METER TEST STRIP ..... | 105 |
| ACCU-CHEK FASTCLIX LANCET DRUM ..... | 300 | ACTICOAT DRESSING .....                   | 308, 309 | ADVANCED TRAVEL LANCETS ..           | 300 |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL ..... | 135 | ACTICOAT FLEX 3 DRESSING ..               | 309      | ADVATE .....                         | 356 |
| ACCU-CHEK GUIDE TEST STRIPS .....    | 104 | ACTICOAT FLEX 7 DRESSING ..               | 309      | ADVOCATE LANCET .....                | 300 |
| ACCU-CHEK SAFE-T-PRO .....           | 300 | ACTI-LANCE LANCETS .....                  | 300      | ADVOCATE REDI-CODE PLUS ..           | 105 |
| ACCU-CHEK SAFE-T-PRO PLUS ..         | 300 | ACTIMMUNE .....                           | 223      | ADVOCATE REDI-CODE PLUS CTRL L ..... | 136 |
| ACCU-CHEK SMARTVIEW CONTRL SOL ..... | 135 | ACTIVELLA .....                           | 47       | ADVOCATE REDI-CODE+ CTRL HIGH .....  | 136 |
| ACCU-CHEK SMARTVIEW TEST STRIP ..... | 105 | ACTONEL .....                             | 333      | ADYNOVATE .....                      | 356 |
| ACCU-CHEK SOFTCLIX LANCETS .....     | 300 | ACTOPLUS MET .....                        | 101      | ADZENYS XR-ODT .....                 | 279 |
| ACCUPRIL .....                       | 157 | ACTOS .....                               | 101      | AEROBIKA OSCILLATING PEP SYSTM ..... | 29  |
| ACCURETIC .....                      | 160 | ACUICYN .....                             | 257      | AEROCHAMBER MECHANICAL VENT .....    | 29  |
| ACCUTANE .....                       | 51  | ACULAR .....                              | 250      | AEROCHAMBER MINI .....               | 29  |
| ACCUTREND GLUCOSE CONTROL .....      | 136 | ACULAR LS .....                           | 250      | AEROCHAMBER MV .....                 | 29  |
|                                      |     | ACUVAIL (PF) .....                        | 250      | AEROCHAMBER PLUS FLOW-VU ..          | 29  |
|                                      |     | <i>acyclovir</i> .....                    | 64, 189  | AEROCHAMBER PLUS FLOW-VU,L MSK ..... | 29  |
|                                      |     | ACZONE .....                              | 51       |                                      |     |
|                                      |     | ADAINZOXIA .....                          | 51       |                                      |     |
|                                      |     | <i>adalimumab-adaz</i> .....              | 199      |                                      |     |
|                                      |     | ADALINA .....                             | 51       |                                      |     |
|                                      |     | <i>adapalene</i> .....                    | 57       |                                      |     |
|                                      |     | <i>adapalene-benzoyl peroxide</i> .....   | 51       |                                      |     |
|                                      |     | ADASUVE .....                             | 288      |                                      |     |
|                                      |     | ADBRY .....                               | 66       |                                      |     |

|                                     |     |                                      |        |                                    |     |
|-------------------------------------|-----|--------------------------------------|--------|------------------------------------|-----|
| AEROCHAMBER PLUS FLOW-VU,M MSK..... | 29  | AIRS PEDIATRIC DISPOSABLE MASK.....  | 308    | ALPHAGAN P .....                   | 245 |
| AEROCHAMBER PLUS FLOW-VU,S MSK..... | 29  | AIRSUPRA.....                        | 35     | ALPHANATE .....                    | 356 |
| AEROCHAMBER PLUS Z STAT .....       | 29  | AJOVY AUTOINJECTOR.....              | 239    | ALPHANINE SD.....                  | 364 |
| AEROCHAMBER PLUS Z STAT LG MSK..... | 29  | AJOVY SYRINGE.....                   | 240    | <i>alprazolam</i> .....            | 283 |
| AEROCHAMBER PLUS Z STAT MD MSK..... | 29  | AKEEGA.....                          | 205    | ALPRAZOLAM INTENSOL.....           | 283 |
| AEROCHAMBER PLUS Z STAT SM MSK..... | 29  | AKLIEF .....                         | 58     | ALPROLIX.....                      | 364 |
| AEROCHAMBER Z-STAT PLUS-FLW SG..... | 29  | AKTEN (PF).....                      | 253    | ALREX.....                         | 250 |
| AEROCHAMBER2GO.....                 | 29  | AKYNZEO (NETUPITANT).....            | 24     | ALTABAX.....                       | 64  |
| AEROECLIPSE II NEBULIZER.....       | 29  | ALA-CORT .....                       | 67     | ALTACAINE.....                     | 253 |
| AEROECLIPSE XL NEBULIZER.....       | 29  | ALA-SCALP.....                       | 67     | ALTACE.....                        | 157 |
| AERONEB GO.....                     | 306 | <i>albendazole</i> .....             | 185    | ALTAFLUOR BENOX.....               | 253 |
| AERONEB GO NEBULIZER.....           | 29  | <i>albuterol sulfate</i> .....       | 26, 27 | ALTAVERA (28).....                 | 12  |
| AEROTRACH PLUS.....                 | 29  | ALCAINE.....                         | 253    | ALTERA NEBULIZER HANDSET... 29     |     |
| AEROVENT PLUS.....                  | 29  | <i>alclometasone</i> .....           | 67     | ALTERA NEBULIZER SYSTEM.....       | 29  |
| AFINITOR.....                       | 209 | ALCORTIN A.....                      | 58     | ALTERNATE SITE LANCET.....         | 300 |
| AFINITOR DISPERZ.....               | 209 | ALDACTONE.....                       | 159    | ALTOPREV.....                      | 162 |
| AFIRMELLE.....                      | 12  | ALECENSA.....                        | 210    | ALTRENO.....                       | 57  |
| AFLURIA 2025-2026 (3YR UP)(PF)..... | 222 | <i>alendronate</i> .....             | 333    | ALTRIXA OB.....                    | 45  |
| AFLURIA 2025-2026 (6MO UP)....      | 222 | ALFERON N.....                       | 224    | ALTUVIIIO.....                     | 356 |
| AFREZZA.....                        | 131 | <i>alfuzosin</i> .....               | 316    | <i>alum, ammonium (bulk)</i> ..... | 266 |
| AFSTYLA.....                        | 356 | ALHEMO PEN.....                      | 352    | ALUNBRIG.....                      | 210 |
| AFTER PILL.....                     | 12  | ALINIA.....                          | 185    | ALURIS.....                        | 52  |
| AFTERA.....                         | 12  | <i>aliskiren</i> .....               | 159    | ALURIS HP.....                     | 52  |
| AGAMATRIX AMP TEST STRIPS.....      | 105 | ALIXI.....                           | 51     | ALURIS HP PLUS.....                | 52  |
| AGAMATRIX CONTROL SOLN-HIGH.....    | 136 | ALIXI HP.....                        | 51     | ALURIS LP.....                     | 52  |
| AGAMATRIX CONTROL SOLN-NORMAL.....  | 136 | ALKERAN.....                         | 206    | ALURIS LP PLUS.....                | 52  |
| AGAMATRIX CONTROL SOLN-NORM-HI..... | 136 | ALKINDI SPRINKLE.....                | 196    | ALURIS PLUS.....                   | 52  |
| AGAMATRIX JAZZ TEST STRIPS.....     | 106 | ALL FLOW 1000 KIT.....               | 306    | ALUXOF.....                        | 52  |
| AGAMATRIX PRESTO TEST STRIPS.....   | 106 | ALL FLOW 1000 PFT FILTER.....        | 306    | ALUXOF HP.....                     | 52  |
| AGAMATRIX ULTRA-THIN LANCET.....    | 300 | ALL FLOW 3000 KIT.....               | 306    | ALVAIZ.....                        | 354 |
| AGAMREE.....                        | 196 | ALL FLOW 3000 PFT FILTER.....        | 307    | ALVESCO.....                       | 36  |
| AGRYLIN.....                        | 353 | ALL FLOW 4000 KIT.....               | 307    | <i>alvimopan</i> .....             | 342 |
| AIMOVIG AUTOINJECTOR.....           | 239 | ALL FLOW 4000 PFT FILTER.....        | 307    | ALVOX.....                         | 58  |
| AIMSCO LATEX CONDOM.....            | 262 | ALL FLOW 5000 KIT.....               | 307    | ALVOX HP.....                      | 58  |
| AIRDUO RESPICLICK.....              | 35  | ALL FLOW 5000 PFT FILTER.....        | 307    | ALYACEN 1/35 (28).....             | 12  |
| AIRS ADULT AEROSOL MASK....         | 306 | ALL FLOW 6000 PFT FILTER.....        | 307    | ALYACEN 7/7/7 (28).....            | 12  |
| AIRS DISPOSABLE NEBULIZER... 29     |     | ALLEVYN ADHESIVE DRESSING.....       | 309    | ALYFTREK.....                      | 268 |
|                                     |     | ALLEVYN AG ADHESIVE.....             | 309    | ALYQ.....                          | 161 |
|                                     |     | ALLEVYN LIFE DRESSING.....           | 309    | <i>amantadine hcl</i> .....        | 169 |
|                                     |     | <i>allopurinol</i> .....             | 226    | AMBIEN.....                        | 290 |
|                                     |     | <i>almotriptan malate</i> .....      | 240    | AMBIEN CR.....                     | 290 |
|                                     |     | <i>alogliptin</i> .....              | 99     | <i>ambrisentan</i> .....           | 158 |
|                                     |     | <i>alogliptin-metformin</i> .....    | 99     | <i>amcinonide</i> .....            | 67  |
|                                     |     | <i>alogliptin-pioglitazone</i> ..... | 103    | AMELUZ.....                        | 210 |
|                                     |     | ALOMIRA.....                         | 52     | AMETHIA.....                       | 12  |
|                                     |     | ALOMIRA HP.....                      | 51     | AMETHYST (28).....                 | 12  |
|                                     |     | ALOMIRA LP.....                      | 52     | AMICAR.....                        | 353 |
|                                     |     | <i>alosetron</i> .....               | 346    | AMIELLE VAGINAL TRAINER.....       | 307 |
|                                     |     |                                      |        | <i>amiloride</i> .....             | 159 |



|                                              |         |                                |     |                                             |          |
|----------------------------------------------|---------|--------------------------------|-----|---------------------------------------------|----------|
| <i>amiloride-hydrochlorothiazide</i> .....   | 159     | APHORIA .....                  | 52  | ARTHROTEC 50 .....                          | 202      |
| <i>aminocaproic acid</i> .....               | 353     | APIDRA SOLOSTAR U-100 .....    |     | ARTHROTEC 75 .....                          | 202      |
| <i>amiodarone</i> .....                      | 147     | INSULIN .....                  | 131 | ARTILIS .....                               | 52       |
| AMITIZA .....                                | 343     | APIDRA U-100 INSULIN .....     | 131 | ARTILIS HP .....                            | 52       |
| <i>amitriptyline</i> .....                   | 274     | APLENZIN .....                 | 275 | ARTISS .....                                | 259      |
| <i>amitriptyline-chlordiazepoxide</i> .....  | 275     | APLIGRAF .....                 | 267 | ASCOMP WITH CODEINE .....                   | 229      |
| <i>amlodipine</i> .....                      | 151     | APOGEE IC INTERMIT .....       |     | ASCOR .....                                 | 44       |
| <i>amlodipine-atorvastatin</i> .....         | 146     | CATHETER .....                 | 299 | <i>ascorbic acid (vitamin c)</i> .....      | 44       |
| <i>amlodipine-benazepril</i> .....           | 160     | APOGEE PLUS INTERMIT .....     |     | <i>ascorbic acid(vitamin c)(bulk)</i> ..... | 266      |
| <i>amlodipine-olmesartan</i> .....           | 154     | CATHETER .....                 | 299 | <i>asenapine maleate</i> .....              | 284      |
| <i>amlodipine-valsartan</i> .....            | 154     | APOKYN .....                   | 169 | ASHLYNA .....                               | 13       |
| <i>amlodipine-valsartan-hcthiiazid</i> ..... | 154     | <i>apomorphine</i> .....       | 169 | ASMANEX HFA .....                           | 36       |
| <i>ammonium lactate</i> .....                | 86      | APORIX .....                   | 52  | ASMANEX TWISTHALER .....                    | 36       |
| AMNESTEEM .....                              | 51      | <i>apraclonidine</i> .....     | 245 | <i>aspirin</i> .....                        | 238, 362 |
| <i>amoxapine</i> .....                       | 274     | <i>aprepitant</i> .....        | 24  | ASPIRIN CHILDRENS .....                     | 362      |
| <i>amoxicil-clarithromy-lansopraz</i> .....  | 348     | APRETUDE .....                 | 191 | <i>aspirin-dipyridamole</i> .....           | 362      |
| <i>amoxicillin</i> .....                     | 175     | APRI .....                     | 12  | ASPRUZO SPRINKLE .....                      | 146      |
| <i>amoxicillin-pot clavulanate</i> .....     | 175     | APRISO .....                   | 339 | ASSURE 4 CONTROL SOLUTION .....             | 136      |
| <i>amphetamine</i> .....                     | 279     | APTENSIO XR .....              | 292 | ASSURE 4 STRIPS .....                       | 106      |
| <i>amphetamine sulfate</i> .....             | 279     | APTOM .....                    | 317 | ASSURE DOSE NORMAL .....                    | 136      |
| <i>ampicillin</i> .....                      | 175     | APTIVUS .....                  | 190 | ASSURE DOSE NORM-HI .....                   | 136      |
| AMPYRA .....                                 | 219     | AQNEURSA .....                 | 267 | ASSURE LANCE .....                          | 300      |
| AMVISC .....                                 | 257     | AQUASTAT 0.9% SODIUM .....     | 272 | ASSURE LANCE PLUS .....                     | 300      |
| AMVISC PLUS .....                            | 257     | CHLORIDE .....                 | 272 | ASSURE PLATINUM TEST STRIP .....            | 106      |
| AMZEEQ .....                                 | 60      | AQUASTAT SFR 0.9% SODIUM ..... | 272 | ASSURE PRISM CONTROL 1-2 .....              | 136      |
| ANACAINE .....                               | 83      | CHLOR .....                    | 261 | SOLN .....                                  | 106      |
| ANAFRANIL .....                              | 274     | AQUORAL .....                  | 185 | ASSURE PRISM MULTI STRIP ...                | 224      |
| <i>anagrelide</i> .....                      | 353     | ARAKODA .....                  | 6   | ASTAGRAF XL .....                           | 83       |
| ANALPRAM-HC .....                            | 82, 340 | ARALAST NP .....               | 12  | ASTERO .....                                | 29       |
| ANAPROX DS .....                             | 203     | ARANESP (IN POLYSORBATE) ...   | 358 | ASTHMAPACK CHILDREN'S .....                 | 358      |
| ANASCORP .....                               | 262     | ARAVA .....                    | 195 | ASTRINGYN .....                             | 156      |
| ANASPAZ .....                                | 347     | ARAZLO .....                   | 58  | ATACAND .....                               | 153      |
| ANASTIA .....                                | 83      | ARBIL .....                    | 156 | <i>atazanavir</i> .....                     | 187      |
| <i>anastrozole</i> .....                     | 209     | ARCALYST .....                 | 195 | ATELVIA .....                               | 334      |
| ANCOBON .....                                | 181     | ARESTIN .....                  | 365 | <i>atenolol</i> .....                       | 149      |
| ANDEMBRY AUTOINJECTOR .....                  | 258     | AREXVY (PF) .....              | 223 | <i>atenolol-chlorthalidone</i> .....        | 150      |
| ANDROGEL .....                               | 45      | <i>arformoterol</i> .....      | 26  | ATIVAN .....                                | 283      |
| ANGELIQ .....                                | 50      | ARGYLE TRACHEOSTOMY .....      | 307 | <i>atomoxetine</i> .....                    | 296      |
| ANNOVERA .....                               | 12      | CARE TRAY .....                | 297 | ATORVALIQ .....                             | 162      |
| ANODYNE LPT .....                            | 83      | ARICEPT .....                  | 183 | <i>atorvastatin</i> .....                   | 163      |
| ANORO ELLIPTA .....                          | 34      | ARIKAYCE .....                 | 209 | <i>atovaquone</i> .....                     | 186      |
| <i>anticoag citrate phos dextrose</i> .....  | 354     | <i>aripiprazole</i> .....      | 287 | <i>atovaquone-proguanil</i> .....           | 185      |
| ANUCORT-HC .....                             | 341     | ARIXTRA .....                  | 360 | ATRALIN .....                               | 57       |
| ANUSOL-HC .....                              | 67, 341 | <i>armodafinil</i> .....       | 282 | ATRAPRO CP .....                            | 86       |
| ANZUPGO .....                                | 66      | ARMOUR THYROID .....           | 335 |                                             |          |
| APADAZ .....                                 | 227     | ARNUITY ELLIPTA .....          | 36  |                                             |          |
| APEXICON E .....                             | 68      | AROMASIN .....                 | 209 |                                             |          |
| APEXOL .....                                 | 52      |                                |     |                                             |          |
| APEXOL HP .....                              | 52      |                                |     |                                             |          |

|                                    |          |                                     |          |                                             |     |
|------------------------------------|----------|-------------------------------------|----------|---------------------------------------------|-----|
| ATRAPRO DERMAL SPRAY .....         | 81       | AVIDORA .....                       | 52       | BASADROX .....                              | 58  |
| ATRAPRO HYDROGEL .....             | 86       | AVIDORA HP .....                    | 52       | BASAGLAR KWIKPEN U-100                      |     |
| ATROPEN .....                      | 262      | AVIDOXY .....                       | 177      | INSULIN .....                               | 131 |
| <i>atropine</i> .....              | 245      | AVIDOXY DK .....                    | 177      | BASAGLAR TEMPO PEN(U-                       |     |
| <i>atropine sulfate (pf)</i> ..... | 245      | AVITA .....                         | 57       | 100)INSLN .....                             | 131 |
| ATROVENT HFA .....                 | 28       | AVITENE .....                       | 358, 359 | BATIZIA .....                               | 60  |
| ATTRUBY .....                      | 145      | AVITENE FLOUR .....                 | 358      | BAXDELA .....                               | 177 |
| AUBAGIO .....                      | 217      | AVMAPKI-FAKZYNJA .....              | 258      | BAXONIL .....                               | 55  |
| AUBRA .....                        | 13       | AVO CREAM .....                     | 86       | BAYER ASPIRIN .....                         | 238 |
| AUBRA EQ .....                     | 13       | AVODART .....                       | 316      | BAYER LOW DOSE ASPIRIN .....                | 362 |
| AUGMENTIN .....                    | 175, 176 | AVONEX .....                        | 217      | B-COMPLEX INJECTION .....                   | 44  |
| AUGMENTIN ES-600 .....             | 175      | AWANIS .....                        | 52       | BD INSYTE AUTOGUARD .....                   | 306 |
| AUGMENTIN XR .....                 | 176      | AYUNA .....                         | 13       | BD MICROTAINER LANCET .....                 | 300 |
| AUGTYRO .....                      | 210      | AYVAKIT .....                       | 210      | BD POSIFLUSH NORMAL SALINE                  |     |
| AUGUSTIL .....                     | 52       | AZALTA .....                        | 52       | 0.9 .....                                   | 272 |
| AURA PORTANEB .....                | 29       | AZALTA HP .....                     | 52       | BD SAF-T-INTIMA .....                       | 306 |
| <i>auranofin</i> .....             | 196      | AZASAN .....                        | 224      | BD VERITOR SARS-COV-2, FLU                  |     |
| AUROVELA 1.5/30 (21) .....         | 13       | AZASITE .....                       | 254      | A-B .....                                   | 258 |
| AUROVELA 1/20 (21) .....           | 13       | <i>azathioprine</i> .....           | 224      | BELBUCA .....                               | 229 |
| AUROVELA 24 FE .....               | 13       | <i>azelaic acid</i> .....           | 55       | <i>belladonna alkaloids-opium</i> .....     | 229 |
| AUROVELA FE 1.5/30 (28) .....      | 13       | <i>azelastine</i> .....             | 7, 255   | BELSOMRA .....                              | 290 |
| AUROVELA FE 1-20 (28) .....        | 13       | <i>azelastine-fluticasone</i> ..... | 7        | <i>benazepril</i> .....                     | 157 |
| AURUMHEEL .....                    | 265      | AZELEX .....                        | 53       | <i>benazepril-hydrochlorothiazide</i> ..... | 160 |
| AURYXIA .....                      | 270      | AZILECT .....                       | 169      | BENEFIX .....                               | 364 |
| AUSTEDO .....                      | 219      | <i>azithromycin</i> .....           | 173      | BENICAR .....                               | 156 |
| AUSTEDO XR .....                   | 219      | AZOPT .....                         | 245      | BENICAR HCT .....                           | 153 |
| AUSTEDO XR TITRATION               |          | AZOR .....                          | 154      | BENLYSTA .....                              | 202 |
| KT(WK1-4) .....                    | 219      | AZSTARYS .....                      | 292      | BENZAMYCIN .....                            | 60  |
| AUTOSHIELD DUO PEN NEEDLE          |          | AZULFIDINE .....                    | 340      | BENZEPRO .....                              | 88  |
| .....                              | 263      | AZULFIDINE EN-TABS .....            | 339      | BENZEPRO (MICROSPHERES)....                 | 88  |
| AUTOSOFT 30 .....                  | 136      | AZURETTE (28) .....                 | 13       | <i>benzhydrocodone-acetaminophen</i> .....  | 227 |
| AUTOSOFT 90 .....                  | 136      | B COMPLEX 100 .....                 | 44       | <i>benznidazole</i> .....                   | 186 |
| AUTOSOFT XC INFUSION SET           |          | <i>bacitracin</i> .....             | 254      | BENZODOX 30 .....                           | 178 |
| 23" .....                          | 136      | <i>bacitracin-polymyxin b</i> ..... | 254      | BENZODOX 60 .....                           | 178 |
| AUTOSOFT XC INFUSION SET           |          | <i>baclofen</i> .....               | 337      | <i>benzoin (bulk)</i> .....                 | 266 |
| 32" .....                          | 136      | BACTRIM .....                       | 177      | <i>benzonatate</i> .....                    | 312 |
| AUTOSOFT XC INFUSION SET           |          | BACTRIM DS .....                    | 177      | <i>benzoyl peroxide</i> .....               | 88  |
| 43" .....                          | 136      | BAFIERTAM .....                     | 217      | <i>benztropine</i> .....                    | 169 |
| AUVELITY .....                     | 273      | BAL-CARE DHA .....                  | 39       | <i>bepotastine besilate</i> .....           | 255 |
| AUVI-Q .....                       | 5        | BAL-CARE DHA ESSENTIAL .....        | 39       | BEPREVE .....                               | 255 |
| AVALIDE .....                      | 153      | BALCOLTRA .....                     | 13       | BERINERT .....                              | 200 |
| AVAPRO .....                       | 156      | <i>balsalazide</i> .....            | 340      | BESER .....                                 | 68  |
| AVAR .....                         | 65       | <i>balsam peru-castor oil</i> ..... | 260      | BESER KIT .....                             | 68  |
| AVAR LS .....                      | 65       | BALVERSA .....                      | 210      | BESIVANCE .....                             | 254 |
| AVEIDA .....                       | 55       | BALZIVA (28) .....                  | 13       | BESREMI .....                               | 224 |
| AVEIDAOXIA .....                   | 55       | BANZEL .....                        | 317      | BETADINE OPHTHALMIC PREP ...                | 86  |
| AVENOVA .....                      | 257      | BAQSIMI .....                       | 129      | <i>betaine</i> .....                        | 259 |
| AVERI .....                        | 13       | BARACLUDE .....                     | 187      | BETALOAN SUIK .....                         | 196 |
| AVIANE .....                       | 13       | BARRIGEL .....                      | 307      | <i>betamethasone dipropionate</i> .....     | 68  |

|                                       |          |                                             |     |                                             |               |
|---------------------------------------|----------|---------------------------------------------|-----|---------------------------------------------|---------------|
| <i>betamethasone valerate</i> .....   | 68       | BINOSTO .....                               | 334 | BREO ELLIPTA .....                          | 35            |
| <i>betamethasone, augmented</i> ..... | 68       | BIOLON .....                                | 257 | BREXAFEMME .....                            | 183           |
| BETAPACE .....                        | 149      | BIONIME RIGHTEST TEST                       |     | BREYNA .....                                | 35            |
| BETAPACE AF .....                     | 149      | STRIPS .....                                | 107 | BREZTRI AEROSPHERE .....                    | 34            |
| BETASERON .....                       | 217      | BIOSTEP .....                               | 309 | BRIELLYN .....                              | 13            |
| <i>betaxolol</i> .....                | 149, 245 | BIOSTEP AG .....                            | 309 | BRILINTA .....                              | 362           |
| <i>bethanechol chloride</i> .....     | 6        | <i>bismuth subcit k-metronidz-tcn</i> ..... | 349 | <i>brimonidine</i> .....                    | 55, 246       |
| BETHKIS .....                         | 183      | <i>bisoprolol fumarate</i> .....            | 149 | <i>brimonidine-dorzolamide</i> .....        | 246           |
| BETIMOL .....                         | 245      | <i>bisoprolol-hydrochlorothiazide</i> ..... | 150 | <i>brimonidine-dorzolamide (pf)</i> .....   | 246           |
| BETOPTIC S .....                      | 246      | BLANCHE .....                               | 95  | <i>brimonidine-dorzol-bimatoprost</i> ..... | 246           |
| BEVESPI AEROSPHERE .....              | 34       | BLEPHAMIDE S.O.P .....                      | 257 | <i>brimonidine-timolol</i> .....            | 246           |
| <i>bexarotene</i> .....               | 82, 207  | BLISOVI 24 FE .....                         | 13  | BRINSUPRI .....                             | 268           |
| BEYAZ .....                           | 13       | BLISOVI FE 1.5/30 (28) .....                | 13  | <i>brinzolamide</i> .....                   | 246           |
| BEYFORTUS .....                       | 187      | BLISOVI FE 1/20 (28) .....                  | 13  | BRIVIACT .....                              | 317           |
| <i>bicalutamide</i> .....             | 206      | <i>blood glucose contrl hi,normal</i> ..... | 137 | BROMFED DM .....                            | 312           |
| BIDIL .....                           | 161      | <i>blood glucose control, normal</i> .....  | 137 | <i>bromfenac</i> .....                      | 250           |
| BIGFOOT UNITY .....                   | 136      | BLOOD GLUCOSE TEST .....                    | 107 | <i>bromocriptine</i> .....                  | 169           |
| BIGFOOT UNITY PEN CAP-                |          | BLULINK BG SYSTEM REFILL .....              | 129 | <i>brompheniramine-pseudoeph-dm</i> .....   | 312           |
| ADMELOG .....                         | 136      | BLULINK GLUCOSE TEST STRIP .....            | 107 | BROMSITE .....                              | 251           |
| BIGFOOT UNITY PEN CAP-                |          | BONJESTA .....                              | 24  | BRONCHITOL .....                            | 258           |
| APIDRA .....                          | 136      | BONSITY .....                               | 331 | BROVANA .....                               | 26            |
| BIGFOOT UNITY PEN CAP-                |          | <i>bosentan</i> .....                       | 158 | BRUKINSA .....                              | 211           |
| ASPART .....                          | 136      | BOSULIF .....                               | 211 | BRYHALI .....                               | 68            |
| BIGFOOT UNITY PEN CAP-                |          | BP 10-1 .....                               | 65  | BUCAPSOL .....                              | 289           |
| BASAGLAR .....                        | 136      | BPCO .....                                  | 260 | <i>budesonide</i> .....                     | 36, 196, 341  |
| BIGFOOT UNITY PEN CAP-FIASP           |          | BPO .....                                   | 88  | <i>budesonide-formoterol</i> .....          | 35            |
| .....                                 | 136      | BRAFTOVI .....                              | 208 | BULLSEYE MINI SAFETY                        |               |
| BIGFOOT UNITY PEN CAP-                |          | BREATHERITE MDI SPACER .....                | 30  | LANCETS .....                               | 300, 301      |
| HUMALOG .....                         | 136      | BREATHERITE SPACER-MASK,                    |     | <i>bumetanide</i> .....                     | 158           |
| BIGFOOT UNITY PEN CAP-                |          | NEO .....                                   | 30  | BUPHENYL .....                              | 343           |
| LANTUS .....                          | 136      | BREATHERITE SPACER-                         |     | <i>bupivacaine in nacl(pf)</i> .....        | 11            |
| BIGFOOT UNITY PEN CAP-                |          | MASK,ADULT .....                            | 30  | <i>buprenorphine</i> .....                  | 230           |
| LISPRO .....                          | 136      | BREATHERITE SPACER-                         |     | <i>buprenorphine hcl</i> .....              | 227, 229, 230 |
| BIGFOOT UNITY PEN CAP-                |          | MASK,CHILD .....                            | 30  | <i>buprenorphine-naloxone</i> .....         | 227           |
| LYUMJEV .....                         | 137      | BREATHERITE SPACER-                         |     | <i>bupropion hcl</i> .....                  | 275, 276      |
| BIGFOOT UNITY PEN CAP-                |          | MASK,INFANT .....                           | 30  | <i>bupropion hcl (smoking deter)</i> .....  | 4             |
| NOVOLOG .....                         | 137      | BREATHERITE SPACER-                         |     | <i>buspirone</i> .....                      | 289           |
| BIGFOOT UNITY PEN CAP-                |          | MASK,S.CHLD .....                           | 30  | <i>butalbital-acetaminop-caf-cod</i> .....  | 239           |
| TOUJEO .....                          | 137      | BREATHERITE VALVED MDI                      |     | <i>butalbital-acetaminophen</i> .....       | 239           |
| BIGFOOT UNITY PEN CAP-                |          | CHAMBER .....                               | 30  | <i>butalbital-acetaminophen-caff</i> .....  | 238           |
| TOUJEOMX .....                        | 137      | BREATHERITE VALVED MDI                      |     | <i>butalbital-aspirin-caffeine</i> .....    | 238           |
| BIGFOOT UNITY PEN CAP-                |          | SPACER .....                                | 30  | <i>butorphanol</i> .....                    | 230           |
| TRESIBA .....                         | 137      | BREEZE 2 CONTROL SOLUTION,                  |     | BUTRANS .....                               | 230           |
| BIJUVA .....                          | 45       | LOW .....                                   | 137 | BUTTERFLY TOUCH LANCET .....                | 301           |
| BIKTARVY .....                        | 192      | BREEZE 2 CONTROL SOLUTION,                  |     | BYDUREON BCISE .....                        | 100           |
| BILTRICIDE .....                      | 185      | NML .....                                   | 137 | BYLVAY .....                                | 341           |
| <i>bimatoprost</i> .....              | 246      | BREEZE 2 CONTROL                            |     | BYSTOLIC .....                              | 149           |
| BIMZELX .....                         | 93       | SOLUTION,HIGH .....                         | 137 | <i>cabergoline</i> .....                    | 329           |
| BIMZELX AUTOINJECTOR .....            | 93       | BRENZAVVY .....                             | 103 | CABLIVI .....                               | 352           |

|                                             |          |                                             |     |                                         |     |
|---------------------------------------------|----------|---------------------------------------------|-----|-----------------------------------------|-----|
| CABOMETYX.....                              | 211      | CARDIOPLEGIA IND 4:1                        |     | <i>cefaclor</i> .....                   | 172 |
| CABTREO.....                                | 53       | PLASMA LYT.....                             | 266 | <i>cefadroxil</i> .....                 | 172 |
| CADEAU DHA.....                             | 39       | CARDIOPLEGIA IND 8:1 NON-                   |     | CEFALY.....                             | 307 |
| CADIRA COMPLIANT BLOOD                      |          | ENRCH.....                                  | 266 | <i>cefdinir</i> .....                   | 173 |
| STAT.....                                   | 264      | CARDIOPLEGIA INDUCTION 4:1.....             | 266 | <i>cefixime</i> .....                   | 173 |
| CADUET.....                                 | 146      | CARDIOPLEGIA MAINTENANCE                    |     | <i>cefprozil</i> .....                  | 173 |
| <i>caffeine citrate</i> .....               | 37       | 4:1.....                                    | 266 | <i>cefprozil</i> .....                  | 172 |
| <i>calcipotriene</i> .....                  | 91       | CARDIOPLEGIA REPERFUSATE                    |     | <i>cefuroxime axetil</i> .....          | 173 |
| <i>calcipotriene-betamethasone</i> .....    | 95       | 4:1.....                                    | 266 | CELACYN.....                            | 86  |
| <i>calcitonin (salmon)</i> .....            | 334      | CARDIOPLEGIA WARM INDUCT                    |     | CELEBREX.....                           | 202 |
| <i>calcitriol</i> .....                     | 44, 91   | 4:1.....                                    | 266 | <i>celecoxib</i> .....                  | 203 |
| <i>calcium acetate(phosphat bind)</i> ..... | 270      | <i>cardioplegic no.17(induct 4:1)</i> ..... | 267 | CELEXA.....                             | 277 |
| CALQUENCE (ACALABRUTINIB                    |          | <i>cardioplegic no.19 (maint 4:1)</i> ..... | 267 | CELLCEPT.....                           | 224 |
| MAL).....                                   | 211      | <i>cardioplegic soln</i> .....              | 267 | CELLPAD.....                            | 309 |
| CAMILA.....                                 | 13       | <i>cardioplegic solution no.25</i> .....    | 267 | CELONTIN.....                           | 318 |
| CAMRESE.....                                | 14       | CARDIZEM.....                               | 151 | CEM-UREA.....                           | 88  |
| CAMRESE LO.....                             | 13       | CARDIZEM CD.....                            | 151 | CENTANY.....                            | 60  |
| CAMZYOS.....                                | 145      | CARDIZEM LA.....                            | 151 | CENTANY AT.....                         | 60  |
| CANASA.....                                 | 339      | CARDURA.....                                | 148 | <i>cephalexin</i> .....                 | 172 |
| <i>candesartan</i> .....                    | 156      | CARDURA XL.....                             | 148 | CEQUA.....                              | 256 |
| <i>candesartan-hydrochlorothiazid</i> ..... | 153      | CAREONE ULTRA THIN LANCET.....              | 301 | CEQUR SIMPLICITY.....                   | 137 |
| <i>cantharidin in acetone</i> .....         | 87       | CARESENS CONTROL A AND B.....               | 137 | CEQUR SIMPLICITY INSERTER.....          | 137 |
| CANTHARIS COMPOSITUM.....                   | 265      | CARESENS LANCETS.....                       | 301 | CERACADE.....                           | 86  |
| <i>capecitabine</i> .....                   | 207      | CARESENS N TEST STRIPS.....                 | 107 | CERAMAX.....                            | 86  |
| CAPEX.....                                  | 69       | CARETOUCH CONTROL SOLN                      |     | CERDELGA.....                           | 265 |
| CAPHOSOL.....                               | 261      | L2-L3.....                                  | 137 | CERVIDIL.....                           | 24  |
| CAPLYTA.....                                | 284      | CARETOUCH SAFETY LANCETS.....               | 301 | CETACAINE.....                          | 83  |
| CAPRELSA.....                               | 211      | CARETOUCH TEST STRIP.....                   | 107 | <i>cetirizine</i> .....                 | 8   |
| CAPSFENAC PAK.....                          | 78       | CARETOUCH TWIST LANCET.....                 | 301 | CETRAXAL.....                           | 244 |
| CAPSINAC.....                               | 78       | <i>carglumic acid</i> .....                 | 343 | <i>cetrorelix</i> .....                 | 335 |
| <i>captopril</i> .....                      | 157      | <i>carisoprodol</i> .....                   | 337 | CETROTIDE.....                          | 335 |
| <i>captopril-hydrochlorothiazide</i> .....  | 160      | <i>carisoprodol-aspirin</i> .....           | 338 | <i>cevimeline</i> .....                 | 6   |
| CARAC.....                                  | 82       | <i>carisoprodol-aspirin-codeine</i> .....   | 226 | CHARLOTTE 24 FE.....                    | 14  |
| CARAFATE.....                               | 352      | CARNITOR.....                               | 259 | CHATEAL EQ (28).....                    | 14  |
| CARBAGLU.....                               | 343      | CARNITOR (SUGAR-FREE).....                  | 259 | CHEMET.....                             | 263 |
| <i>carbamazepine</i> .....                  | 317, 318 | CAROSPIR.....                               | 159 | CHENODAL.....                           | 345 |
| CARBATROL.....                              | 318      | CARRASYN HYDROGEL WOUND                     |     | CHILDREN'S ASPIRIN.....                 | 362 |
| <i>carbidopa</i> .....                      | 169      | DRESS.....                                  | 309 | CHLOHUX.....                            | 69  |
| <i>carbidopa-levodopa</i> .....             | 169      | <i>carteolol</i> .....                      | 246 | CHLOOXIA.....                           | 69  |
| <i>carbidopa-levodopa-entacapone</i> .....  | 169      | CARTIA XT.....                              | 151 | <i>chlordiazepoxide hcl</i> .....       | 283 |
| <i>carbinoxamine maleate</i> .....          | 7        | <i>carvedilol</i> .....                     | 148 | <i>chlordiazepoxide-clidinium</i> ..... | 349 |
| CARBZAH.....                                | 7        | <i>carvedilol phosphate</i> .....           | 148 | <i>chlorhexidine gluconate</i> .....    | 365 |
| CARDIOPLEGIA DEL NIDO                       |          | CASODEX.....                                | 206 | <i>chloroquine phosphate</i> .....      | 185 |
| FORMULA.....                                | 266      | CATAPRES-TTS-1.....                         | 158 | <i>chlorpromazine</i> .....             | 288 |
| CARDIOPLEGIA DEL NIDO-                      |          | CATAPRES-TTS-2.....                         | 158 | <i>chlorthalidone</i> .....             | 161 |
| ISOLYT S.....                               | 266      | CATAPRES-TTS-3.....                         | 158 | <i>chlorzoxazone</i> .....              | 338 |
| CARDIOPLEGIA HIGH                           |          | CAYA CONTOURED.....                         | 23  | CHOICE DM CLARUS NORM                   |     |
| POTASSIUM.....                              | 266      | CAYSTON.....                                | 172 | CONTROL.....                            | 137 |
|                                             |          | CAZANT (28).....                            | 14  | CHOICEDM CLARUS.....                    | 108 |

|                                             |               |                                         |             |                                          |          |
|---------------------------------------------|---------------|-----------------------------------------|-------------|------------------------------------------|----------|
| CHOLBAM.....                                | 345           | CLENPIQ.....                            | 343         | <i>clobetasol-emollient</i> .....        | 69       |
| <i>cholestyramine (with sugar)</i> .....    | 167           | CLEOCIN.....                            | 366         | CLOBEX.....                              | 69       |
| CHOLESTYRAMINE LIGHT.....                   | 167           | CLEOCIN HCL.....                        | 184         | CLOBEZIN.....                            | 59       |
| <i>choline,magnesium salicylate</i> .....   | 238           | CLEOCIN PEDIATRIC.....                  | 184         | <i>clocortolone pivalate</i> .....       | 69       |
| <i>chorionic gonadotropin, human</i> .....  | 328           | CLEOCIN T.....                          | 60          | CLODAN.....                              | 69       |
| CHOSEN LANCET.....                          | 301           | CLEVER CHEK LANCETS.....                | 301         | CLODAN KIT.....                          | 69       |
| CHOSEN SAFETY LANCET.....                   | 301           | CLEVER CHOICE CHAMBER-<br>LRG MASK..... | 30          | CLOMID.....                              | 329      |
| CIALIS.....                                 | 329           | CLEVER CHOICE CHAMBER-<br>MED MASK..... | 30          | <i>clomiphene citrate</i> .....          | 329      |
| CIBINQO.....                                | 201           | CLEVER CHOICE CHAMBER-SM<br>MASK.....   | 30          | <i>clomipramine</i> .....                | 274      |
| CICASIL.....                                | 309           | CLEVER CHOICE LEVEL 1<br>CONTROL.....   | 137         | <i>clonazepam</i> .....                  | 327      |
| CICATRACE PAD.....                          | 309           | CLEVER CHOICE LEVEL 2<br>CONTROL.....   | 137         | <i>clonidine</i> .....                   | 158      |
| CICLODAN.....                               | 61            | CLEVER CHOICE LEVEL 3<br>CONTROL.....   | 137         | <i>clonidine (pf)</i> .....              | 238      |
| CICLODAN KIT.....                           | 61            | CLEVER CHOICE MICRO TEST<br>STRIP.....  | 108         | <i>clonidine hcl</i> .....               | 158, 291 |
| <i>ciclopirox</i> .....                     | 61            | CLEVER CHOICE NEB KIT-<br>ADULT.....    | 307         | <i>clopidogrel</i> .....                 | 362      |
| <i>ciclopirox-ure-camph-menth-euc</i> ..... | 62            | CLEVER CHOICE NEB KIT-CHILD.....        | 307         | <i>clorazepate dipotassium</i> .....     | 283      |
| <i>cilostazol</i> .....                     | 362           | CLEVER CHOICE NEBULIZER.....            | 30          | <i>clotrimazole</i> .....                | 62, 182  |
| CILOXAN.....                                | 254           | CLEVER CHOICE PRO.....                  | 108         | <i>clotrimazole-betamethasone</i> .....  | 59       |
| CIMDUO.....                                 | 191           | CLEVER CHOICE TALK TEST.....            | 108         | <i>clozapine</i> .....                   | 284      |
| <i>cimetidine</i> .....                     | 352           | CLEVER CHOICE TEST STRIPS.....          | 108         | CLOZARIL.....                            | 284      |
| <i>cimetidine hcl</i> .....                 | 352           | CLEVER CHOICE VOICE PLUS<br>TEST.....   | 109         | COAGADEx.....                            | 364      |
| CIMZIA.....                                 | 200           | CLEVER CHOICE WHISPER AIRE<br>PED.....  | 30          | COAGUCHEK LANCETS.....                   | 301      |
| CIMZIA POWDER FOR RECONST<br>.....          | 199           | CLIMARA.....                            | 47          | COAGUCHEK XS.....                        | 265      |
| CIMZIA STARTER KIT.....                     | 199           | CLIMARA PRO.....                        | 47          | COARTEM.....                             | 186      |
| <i>cinacalcet</i> .....                     | 331           | CLINDACIN.....                          | 60          | COBENFY.....                             | 258      |
| CINRYZE.....                                | 201           | CLINDACIN ETZ.....                      | 60          | COBENFY STARTER PACK.....                | 258      |
| CIPRO.....                                  | 177           | CLINDACIN P.....                        | 60          | <i>cocaine</i> .....                     | 365      |
| CIPRO HC.....                               | 244           | CLINDACIN PAC.....                      | 60          | <i>codeine sulfate</i> .....             | 230      |
| <i>ciprofloxacin</i> .....                  | 177           | CLINDAGEL.....                          | 60          | <i>codeine-butalbital-asa-caff</i> ..... | 229      |
| <i>ciprofloxacin hcl</i> .....              | 177, 244, 254 | <i>clindamycin hcl</i> .....            | 184         | <i>codeine-guaifenesin</i> .....         | 313      |
| <i>ciprofloxacin-dexamethasone</i> .....    | 244           | <i>clindamycin palmitate hcl</i> .....  | 184         | CODITUSSIN AC.....                       | 313      |
| <i>ciprofloxacin-fluocinolone</i> .....     | 244           | CLINDAMYCIN PEDIATRIC.....              | 184         | CODITUSSIN DAC.....                      | 312      |
| <i>citalopram</i> .....                     | 277           | <i>clindamycin phosphate</i> .....      | 60, 61, 366 | COLAZAL.....                             | 340      |
| CITRANATAL (DUAL-IRON).....                 | 39            | <i>clindamycin-tretinoin</i> .....      | 53          | <i>colchicine</i> .....                  | 226      |
| CITRANATAL 90 DHA (ALGAL<br>OIL).....       | 39            | CLINDESSE.....                          | 366         | COLCRYST.....                            | 226      |
| CITRANATAL ASSURE.....                      | 40            | CLINPRO 5000.....                       | 38          | <i>colesevelam</i> .....                 | 167      |
| CITRANATAL BLOOM.....                       | 45            | <i>clobazam</i> .....                   | 327         | COLESTID.....                            | 167      |
| CITRANATAL DHA (ALGAL OIL)....              | 40            | <i>clobetasol</i> .....                 | 69, 251     | <i>colestipol</i> .....                  | 167      |
| CITRANATAL HARMONY (IRON<br>FUM).....       | 40            |                                         |             | COLLATYL.....                            | 94       |
| CLARAVIS.....                               | 51            |                                         |             | COLOR LANCETS.....                       | 301      |
| CLARINEX.....                               | 8             |                                         |             | COMBIGAN.....                            | 246      |
| CLARINEX-D 12 HOUR.....                     | 9             |                                         |             | COMBIPATCH.....                          | 47       |
| <i>clarithromycin</i> .....                 | 174           |                                         |             | COMBIVENT RESPIMAT.....                  | 34       |
| CLEANSING WASH.....                         | 65            |                                         |             | COMBOGESIC.....                          | 226      |
| <i>clemastine</i> .....                     | 7             |                                         |             | COMETRIQ.....                            | 211      |
| CLEMASZ.....                                | 7             |                                         |             | COMFORT EZ LANCETS.....                  | 301      |
| CLEMSZA.....                                | 7             |                                         |             | COMFORT TOUCH PLUS<br>SAFETY LANC.....   | 301      |
|                                             |               |                                         |             | COMFORT TOUCH ULT THIN<br>LANCETS.....   | 301      |



|                                     |        |                                     |          |                                      |          |
|-------------------------------------|--------|-------------------------------------|----------|--------------------------------------|----------|
| COMFORTSEAL LARGE MASK.....         | 30     | CORLANOR.....                       | 146      | CUVRIOR.....                         | 263      |
| COMFORTSEAL MEDIUM MASK...30        |        | CORTANE-B.....                      | 244      | cyanocobalamin (vitamin b-12) .....  | 44       |
| COMFORTSEAL SMALL MASK.....         | 30     | CORTEF.....                         | 196      | cyclobenzaprine.....                 | 338      |
| COMIRNATY 2025-2026(5-11Y)(PF)..... | 220    | CORTENEMA.....                      | 341      | CYCLOGYL.....                        | 245      |
| COMIRNATY 2025-26 (12Y UP)(PF)..... | 220    | CORTIFOAM.....                      | 341      | CYCLOMYDRIL.....                     | 245      |
| COMPACT SPACE CHAMBER.....          | 30     | cortisone.....                      | 196      | CYCLOPAK.....                        | 339      |
| COMPACT SPACE CHAMBER-LRG MASK..... | 30     | CORTISPORIN-TC.....                 | 244      | cyclopentolate.....                  | 245      |
| COMPACT SPACE CHAMBER-MED MASK..... | 30     | CORTROPHIN GEL.....                 | 331      | cyclophen-tropic-phenyleph-watr..... | 245      |
| COMPACT SPACE CHAMBER-SM MASK.....  | 30     | COSENTYX.....                       | 93       | cyclophen-tropic-phen-ketr-wat.....  | 245      |
| COMP-AIR NEBULIZER.....             |        | COSENTYX (2 SYRINGES).....          | 93       | cyclophosphamide.....                | 206      |
| COMPRESSOR.....                     | 30     | COSENTYX PEN.....                   | 93       | cyclop-trop-propa-phen-ket-wat.....  | 245      |
| COMPAZINE.....                      | 24, 25 | COSENTYX PEN (2 PENS).....          | 93       | cycloserine.....                     | 184      |
| COMPLERA.....                       | 192    | COSENTYX UNOREADY PEN.....          | 93       | CYCLOSET.....                        | 98       |
| COMPLETE NATAL DHA.....             | 40     | COSOPT.....                         | 246      | cyclosporine.....                    | 225, 256 |
| COMPLETENATE.....                   | 40     | COSOPT (PF).....                    | 246      | CYCLOSPORINE IN KLARITY.....         | 256      |
| COMPRO.....                         | 25     | COTELIC.....                        | 209      | cyclosporine modified.....           | 224, 225 |
| CONCEPTION.....                     | 267    | COTEMPLA XR-ODT.....                | 292      | CYCLOTENS REFILL.....                | 338      |
| CONCERTA.....                       | 292    | COVARYX.....                        | 50       | CYCLOTENS STARTER.....               | 338      |
| CONDYLOX.....                       | 89     | COVARYX H.S.....                    | 50       | CYMBALTA.....                        | 276      |
| CONJUPRI.....                       | 151    | covid19 test adm.by pharmacist ...  | 258      | cyproheptadine.....                  | 8        |
| CONSENSI.....                       | 258    | COXANTO.....                        | 203      | CYRED.....                           | 14       |
| CONSTULOSE.....                     | 343    | COZAAR.....                         | 156      | CYRED EQ.....                        | 14       |
| CONTOUR CONTROL SOLUTION, HIGH..... | 137    | CRALONIN.....                       | 265      | CYSTADANE.....                       | 259      |
| CONTOUR CONTROL SOLUTION, LOW.....  | 137    | CRENESSITY.....                     | 329      | CYSTADROPS.....                      | 249      |
| CONTOUR CONTROL SOLUTION, NML.....  | 137    | CREON.....                          | 346      | CYSTAGON.....                        | 313      |
| CONTOUR NEXT LEV 1.....             | 137    | CRESEMBA.....                       | 182      | CYSTARAN.....                        | 249      |
| CONTOUR NEXT LEV 2.....             | 137    | CRESTOR.....                        | 163      | CYTOMEL.....                         | 335      |
| CONTROL SOL.....                    | 137    | CREXONT.....                        | 169, 170 | CYTOTEC.....                         | 352      |
| CONTROL SOL.....                    | 137    | CRINONE.....                        | 49, 328  | dabigatran etexilate.....            | 364      |
| CONTROL NEXT TEST STRIPS..          | 109    | cromolyn.....                       | 36, 256  | DAFILOR.....                         | 62       |
| CONTROL PLUS TEST STRIP....         | 109    | CROTAN.....                         | 64       | dalfampridine.....                   | 219      |
| CONTROL TEST STRIPS.....            | 109    | CRYODOSE TA MEDIUM.....             |          | DALIRESP.....                        | 37       |
| COPAXONE.....                       | 218    | STREAM SPR.....                     | 83       | danazol.....                         | 329      |
| COPIKTRA.....                       | 211    | CRYODOSE TA MIST SPRAY.....         | 83       | DANTRIUM.....                        | 338      |
| CORDRAN.....                        | 70     | CRYOSERV.....                       | 259      | dantrolene.....                      | 338      |
| CORDRAN TAPE LARGE ROLL.....        | 70     | CRYSELLE (28).....                  | 14       | DANZITEN.....                        | 211      |
| CORDX TYFAST FLU-COVID-19 TEST..... | 258    | CTEXTLI.....                        | 345      | dapsone.....                         | 53, 184  |
| COREG.....                          | 148    | CUPRIMINE.....                      | 193      | DARAPRIM.....                        | 186      |
| COREG CR.....                       | 148    | CURAFIL GEL WOUND.....              | 309      | darifenacin.....                     | 315      |
| CORIFACT.....                       | 364    | CURITY AMD.....                     | 309      | DARTISLA.....                        | 349      |
|                                     |        | CURITY AMD (WITH POLYHEXAMETH)..... | 309      | darunavir.....                       | 190      |
|                                     |        | CURITY DRAINAGE BAG.....            | 299      | dasatinib.....                       | 211      |
|                                     |        | CURITY IODOFORM PACKING STRIP.....  | 309      | DASETTA 1/35 (28).....               | 14       |
|                                     |        | CUROSURF.....                       | 269      | DASETTA 7/7/7 (28).....              | 14       |
|                                     |        | CUTAQUIG.....                       | 221      | DAURISMO.....                        | 208      |
|                                     |        | CUVITRU.....                        | 221      | DAWNZERA.....                        | 201      |
|                                     |        | CUVPOSA.....                        | 349      | DAYBUE.....                          | 215      |
|                                     |        |                                     |          | DAYPRO.....                          | 203      |
|                                     |        |                                     |          | DAYSEE.....                          | 14       |

|                                |     |                                            |          |                                       |                  |
|--------------------------------|-----|--------------------------------------------|----------|---------------------------------------|------------------|
| DAYTRANA.....                  | 293 | DERMA-SMOOTH/FS SCALP                      |          | DEXTENZA.....                         | 251              |
| DAYVIGO.....                   | 290 | OIL.....                                   | 70       | <i>dextroamphetamine sulfate...</i>   | 279, 280         |
| DAZAVEIDAOXIA.....             | 55  | DERMASO PLUS.....                          | 86       | <i>dextroamphetamine-amphetamine</i>  | 280              |
| DAZINIA.....                   | 59  | DERMAWERX SURGICAL PLUS                    |          | DHIVY.....                            | 170              |
| DAZOMON.....                   | 55  | PAK.....                                   | 260      | DIACOMIT.....                         | 318              |
| DDAVP.....                     | 330 | DERMAZENE.....                             | 58       | DIADIMAXIA.....                       | 53               |
| DEBACTEROL.....                | 260 | DERMELLE.....                              | 88       | DIAOXIA.....                          | 53               |
| DEBLITANE.....                 | 14  | DERMOTIC OIL.....                          | 243      | DIASAXIATAR.....                      | 54               |
| <i>deferasirox</i> .....       | 263 | DERM-SILK.....                             | 309      | DIASDIMAXIA.....                      | 54               |
| <i>deferiprone</i> .....       | 263 | DERMULCERA.....                            | 260      | DIASOXIA.....                         | 54               |
| <i>deferoxamine</i> .....      | 263 | DERPIXA.....                               | 88       | DIASTIX.....                          | 135              |
| <i>deflazacort</i> .....       | 196 | DESCOVY.....                               | 191      | DIATRUE CONTROL SOLN                  |                  |
| DEFLUX.....                    | 313 | DESFERAL.....                              | 263      | NORMAL.....                           | 138              |
| DELESTROGEN.....               | 47  | <i>desflurane</i> .....                    | 261      | DIATRUE CONTROL SOLUTION              |                  |
| DELIBON.....                   | 59  | <i>desipramine</i> .....                   | 274, 275 | HIGH.....                             | 138              |
| DELSTRIGO.....                 | 192 | <i>desloratadine</i> .....                 | 8        | DIATRUE CONTROL SOLUTION              |                  |
| DELUO.....                     | 81  | <i>desmopressin</i> .....                  | 330      | LOW.....                              | 138              |
| <i>demeclocycline</i> .....    | 178 | <i>desog-e.estradiol/e.estradiol</i> ..... | 14       | DIATRUE PLUS TEST STRIP.....          | 109              |
| DEMEROL.....                   | 230 | <i>desonide</i> .....                      | 70, 71   | <i>diazepam</i> .....                 | 283, 327         |
| DEMEROL (PF).....              | 230 | DESOWEN.....                               | 71       | DIAZEPAM INTENSOL.....                | 283              |
| DEMSEER.....                   | 158 | <i>desoximetasone</i> .....                | 71       | <i>diazoxide</i> .....                | 129              |
| DENTA 5000 PLUS.....           | 38  | DESOXYN.....                               | 279      | DIBENZYLINE.....                      | 148              |
| DENTA 5000 PLUS SENSITIVE..... | 38  | <i>desvenlafaxine</i> .....                | 276      | <i>dichlorphenamide</i> .....         | 337              |
| DENTAGEL.....                  | 38  | <i>desvenlafaxine succinate</i> .....      | 276      | DICLEGIS.....                         | 25               |
| DENVITA.....                   | 62  | DEVILBISS DISPOSABLE                       |          | <i>diclofenac epolamine</i> .....     | 79               |
| DEOXIA.....                    | 53  | NEBULIZER.....                             | 30       | <i>diclofenac potassium</i> .....     | 203, 240         |
| DEOXIADEMTAR.....              | 53  | DEVILBISS PULMO-AIDE                       |          | <i>diclofenac sodium</i> .....        | 79, 82, 203, 251 |
| DEOXIATAR.....                 | 53  | COMPRESSR.....                             | 30       | <i>diclofenac submicronized</i> ..... | 203              |
| DEOXIARVAR.....                | 53  | DEVILBISS PULMOMATE                        |          | <i>diclofenac-misoprostol</i> .....   | 202              |
| DEPAKOTE.....                  | 318 | COMPRESSOR.....                            | 31       | DICLOFEX DC.....                      | 79               |
| DEPAKOTE ER.....               | 318 | DEVILBISS TRAVELER                         |          | DICLOFONO.....                        | 79               |
| DEPAKOTE SPRINKLES.....        | 318 | COMPRESSOR.....                            | 31       | DICLOGEN.....                         | 79               |
| DEPEN TITRATABS.....           | 193 | DEXABLISS.....                             | 196      | DICLOPR.....                          | 79               |
| DEPO-ESTRADIOL.....            | 47  | <i>dexamethasone</i> .....                 | 196, 197 | DICLOSAICIN.....                      | 79               |
| DEPO-SUBQ PROVERA 104.....     | 12  | DEXAMETHASONE INTENSOL...                  | 196      | DICLOTAL.....                         | 79               |
| DEPO-TESTOSTERONE.....         | 46  | <i>dexamethasone sodium phosphate</i>      |          | DICLOTREX.....                        | 79               |
| DERMACINRX CLORHEXACIN...      | 260 | .....                                      | 251      | DICLOVIX.....                         | 80               |
| DERMACINRX LEXITRAL.....       | 79  | <i>dexchlorpheniramine maleate</i> .....   | 8        | <i>dicloxacin</i> .....               | 176              |
| DERMACINRX LIDOCAN.....        | 83  | DEXCOM G6 RECEIVER.....                    | 138      | <i>dicyclomine</i> .....              | 348              |
| DERMACINRX LIDOGEL.....        | 83  | DEXCOM G6 SENSOR.....                      | 138      | DIFFERIN.....                         | 57               |
| DERMACINRX LIDOREX.....        | 83  | DEXCOM G6 TRANSMITTER.....                 | 138      | DIFICID.....                          | 174              |
| DERMACINRX PHN PAK.....        | 83  | DEXCOM G7 RECEIVER.....                    | 138      | <i>diflorasone</i> .....              | 71               |
| DERMACINRX SURGICAL            |     | DEXCOM G7 SENSOR.....                      | 138      | DIFLUCAN.....                         | 182              |
| PHARMAPAK.....                 | 260 | DEXEDRINE SPANSULE.....                    | 279      | <i>diflunisal</i> .....               | 239              |
| DERMACINRX THERAZOLE PAK..     | 59  | DEXERYL.....                               | 86       | <i>difluprednate</i> .....            | 251              |
| DERMACINRX ZRM PAK.....        | 83  | DEXILANT.....                              | 350      | DIFMETIOXRIME.....                    | 62               |
| DERMALID.....                  | 83  | <i>dexlansoprazole</i> .....               | 350      | DIGITEK.....                          | 148              |
| DERMA-SMOOTH/FS BODY OIL..     | 70  | <i>dexmethylphenidate</i> .....            | 293      | <i>digoxin</i> .....                  | 148              |
|                                |     | DEXONTO.....                               | 197      | <i>dihydroergotamine</i> .....        | 240              |

|                                     |          |                                             |               |                                     |     |
|-------------------------------------|----------|---------------------------------------------|---------------|-------------------------------------|-----|
| DILANTIN.....                       | 318      | DORYX MPC.....                              | 178           | DUREX EXTRA SENSITIVE               |     |
| DILANTIN EXTENDED.....              | 318      | <i>dorzolamide</i> .....                    | 246           | CONDOM.....                         | 262 |
| DILANTIN INFATABS.....              | 318      | <i>dorzolamide (pf)</i> .....               | 246           | DUREX TROPICAL CONDOM.....          | 262 |
| DILANTIN-125.....                   | 318      | <i>dorzolamide-timolol</i> .....            | 246           | DUREZOL.....                        | 251 |
| DILAUDID.....                       | 230      | <i>dorzolamide-timolol (pf)</i> .....       | 246           | DURLAZA.....                        | 363 |
| DILAUDID (PF).....                  | 230      | DOTTI.....                                  | 48            | DUROLANE.....                       | 193 |
| <i>diltiazem hcl</i> .....          | 151, 152 | DOVATO.....                                 | 186           | <i>dutasteride</i> .....            | 316 |
| DILT-XR.....                        | 152      | DOVER COATED LATEX FOLEY.....               | 299           | <i>dutasteride-tamsulosin</i> ..... | 315 |
| DILUTING MEDIUM FOR                 |          | DOVER LATEX FOLEY.....                      |               | DUVYZAT.....                        | 258 |
| NOVOLOG.....                        | 267      | CATHETER.....                               | 299           | DYANAVEL XR.....                    | 280 |
| DIMENTHO.....                       | 79       | DOVER RED RUBBER.....                       |               | DYCLOPRO.....                       | 83  |
| <i>dimethyl fumarate</i> .....      | 218      | ROBINSON CATH.....                          | 299           | DYMISTA.....                        | 7   |
| DIMOXIA.....                        | 54       | DOVER UNIVERSAL.....                        | 299           | DYNAFOAM AG.....                    | 309 |
| DIOCHLOY.....                       | 95       | <i>doxazosin</i> .....                      | 149           | DYNAGINATE AG.....                  | 309 |
| DIONARIS.....                       | 59       | <i>doxepin</i> .....                        | 80, 275, 290  | DYNOMA.....                         | 72  |
| DIOOXIA.....                        | 91       | <i>doxercalciferol</i> .....                | 330           | DYRENIUM.....                       | 159 |
| DIOVAN.....                         | 156      | <i>doxycycline hyclate</i> .....            | 178, 179, 365 | E.E.S. 400.....                     | 174 |
| DIOVAN HCT.....                     | 153      | <i>doxycycline monohydrate</i> .....        | 179, 180      | EAR POPPER INFLATION                |     |
| DIPENTUM.....                       | 340      | <i>doxylamine-pyridoxine (vit b6)</i> ..... | 25            | DEVICE.....                         | 308 |
| DIPHEN.....                         | 8        | D-PENAMINE.....                             | 193           | EASIVENT HOLDING CHAMBER...31       |     |
| <i>diphenoxylate-atropine</i> ..... | 342      | DRAXACE.....                                | 54            | EASIVENT MASK LARGE.....            | 31  |
| DIPROLENE (AUGMENTED).....          | 71       | DRAXACEY.....                               | 54            | EASIVENT MASK MEDIUM.....           | 31  |
| <i>dipyridamole</i> .....           | 362      | DRITHOCREME HP.....                         | 92            | EASIVENT MASK SMALL.....            | 31  |
| DISALCID.....                       | 239      | DRIXECE.....                                | 54            | EASY COMFORT LANCETS.....           | 301 |
| DISKETTS.....                       | 230      | DRIZALMA SPRINKLE.....                      | 276           | EASY NEB COMPRESSOR                 |     |
| <i>disopyramide phosphate</i> ..... | 147      | <i>dronabinol</i> .....                     | 24            | NEBULIZER.....                      | 31  |
| <i>disulfiram</i> .....             | 289      | DROPLET LANCETS.....                        | 301           | EASY PLUS II HIGH CONTROL... 138    |     |
| DITHOL.....                         | 79       | DROPSAFE ACTI-LANCE.....                    | 301           | EASY PLUS II LOW CONTROL... 138     |     |
| DIURIL.....                         | 161      | <i>drospirenone-e.estradiol-lm.fa</i> ..... | 14            | EASY PLUS II TEST.....              | 109 |
| <i>divalproex</i> .....             | 318      | <i>drospirenone-ethinyl estradiol</i> ..... | 14            | EASY STEP.....                      | 109 |
| DIVENDO.....                        | 59       | DROXIA.....                                 | 353           | EASY STEP HIGH CONTROL              |     |
| DIVIGEL.....                        | 47, 48   | <i>droxidopa</i> .....                      | 146           | SOLN.....                           | 138 |
| DIVINIX.....                        | 71       | DRYSOL.....                                 | 86            | EASY STEP LOW CONTROL               |     |
| DM2.....                            | 102      | DRYSOL DAB-O-MATIC.....                     | 86            | SOLUTION.....                       | 138 |
| DMT SUIK.....                       | 197      | DSUVIA.....                                 | 230           | EASY STEP NORMAL CONTROL            |     |
| DODEX.....                          | 44       | DUAKLIR PRESSAIR.....                       | 34            | SOLN.....                           | 138 |
| <i>dofetilide</i> .....             | 147      | DUAVEE.....                                 | 50            | EASY TALK GLUCOSE TEST.....         | 109 |
| DOJOLVI.....                        | 267      | DUETACT.....                                | 101           | EASY TALK HIGH CONTROL.....         | 138 |
| DOLISHALE.....                      | 14       | DULERA.....                                 | 35            | EASY TALK LOW CONTROL.....          | 138 |
| DOLOBID.....                        | 239      | <i>duloxetine</i> .....                     | 276           | EASY TALK PLUS II HIGH              |     |
| DOLOTRANZ.....                      | 83       | DULOXICAIN.....                             | 276           | CONTROL.....                        | 138 |
| DOMELA.....                         | 71       | DUOBRII.....                                | 92            | EASY TALK PLUS II LOW               |     |
| <i>donepezil</i> .....              | 297      | DUODOTE.....                                | 266           | CONTROL.....                        | 138 |
| DONNATAL.....                       | 347      | DUOPA.....                                  | 170           | EASY TALK PLUS II TEST STRIP        | 110 |
| DOPTELET (10 TAB PACK).....         | 354      | DUPIXENT PEN.....                           | 26            | EASY TOUCH BLU CTRL SOLN-           |     |
| DOPTELET (15 TAB PACK).....         | 354      | DUPIXENT SYRINGE.....                       | 26            | L1,L3.....                          | 138 |
| DOPTELET (30 TAB PACK).....         | 354      | DURACLON (PF).....                          | 238           | EASY TOUCH BLULINK TEST             |     |
| DORAL.....                          | 290      | DUREX AVANTI BARE REAL                      |               | STRIP.....                          | 110 |
| DORYX.....                          | 178      | FEEL.....                                   | 262           |                                     |     |



|                                             |     |                                      |     |                                            |          |
|---------------------------------------------|-----|--------------------------------------|-----|--------------------------------------------|----------|
| EASY TOUCH HIGH-LOW CONTROL.....            | 138 | EKTERLY .....                        | 201 | EMBRACE TALK TEST STRIPS...                | 112      |
| EASY TOUCH LANCETS .....                    | 301 | ELEMAR.....                          | 83  | EMBRACE WAVE GLUCOSE TEST STRP .....       | 112      |
| EASY TOUCH SAFETY LANCETS .....             | 301 | ELEMENT COMPACT HIGH CONTROL .....   | 139 | EMEND.....                                 | 25       |
| EASY TOUCH TEST STRIP .....                 | 110 | ELEMENT COMPACT NORMAL CONTROL ..... | 139 | EMFLAZA.....                               | 197      |
| EASY TOUCH TWIST LANCETS .....              | 301 | ELEMENT COMPACT TEST STRIPS.....     | 111 | EMGALITY PEN.....                          | 240      |
| EASY TRAK GLUCOSE TEST .....                | 110 | ELEMENT HIGH CONTROL.....            | 139 | EMGALITY SYRINGE .....                     | 226, 240 |
| EASY TRAK HIGH CONTROL.....                 | 138 | ELEMENT LOW CONTROL.....             | 139 | EMPAVELI.....                              | 352      |
| EASY TRAK II CTRL SOLN-NORMAL.....          | 139 | ELEMENT NORMAL CONTROL...            | 139 | EMROSI.....                                | 180      |
| EASY TRAK II TEST STRIP .....               | 110 | ELEMENT TEST STRIPS.....             | 111 | EMSAM.....                                 | 278      |
| EASY TRAK LOW CONTROL.....                  | 139 | ELEPSIA XR.....                      | 318 | <i>emtricitabine</i> .....                 | 188      |
| EASY TWIST AND CAP LANCETS .....            | 301 | ELESTRIN.....                        | 48  | <i>emtricitabine-tenofovir (tdf)</i> ..... | 191      |
| EASYGLUCO TEST .....                        | 111 | <i>eletriptan</i> .....              | 240 | <i>emtricitabine-tenofovir (tdf)</i> ..... | 192      |
| EASYMAX.....                                | 111 | ELIDEL.....                          | 94  | EMTRIVA.....                               | 188      |
| EASYMAX 15 LEVEL 2.....                     | 139 | ELIGARD.....                         | 330 | EMULSION SB.....                           | 86       |
| EASYMAX 15 TEST STRIPS .....                | 111 | ELIGARD (4 MONTH).....               | 330 | EMVERM.....                                | 185      |
| EASYMAX NORMAL CONTROL..                    | 139 | ELIMITE.....                         | 64  | EMZAHH.....                                | 14       |
| EBASE CONTROLLER.....                       | 31  | ELINEST.....                         | 14  | <i>enalapril maleate</i> .....             | 157      |
| EBGLYSS PEN.....                            | 66  | ELIQUIS.....                         | 363 | <i>enalapril-hydrochlorothiazide</i> ..... | 160      |
| EBGLYSS SYRINGE.....                        | 66  | ELIQUIS DVT-PE TREAT 30D START.....  | 363 | ENBREL.....                                | 200      |
| ECEOXIA.....                                | 65  | ELIXOPHYLLIN.....                    | 37  | ENBREL MINI.....                           | 200      |
| EC-NAPROSYN.....                            | 203 | ELLA.....                            | 14  | ENBREL SURECLICK.....                      | 200      |
| EC-NAPROXEN.....                            | 203 | ELLZIA PAK.....                      | 72  | ENDARI.....                                | 353      |
| <i>econazole nitrate</i> .....              | 62  | ELMIRON.....                         | 314 | ENDO AVITENE.....                          | 359      |
| ECONTRA EZ.....                             | 14  | ELOCTATE.....                        | 356 | ENDOCET.....                               | 227      |
| ECONTRA ONE-STEP .....                      | 14  | <i>eltrombopag olamine</i> .....     | 354 | ENDOMETRIN.....                            | 328      |
| ECOTRIN.....                                | 239 | ELURYNG.....                         | 12  | ENFIT IRRIGAT SYRINGE-CONTAINR.....        | 300      |
| ECOZA.....                                  | 62  | ELYXYB.....                          | 240 | ENFIT MEDICAL STRAW.....                   | 307      |
| EDARBI.....                                 | 156 | ELYZIA.....                          | 94  | ENFIT MEDICINE BOTTLE ADAPTER.....         | 307      |
| EDARBYCLOR.....                             | 154 | ELYZIA (WITH HYALURONATE)....        | 94  | ENILLORING.....                            | 12       |
| EDECRIN.....                                | 159 | EMBRACE BLOOD GLUCOSE SYSTEM.....    | 112 | <i>enoxaparin</i> .....                    | 360      |
| EDLUAR.....                                 | 291 | EMBRACE EVO LEVEL 1.....             | 139 | ENOXILUV.....                              | 360      |
| ED-SPAZ.....                                | 347 | EMBRACE EVO TEST STRIPS....          | 112 | ENPRESSE.....                              | 15       |
| EDURANT.....                                | 188 | EMBRACE GLUCOSE CONTROL HIGH.....    | 139 | ENSACOVE.....                              | 211      |
| EDURANT PED.....                            | 188 | EMBRACE GLUCOSE CONTROL LOW .....    | 139 | ENSKYCE.....                               | 15       |
| EEMT.....                                   | 50  | EMBRACE LANCETS.....                 | 301 | ENSPRYNG.....                              | 201      |
| EEMT HS.....                                | 50  | EMBRACE PRO.....                     | 139 | ENSTILAR.....                              | 95       |
| <i>efavirenz</i> .....                      | 188 | EMBRACE PRO TEST STRIPS....          | 112 | <i>entacapone</i> .....                    | 170      |
| <i>efavirenz-emtricitabin-tenofov</i> ..... | 192 | EMBRACE SAFETY LANCET.....           | 301 | ENTADFI.....                               | 313      |
| <i>efavirenz-lamivu-tenofov disop</i> ..... | 192 | EMBRACE TALK CONTROL-HIGH (L2).....  | 139 | <i>entecavir</i> .....                     | 187      |
| EFFER-K.....                                | 272 | EMBRACE TALK CONTROL-LOW (L1).....   | 139 | <i>enteral connector, enfit</i> .....      | 300      |
| EFFEXOR XR.....                             | 276 |                                      |     | ENTERAL GRAVITY BAG SET-ENFIT .....        | 300      |
| EFFIENT.....                                | 363 |                                      |     | ENTRESTO.....                              | 146, 147 |
| EFUDEX.....                                 | 82  |                                      |     | ENTRESTO SPRINKLE .....                    | 147      |
| EGRIFTA SV.....                             | 331 |                                      |     | ENTTY .....                                | 86       |
| EGRIFTA WR.....                             | 331 |                                      |     | ENTYVIO PEN.....                           | 339      |

|                                            |          |                                             |          |                                     |          |
|--------------------------------------------|----------|---------------------------------------------|----------|-------------------------------------|----------|
| ENULOSE.....                               | 343      | <i>eslicarbazepine</i> .....                | 319      | EVOLUTION NORMAL CONTROL.....       | 139      |
| ENVARUS XR.....                            | 225      | <i>esomeprazole magnesium</i> .....         | 350      | EVOLUTION TEST STRIPS.....          | 114      |
| ENZNONUTY.....                             | 83       | ESPEROCT.....                               | 356      | EVOTAZ.....                         | 187      |
| EOHILIA.....                               | 197      | ESTARYLLA.....                              | 15       | EVOXAC.....                         | 6        |
| EPANED.....                                | 157      | <i>estazolam</i> .....                      | 290      | EVRYSDI.....                        | 6        |
| EPCLUSA.....                               | 193      | ESTRACE.....                                | 366      | EXELDERM.....                       | 62       |
| EPICERAM.....                              | 86       | <i>estradiol</i> .....                      | 48, 366  | EXELON PATCH.....                   | 297      |
| EPICYN.....                                | 81       | <i>estradiol valerate</i> .....             | 48       | <i>exemestane</i> .....             | 209      |
| EPIDIOLEX.....                             | 317      | <i>estradiol-norethindrone acet</i> .....   | 48, 49   | <i>exenatide</i> .....              | 100      |
| EPIDUO.....                                | 54       | ESTRATEST F.S.....                          | 50       | EXFORGE.....                        | 154      |
| EPIDUO FORTE.....                          | 54       | ESTRING.....                                | 367      | EXFORGE HCT.....                    | 154      |
| EPIFIX AMNIOTIC MEMBRANE... 267            |          | ESTROGEL.....                               | 49       | EXJADE.....                         | 264      |
| EPIFOAM.....                               | 82       | <i>estrogens-methyltestosterone</i> .....   | 50       | EXODERM.....                        | 62       |
| <i>epinastine</i> .....                    | 255      | <i>eszopiclone</i> .....                    | 291      | EXTENDED RESERVOIR.....             | 307      |
| <i>epinephrine</i> .....                   | 5, 147   | <i>ethacrynic acid</i> .....                | 159      | EYE.....                            | 265      |
| EPIPEN.....                                | 5        | <i>ethambutol</i> .....                     | 183      | EYSUVIS.....                        | 251      |
| EPIPEN 2-PAK.....                          | 5        | <i>ethosuximide</i> .....                   | 319      | E-Z JECT LANCETS.....               | 301, 302 |
| EPIPEN JR.....                             | 6        | ETHOXIA.....                                | 58       | E-Z JECT THIN LANCETS.....          | 302      |
| EPIPEN JR 2-PAK.....                       | 5        | <i>ethyl chloride</i> .....                 | 84       | EZ SMART CONTROL.....               | 139      |
| EPITOL.....                                | 318      | <i>ethynodiol diac-eth estradiol</i> .....  | 15       | EZ SMART LANCETS.....               | 302      |
| EPIVIR.....                                | 188      | <i>etodolac</i> .....                       | 203      | EZ SMART PLUS TEST.....             | 114      |
| <i>eplerenone</i> .....                    | 159      | <i>etonogestrel-ethinyl estradiol</i> ..... | 12       | EZ SMART TEST.....                  | 114      |
| EPOGEN.....                                | 358      | <i>etoposide</i> .....                      | 210      | EZALLOR SPRINKLE.....               | 163      |
| EPRONTIA.....                              | 318      | <i>etravirine</i> .....                     | 188      | <i>ezetimibe</i> .....              | 166      |
| <i>eprosartan</i> .....                    | 156      | <i>eua patient assessment</i> .....         | 258      | <i>ezetimibe-rosuvastatin</i> ..... | 165      |
| EPSOLAY.....                               | 56       | EUCRISA.....                                | 80       | <i>ezetimibe-simvastatin</i> .....  | 165      |
| EQUETRO.....                               | 289      | EUFLEXXA.....                               | 193      | FABHALTA.....                       | 362      |
| <i>ergocalciferol (vitamin d2)</i> .....   | 44       | EURAX.....                                  | 64       | FALMINA (28).....                   | 15       |
| <i>ergoloid</i> .....                      | 169      | EUTHYROX.....                               | 336      | <i>famciclovir</i> .....            | 189      |
| ERGOMAR.....                               | 240      | EVAMIST.....                                | 49       | <i>famotidine</i> .....             | 352      |
| <i>ergotamine-caffeine</i> .....           | 240      | EVEKEO.....                                 | 280      | FANAPT.....                         | 285      |
| ERIVEDGE.....                              | 208      | EVENCARE.....                               | 139      | FANAPT TITRATION PACK A.....        | 285      |
| ERLEADA.....                               | 206      | EVENCARE G2.....                            | 113, 139 | FANAPT TITRATION PACK B.....        | 285      |
| <i>erlotinib</i> .....                     | 211      | EVENCARE G3 CONTROL.....                    | 139      | FANAPT TITRATION PACK C.....        | 285      |
| ERMEZA.....                                | 336      | EVENCARE G3 TEST.....                       | 113      | FANTASY CONDOM.....                 | 262      |
| ERRIN.....                                 | 15       | EVENCARE MINI GLUCOSE TEST STR.....         | 113      | FARESTON.....                       | 214      |
| ERTACZO.....                               | 62       | EVENCARE PROVIEW TEST STRIP.....            | 113      | FARXIGA.....                        | 103      |
| ERY PADS.....                              | 61       | EVENCARE TEST.....                          | 113      | FASENRA PEN.....                    | 26       |
| ERYGEL.....                                | 61       | <i>everolimus (antineoplastic)</i> .....    | 209      | FC2 FEMALE CONDOM.....              | 262      |
| ERYPED 400.....                            | 174      | <i>everolimus (immunosuppressive)</i> ..    | 225      | <i>febuxostat</i> .....             | 226      |
| ERY-TAB.....                               | 174      | EVERSENSE 365 SENSOR.....                   | 139      | FEIBA NF.....                       | 356      |
| ERYTHROCIN (AS STEARATE)... 174            |          | EVERSENSE 365 TRANSMITTER.....              | 139      | FEIRZA.....                         | 15       |
| <i>erythromycin</i> .....                  | 174, 254 | EVICEL.....                                 | 359      | <i>felbamate</i> .....              | 319      |
| <i>erythromycin ethylsuccinate</i> .....   | 174      | EVISTA.....                                 | 334      | FELBATOL.....                       | 319      |
| <i>erythromycin with ethanol</i> .....     | 61       | EVOCLIN.....                                | 61       | FELDENE.....                        | 203      |
| <i>erythromycin-benzoyl peroxide</i> ..... | 61       |                                             |          | <i>felodipine</i> .....             | 152      |
| ESBRIET.....                               | 269      |                                             |          | FEM PH.....                         | 366      |
| <i>escitalopram oxalate</i> .....          | 277      |                                             |          | FEMALE CATHETER.....                | 299      |
| ESGIC.....                                 | 238      |                                             |          |                                     |          |

|                                     |     |                                  |     |                                     |                   |
|-------------------------------------|-----|----------------------------------|-----|-------------------------------------|-------------------|
| FEMARA.....                         | 209 | FIRMAGON KIT W DILUENT           |     | fluorometholone.....                | 251               |
| FEMCAP.....                         | 23  | SYRINGE.....                     | 207 | fluorouracil.....                   | 82                |
| FEMLYV.....                         | 15  | FIRVANQ.....                     | 184 | FLUOVIX.....                        | 72                |
| FEMRING.....                        | 367 | FLAC OTIC OIL.....               | 243 | FLUOVIX PLUS.....                   | 72                |
| fenofibrate.....                    | 166 | FLAREX.....                      | 251 | fluoxetine.....                     | 277               |
| fenofibrate micronized.....         | 166 | flavoxate.....                   | 314 | FLUOXIA.....                        | 72                |
| fenofibrate nanocrystallized.....   | 166 | flecainide.....                  | 147 | fluphenazine hcl.....               | 288               |
| fenofibric acid.....                | 166 | FLECTOR.....                     | 79  | flurandrenolide.....                | 72                |
| fenofibric acid (choline).....      | 166 | FLEQSUVY.....                    | 338 | flurazepam.....                     | 290               |
| FENOGLIDE.....                      | 166 | FLEXICHAMBER.....                | 31  | flurbiprofen.....                   | 203               |
| fenoprofen.....                     | 203 | FLEXICHAMBER-LG CHILD            |     | flurbiprofen sodium.....            | 251               |
| FENOPRON.....                       | 203 | MASK.....                        | 31  | fluticasone propionate.....         | 9, 36, 37, 72, 73 |
| FENOVAR.....                        | 79  | FLEXICHAMBER-SM ADULT            |     | fluticasone propion-salmeterol..... | 35                |
| FENOVIA.....                        | 62  | MASK.....                        | 31  | fluvastatin.....                    | 163, 164          |
| fantanyl.....                       | 231 | FLEXICHAMBER-SM CHILD            |     | fluvoxamine.....                    | 277               |
| fantanyl (pf)-bupivacaine-nacl..... | 230 | MASK.....                        | 31  | FLUZONE 2025-2026.....              | 223               |
| fantanyl citrate.....               | 231 | FLEXI-SEAL SIGNAL FMS.....       | 308 | FLUZONE 2025-2026 (PF).....         | 223               |
| fantanyl citrate (pf).....          | 231 | FLOLIPID.....                    | 163 | FLUZONE HIGH-DOSE 2025-26           |                   |
| fantanyl citrate (pf)-0.9%nacl..... | 231 | FLOMAX.....                      | 316 | (PF).....                           | 223               |
| fantanyl-ropivacaine-nacl (pf)..... | 231 | FLOWFLEX PLUS COVID-19 AND       |     | FML FORTE.....                      | 251               |
| ferric citrate.....                 | 270 | FLU.....                         | 258 | FML LIQUIFILM.....                  | 251               |
| FERRIPROX.....                      | 264 | FLUAD 2025-2026 (65 YR UP)(PF)   |     | FOCALIN.....                        | 293               |
| FERRIPROX (2 TIMES A DAY).....      | 264 | .....                            | 222 | FOCALIN XR.....                     | 293               |
| FERVINA.....                        | 62  | FLUARIX 2025-2026 (PF).....      | 222 | FOLET ONE.....                      | 44                |
| fesoterodine.....                   | 314 | FLUBLOK 2025-2026 (PF).....      | 223 | folic acid.....                     | 38                |
| FETZIMA.....                        | 276 | FLUCELVAX 2025-2026.....         | 223 | FOLLISTIM AQ.....                   | 328               |
| FEXMID.....                         | 338 | FLUCELVAX 2025-2026 (PF).....    | 223 | fondaparinux.....                   | 360               |
| FIASP FLEXTOUCH U-100               |     | fluconazole.....                 | 182 | FORA 6 CONNECT GLUCOSE              |                   |
| INSULIN.....                        | 131 | flucytosine.....                 | 182 | STRIP.....                          | 114               |
| FIASP PENFILL U-100 INSULIN...      | 131 | fludrocortisone.....             | 202 | FORA 6CONN-GTEL-TN'G ADV            |                   |
| FIASP PUMPCART.....                 | 131 | FLULAVAL 2025-2026 (PF).....     | 223 | STRIP.....                          | 114               |
| FIASP U-100 INSULIN.....            | 132 | FLUMIST 2025-2026.....           | 223 | FORA D40-G31 TEST STRIPS.....       | 115               |
| FIBRICOR.....                       | 166 | FLUMIST HOME 2025-2026.....      | 223 | FORA G20.....                       | 115               |
| fidaxomicin.....                    | 174 | flunisolide.....                 | 9   | FORA GD50 TEST STRIPS.....          | 115               |
| FIDILA.....                         | 62  | fluocinolone.....                | 72  | FORA GTEL GLUCOSE TEST              |                   |
| FILOMA.....                         | 62  | fluocinolone acetone oil.....    | 243 | STRIP.....                          | 115               |
| FILSPARI.....                       | 313 | fluocinolone and shower cap..... | 72  | FORA HIGH CONTROL.....              | 139               |
| FILSUEVZ.....                       | 260 | fluocinonide.....                | 72  | FORA LOW CONTROL.....               | 139               |
| FINACEA.....                        | 56  | FLUOCINONIDE-E.....              | 72  | FORA NORMAL CONTROL.....            | 140               |
| finasteride.....                    | 316 | fluocinonide-emollient.....      | 72  | FORA TEST STRIP.....                | 115               |
| FINGERSTIX LANCETS.....             | 302 | FLUOPAR.....                     | 72  | FORA TN'G ADVAN PRO TEST            |                   |
| fingolimod.....                     | 218 | fluorescein-benoxinate.....      | 253 | STRIP.....                          | 116               |
| FINTEPLA.....                       | 319 | fluorescein-proparacaine.....    | 253 | FORA TN'G VOICE TEST STRIPS         |                   |
| FINZALA.....                        | 15  | fluoride (sodium).....           | 38  | .....                               | 116               |
| FIORICET.....                       | 238 | FLUORIDEX DAILY DEFENSE.....     | 38  | FORA V10.....                       | 116               |
| FIORICET WITH CODEINE.....          | 239 | FLUORIDEX SENSITIVITY            |     | FORA V10-V12-D10-D20 STRIPS         | 116               |
| FIRAZYR.....                        | 194 | RELIEF.....                      | 38  | FORACARE GD20.....                  | 116               |
| FIRDAPSE.....                       | 219 | FLUORIMAX 5000.....              | 38  | FORACARE GD40 TEST STRIPS           | 117               |
|                                     |     | FLUORIMAX 5000 SENSITIVE.....    | 38  |                                     |                   |

|                                             |          |                                        |          |                                        |         |
|---------------------------------------------|----------|----------------------------------------|----------|----------------------------------------|---------|
| FORACARE GDH HIGH<br>CONTROL.....           | 140      | FULPHILA.....                          | 354      | GELFOAM SPONGE SIZE 200.....           | 359     |
| FORACARE GDH LOW<br>CONTROL.....            | 140      | FULVICIN P/G.....                      | 183      | GELFOAM SPONGE SIZE 50.....            | 359     |
| FORACARE GDH NORMAL<br>CONTROL.....         | 140      | FURADANTIN.....                        | 173      | GEL-ONE.....                           | 193     |
| FORACARE LANCETS.....                       | 302      | FUROSCIX.....                          | 159      | GELSYN-3.....                          | 193     |
| FORANE.....                                 | 261      | <i>furosemide</i> .....                | 159      | <i>gemfibrozil</i> .....               | 166     |
| <i>formoterol fumarate</i> .....            | 26       | FUZEON.....                            | 190      | GEMMILY.....                           | 15      |
| FORTEO.....                                 | 331      | FYAVOLV.....                           | 49       | GEMTESA.....                           | 315     |
| FOSAMAX.....                                | 334      | FYCOMPA.....                           | 319      | GENADUR.....                           | 88      |
| FOSAMAX PLUS D.....                         | 333      | FYLNETRA.....                          | 355      | GENADUR (WITH LEXINAL).....            | 88      |
| <i>fosamprenavir</i> .....                  | 187      | FYREMADEL.....                         | 335      | GENERLAC.....                          | 343     |
| <i>fosfomycin tromethamine</i> .....        | 176      | G TUSSIN AC.....                       | 313      | GENGRAF.....                           | 225     |
| <i>fosinopril</i> .....                     | 157      | <i>gabapentin</i> .....                | 216, 319 | GENOTROPIN.....                        | 332     |
| <i>fosinopril-hydrochlorothiazide</i> ..... | 160      | GABARONE.....                          | 319      | GENOTROPIN MINIQUEL...331, 332         |         |
| FOSRENOL.....                               | 271      | GALAFOLD.....                          | 4        | <i>gentamicin</i> .....                | 61, 254 |
| FOTIVDA.....                                | 211      | <i>galantamine</i> .....               | 297      | GENVISC 850.....                       | 194     |
| FRAGMIN.....                                | 360, 361 | GALBRIELA.....                         | 15       | GENVOYA.....                           | 192     |
| FRAICHE 5000.....                           | 39       | GALLIFREY.....                         | 49       | GEODON.....                            | 285     |
| FRAICHE 5000 PREVI.....                     | 39       | GALZIN.....                            | 264      | GILENYA.....                           | 218     |
| FRAICHE 5000 SENSITIVE.....                 | 39       | GAMMAGARD LIQUID.....                  | 221      | GILOTRIF.....                          | 211     |
| FREESTYLE CONTROL.....                      | 140      | GAMMAKED.....                          | 221      | GIMOTI.....                            | 349     |
| FREESTYLE INSULINX.....                     | 117      | GAMUNEX-C.....                         | 221      | GLASSIA.....                           | 6       |
| FREESTYLE INSULINX TEST<br>STRIPS.....      | 117      | <i>ganirelix</i> .....                 | 335      | <i>glatiramer</i> .....                | 218     |
| FREESTYLE LANCETS.....                      | 302      | GASTROCROM.....                        | 36       | GLATOPA.....                           | 218     |
| FREESTYLE LIBRE 14 DAY<br>READER.....       | 140      | <i>gatifloxacin</i> .....              | 254      | GLEEVEC.....                           | 211     |
| FREESTYLE LIBRE 14 DAY<br>SENSOR.....       | 140      | GATTEX 30-VIAL.....                    | 346      | GLEOSTINE.....                         | 206     |
| FREESTYLE LIBRE 2 PLUS<br>SENSOR.....       | 140      | GATTEX ONE-VIAL.....                   | 346      | GLIADEL WAFER.....                     | 206     |
| FREESTYLE LIBRE 2 READER... 140             |          | GAVILYTE-C.....                        | 343      | <i>glimepiride</i> .....               | 102     |
| FREESTYLE LIBRE 2 SENSOR... 140             |          | GAVILYTE-G.....                        | 343      | <i>glipizide</i> .....                 | 102     |
| FREESTYLE LIBRE 3 PLUS<br>SENSOR.....       | 140      | GAVILYTE-N.....                        | 344      | <i>glipizide-metformin</i> .....       | 98      |
| FREESTYLE LIBRE 3 READER... 140             |          | GAVRETO.....                           | 211      | GLOPERBA.....                          | 226     |
| FREESTYLE LIBRE 3 SENSOR... 140             |          | GE100 BLOOD GLUCOSE TEST<br>STRIP..... | 117      | GLUCAGON (HCL) EMERGENCY<br>KIT.....   | 129     |
| FREESTYLE LITE STRIPS.....                  | 117      | GE100 CONTROL SOLUTION<br>NORMAL.....  | 140      | GLUCAGON EMERGENCY KIT<br>(HUMAN)..... | 129     |
| FREESTYLE PRECISION NEO<br>STRIPS.....      | 117      | GE333 BLOOD GLUCOSE TEST<br>STRIP..... | 117      | GLUCO NAVII TEST STRIP.....            | 117     |
| FREESTYLE TEST.....                         | 117      | <i>gefitinib</i> .....                 | 211      | GLUCOCARD 01 HI-NORMAL<br>CONTROL..... | 140     |
| FREESTYLE UNISTIK 2.....                    | 302      | GELCLAIR.....                          | 259      | GLUCOCARD 01 NORMAL<br>CONTROL.....    | 140     |
| FRIVO.....                                  | 62       | GELFILM.....                           | 249, 259 | GLUCOCARD 01 SENSOR PLUS 118           |         |
| FROTEK.....                                 | 79       | GEL-FLOW.....                          | 359      | GLUCOCARD EXPRESSION 118, 140          |         |
| FROVA.....                                  | 240      | GEL-FLOW NT.....                       | 359      | GLUCOCARD SHINE.....                   | 140     |
| <i>frovatriptan</i> .....                   | 240      | GELFOAM.....                           | 359      | GLUCOCARD SHINE TEST<br>STRIPS.....    | 118     |
| FRUZAQLA.....                               | 211      | GELFOAM COMPRESSED SIZE<br>100.....    | 359      | GLUCOCARD VITAL SENSOR.....            | 118     |
|                                             |          | GELFOAM JMI POWDER.....                | 359      | GLUCOCARD VITAL TEST<br>STRIPS.....    | 118     |
|                                             |          | GELFOAM JMI SPONGE.....                | 359      | GLUCOCOM AUTOLINK.....                 | 140     |
|                                             |          | GELFOAM SPONGE SIZE 100.....           | 359      | GLUCOCOM CONTROL HIGH.....             | 140     |
|                                             |          | GELFOAM SPONGE SIZE 12-<br>7MM.....    | 359      |                                        |         |

|                                             |                                       |                                                 |
|---------------------------------------------|---------------------------------------|-------------------------------------------------|
| GLUCOCOM CONTROL NORMAL                     | GUARDIAN CONNECT                      | <i>heparin (porcine)</i> .....361               |
| ..... 141                                   | TRANSMITTER..... 141                  | <i>heparin (porcine) in 0.9% nacl</i> ..... 361 |
| GLUCOCOM GLUCOSE ..... 119                  | GUARDIAN LINK 3                       | <i>heparin (porcine) in 5 % dex</i> .....361    |
| GLUCOCOM LANCETS ..... 302                  | TRANSMITTER..... 141                  | <i>heparin lock flush (porcine)</i> .....361    |
| GLUCOSE CONTROL.....141                     | GUARDIAN SENSOR 3.....141             | HEPARIN                                         |
| GLUCOSE KETONE CONTROL                      | GVOKE.....130                         | LOCKFLUSH(PORCINE)(PF)..... 361                 |
| SOLN..... 141                               | GVOKE HYPOPEN 1-PACK..... 129         | <i>heparin, porcine (pf)</i> .....361           |
| GLUCOTROL XL.....102                        | GVOKE HYPOPEN 2-PACK..... 129         | HEPSERA.....187                                 |
| <i>glutamine (sickle cell)</i> ..... 353    | GVOKE PFS 1-PACK SYRINGE... 130       | HER STYLE.....15                                |
| <i>glyburide</i> .....102                   | GVOKE PFS 2-PACK SYRINGE... 130       | HERNEXEOS.....211                               |
| <i>glyburide micronized</i> .....102        | GYNAZOLE-1.....366                    | HETLIOZ.....289                                 |
| <i>glyburide-metformin</i> .....98          | HAEGARDA.....201                      | HETLIOZ LQ.....289                              |
| GLYCINE UROLOGIC.....183                    | HAILEY.....15                         | HEXIOUNYL.....62                                |
| <i>glycine urologic solution</i> .....183   | HAILEY 24 FE.....15                   | HISTEX-AC.....311                               |
| <i>glycopyrrolate</i> .....349              | HAILEY FE 1.5/30 (28).....15          | HIXDEFRIMA.....62                               |
| <i>glycopyrrolate (pf)</i> .....349         | HAILEY FE 1/20 (28).....15            | HIZENTRA.....221, 222                           |
| GLYDO.....11                                | <i>halcinonide</i> .....73            | HOMATROPAIRE.....245                            |
| GLYRX-PF.....349                            | HALCION.....290                       | HOME NEBULIZER PLUS                             |
| GLYXAMBI.....104                            | <i>halobetasol propionate</i> .....73 | SIDESTREAM.....31                               |
| GM100.....119                               | HALOETTE.....12                       | HORIZANT.....220                                |
| GOCOVRI.....170                             | HALOG.....73, 74                      | HOVYN.....94                                    |
| GOJJI BLOOD GLUCOSE TEST                    | <i>haloperidol</i> .....284           | HPR.....86                                      |
| STRIP.....119                               | <i>haloperidol lactate</i> .....284   | HPR PLUS.....86                                 |
| GOJJI GLUCOSE CNTRL SOL-                    | HALUCORT.....86                       | HPR PLUS HYDROGEL.....86                        |
| NORMAL.....141                              | HAPRODERM.....86                      | HPR PLUS-MB HYDROGEL.....86                     |
| GOJJI LANCETS.....302                       | HARLIKU.....264                       | HUMALOG JUNIOR KWIKPEN U-                       |
| GOLYTELY.....344                            | HARMONY GLUCOSE TEST                  | 100.....132                                     |
| GOMEKLI.....209                             | STRIP.....119                         | HUMALOG KWIKPEN INSULIN....132                  |
| GONAL-F.....329                             | HARVONI.....193                       | HUMALOG MIX 50-50 KWIKPEN.132                   |
| GONAL-F RFF.....329                         | HAXCHLO.....59                        | HUMALOG MIX 75-25 KWIKPEN.132                   |
| GONAL-F RFF REDI-JECT...328, 329            | HAXCHLODREX.....59                    | HUMALOG MIX 75-25(U-                            |
| GONITRO.....168                             | HAXDRAX.....62                        | 100)INSULN.....132                              |
| GOPRELTO.....365                            | HEALON GV PRO.....257                 | HUMALOG TEMPO PEN(U-                            |
| GRAFIX CORE.....267                         | HEALON PRO.....257                    | 100)INSULN.....132                              |
| GRAFIX PRIME.....268                        | HEALON5 PRO.....257                   | HUMALOG U-100 INSULIN.....132                   |
| GRAFIX XC.....268                           | HEALTHPRO HIGH-LOW                    | HUMATE-P.....357                                |
| GRALISE.....216                             | CONTROL.....141                       | HUMATROPE.....332                               |
| <i>granisetron hcl</i> .....25              | HEALTHPRO TEST STRIPS.....119         | HUMIRA.....200                                  |
| GRANIX.....355                              | HEATHER.....15                        | HUMIRA PEN.....200                              |
| GRASTEK.....10                              | HEMADY.....197                        | HUMIRA(CF).....200                              |
| <i>griseofulvin microsize</i> .....183      | HEMANGEOL.....149                     | HUMIRA(CF) PEN.....200                          |
| <i>griseofulvin ultramicrosize</i> .....183 | HEMICLOR.....161                      | HUMIRA(CF) PEN CROHNS-UC-                       |
| <i>guaiaicol</i> .....86                    | HEMLIBRA.....352, 353                 | HS.....200                                      |
| GUAIFENESIN AC.....313                      | HEMMOREX-HC.....341                   | HUMIRA(CF) PEN PSOR-UV-                         |
| GUAIFENESIN DAC.....312                     | HEMOFIL M HIGH.....356                | ADOL HS.....200                                 |
| <i>guanfacine</i> .....158, 291             | HEMOFIL M LOW.....356                 | HUMULIN 70/30 U-100 INSULIN..132                |
| GUARDIAN 4 GLUCOSE                          | HEMOFIL M MID.....356                 | HUMULIN 70/30 U-100 KWIKPEN132                  |
| SENSOR.....141                              | HEMOFIL M SUPER HIGH.....356          | HUMULIN N NPH INSULIN                           |
| GUARDIAN 4 TRANSMITTER.....141              | HEP FLUSH-10 (PF).....361             | KWIKPEN.....132                                 |



|                                        |                  |                                 |          |                             |     |
|----------------------------------------|------------------|---------------------------------|----------|-----------------------------|-----|
| HUMULIN N NPH U-100 INSULIN            | 132              | HYMPAVZI PEN                    | 353      | IMITREX STATDOSE REFILL     | 241 |
| HUMULIN R REGULAR U-100                |                  | <i>hyoscyamine sulfate</i>      | 347      | IMKELDI                     | 212 |
| INSULN                                 | 132              | HYOSYNE                         | 347      | IMPAVIDO                    | 186 |
| HUMULIN R U-500 (CONC)                 |                  | HYPER-SAL                       | 260      | IMPOYZ                      | 75  |
| INSULIN                                | 133              | HYPOCYN ANTIPRURITIC            | 81       | IMURAN                      | 225 |
| HUMULIN R U-500 (CONC)                 |                  | HYPOCYN DERMAL                  | 81       | INBRIJA                     | 170 |
| KWIKPEN                                | 133              | HYQVIA                          | 222      | INCASSIA                    | 15  |
| HURRI-FREEZE                           | 84               | HYSINGLA ER                     | 232      | INCONTROL SUPER THIN        |     |
| HYALGAN                                | 194              | HYZAAR                          | 154      | LANCETS                     | 302 |
| HYCAMTIN                               | 209              | <i>ibandronate</i>              | 334      | INCONTROL ULTRA THIN        |     |
| HYCLODEX                               | 81               | IBRANCE                         | 211      | LANCETS                     | 302 |
| HYCODAN (WITH                          |                  | IBSRELA                         | 341      | INCRELEX                    | 331 |
| HOMATROPINE)                           | 312              | IBTROZI                         | 212      | INCRUSE ELLIPTA             | 28  |
| <i>hydralazine</i>                     | 158              | IBU                             | 203      | <i>indapamide</i>           | 161 |
| HYDREA                                 | 206              | IBUPAK                          | 203      | INDERAL LA                  | 149 |
| HYDRO 35                               | 89               | <i>ibuprofen</i>                | 203, 204 | INDERAL XL                  | 149 |
| HYDRO 40                               | 89               | <i>ibuprofen-famotidine</i>     | 195      | <i>indomethacin</i>         | 204 |
| <i>hydrochlorothiazide</i>             | 161              | <i>icatibant</i>                | 194      | INFASURF                    | 269 |
| <i>hydrocodone bitartrate</i>          | 231, 232         | ICLEVIA                         | 15       | INFINITY CONTROL SOLUTION   |     |
| <i>hydrocodone-acetaminophen</i>       | 227, 228         | ICLOFENAC CP                    | 79       | HIGH                        | 141 |
| <i>hydrocodone-chlorpheniramine</i>    | 312              | ICLUSIG                         | 212      | INFINITY CONTROL SOLUTION   |     |
| <i>hydrocodone-homatropine</i>         | 312              | <i>icosapent ethyl</i>          | 166      | LOW                         | 141 |
| <i>hydrocodone-ibuprofen</i>           | 229              | IDARAN                          | 56       | INFINITY CONTROL SOLUTION   |     |
| <i>hydrocortisone</i>                  | 74, 75, 197, 341 | IDELVION                        | 364      | NORM                        | 141 |
| <i>hydrocortisone acetate</i>          | 74, 341          | IDHIFA                          | 210      | INFINITY TEST STRIPS        | 120 |
| <i>hydrocortisone butyrate</i>         | 74               | IDYYXIATAR                      | 54       | INFLAMMACIN                 | 196 |
| HYDROCORTISONE LOTION                  |                  | IGALMI                          | 291      | INFLAMMA-K                  | 79  |
| COMPLETE                               | 74               | IHEALTH CONTROL SOLN            |          | INFLATHERM(DICLOFENAC-      |     |
| <i>hydrocortisone sod succinate</i>    | 197              | LEVEL 2                         | 141      | MENTHOL)                    | 196 |
| <i>hydrocortisone valerate</i>         | 75               | IHEALTH GLUCOSE TEST STRIP      | 120      | INGREZZA                    | 220 |
| <i>hydrocortisone-acetic acid</i>      | 244              | IHEEZO (PF)                     | 253      | INGREZZA INITIATION         |     |
| <i>hydrocortisone-iodoquinol-aloe2</i> | 59               | ILET INFUSION KIT-INSET 23" ... | 141      | PK(TARDIV)                  | 220 |
| <i>hydrocortisone-iodoquinol</i>       | 59               | ILET INFUSION KIT-INSET 32" ... | 141      | INGREZZA SPRINKLE           | 220 |
| <i>hydrocortisone-iodoquinol-aloe</i>  | 59               | ILET INFUSION-CONTACT DTCH      |          | INJECT EASE LANCETS         | 302 |
| <i>hydrocortisone-pramoxine</i>        | 82, 340          | 23"                             | 141      | INLYTA                      | 212 |
| HYDROMET                               | 312              | ILET INSULIN PUMP               | 141      | INNOPRAN XL                 | 149 |
| <i>hydromorphone</i>                   | 232              | ILET STARTER KIT CONTACT ...    | 141      | INNOSPIRE DELUXE            | 31  |
| <i>hydromorphone (pf)</i>              | 232              | ILET STARTER KIT-INSET          | 141      | INNOSPIRE ELEGANCE          | 31  |
| <i>hydromorphone (pf)-0.9 % nacl</i>   | 232              | ILEVRO                          | 252      | INNOSPIRE ESSENCE           | 31  |
| <i>hydroquinone</i>                    | 95               | ILEXOR                          | 75       | INNOSPIRE GO NEBULIZER      | 31  |
| <i>hydroxocobalamin</i>                | 44               | ILIDERM                         | 84       | INNOSPIRE MINI              | 31  |
| <i>hydroxychloroquine</i>              | 186              | <i>imatinib</i>                 | 212      | INNOSPIRE REPLACEMENT       |     |
| HYDROXYM                               | 75               | IMBRUVICA                       | 212      | FILTER                      | 307 |
| <i>hydroxypropyl cellulose</i>         | 260              | IMIOXIA                         | 62       | INPEFA                      | 103 |
| <i>hydroxyurea</i>                     | 206              | <i>imipramine hcl</i>           | 275      | INPEN (FOR HUMALOG) BLUE... | 141 |
| <i>hydroxyzine hcl</i>                 | 8                | <i>imipramine pamoate</i>       | 275      | INPEN (FOR HUMALOG) GREY..  | 141 |
| <i>hydroxyzine pamoate</i>             | 8                | <i>imiquimod</i>                | 224      | INPEN (FOR HUMALOG) PINK... | 141 |
| HYFTOR                                 | 94               | IMITREX                         | 240      | INPEN (NOVOLOG OR FIASP)    |     |
| HYMOVIS                                | 194              | IMITREX STATDOSE PEN            | 241      | BLUE                        | 141 |

|                                       |         |                          |         |
|---------------------------------------|---------|--------------------------|---------|
| INPEN (NOVOLOG OR FIASP)              |         | JENTADUETO               | 99      |
| GREY                                  | 141     | JENTADUETO XR            | 99      |
| INPEN (NOVOLOG OR FIASP)              |         | JINTELI                  | 49      |
| PINK                                  | 142     | JIVI                     | 357     |
| INQOVI                                | 207     | JOENJA                   | 6       |
| INREBIC                               | 212     | JOLESSA                  | 16      |
| INSPIRACHAMBER                        | 31      | JORNAY PM                | 293     |
| INSPIRACHAMBER WITH MASK-             |         | JOURNAVX                 | 238     |
| LARGE                                 | 31      | JOYEAX                   | 16      |
| INSPIRACHAMBER WITH MASK-             |         | JUBLIA                   | 62      |
| MED                                   | 31      | JULEBER                  | 16      |
| INSPIRACHAMBER WITH MASK-             |         | JULUCA                   | 187     |
| SMALL                                 | 31      | JUNEL 1.5/30 (21)        | 16      |
| INSPIRATION ELITE FILTER              | 307     | JUNEL 1/20 (21)          | 16      |
| INSPRA                                | 159     | JUNEL FE 1.5/30 (28)     | 16      |
| INSUFLON                              | 306     | JUNEL FE 1/20 (28)       | 16      |
| <i>insulin asp prt-insulin aspart</i> | 133     | JUNEL FE 24              | 16      |
| <i>insulin aspart u-100</i>           | 133     | JUST RIGHT 5000          | 39      |
| <i>insulin glargine-yfgn</i>          | 133     | JUVAZIN                  | 88      |
| <i>insulin lispro</i>                 | 133     | JUXTAPID                 | 162     |
| <i>insulin lispro protamin-lispro</i> | 133     | JYLAMVO                  | 207     |
| <i>insulin u-500 syringe-needle</i>   | 307     | JYNARQUE                 | 313     |
| INSYTE IV CATHETER                    | 306     | KAITLIB FE               | 16      |
| INTELENCE                             | 188     | KALETRA                  | 190     |
| INTERLINK LEVER LOCK                  |         | KALLIGA                  | 16      |
| CANNULA                               | 308     | KALYDECO                 | 269     |
| INTROVALE                             | 15      | KANGAROO 924 SAFETY      |         |
| INTUNIV ER                            | 292     | SCREW                    | 300     |
| INVACARE LANCETS                      | 302     | KANGAROO EPUMP SET       | 300     |
| INVEGA                                | 285     | KANGAROO GRAVITY SET     | 300     |
| INVELTYS                              | 252     | KAPSPARGO SPRINKLE       | 149     |
| INVOKAMET                             | 130     | KARBINAL ER              | 8       |
| INVOKAMET XR                          | 130     | KARIVA (28)              | 16      |
| INVOKANA                              | 103     | KATARAXAP                | 95      |
| INZDEAXIATAR                          | 54      | KATARVIA                 | 95      |
| INZDEAXIAVAR                          | 54      | KATARYA                  | 96      |
| INZDEOXIA                             | 54      | KATARYAXN                | 96      |
| INZIRQO                               | 161     | KATERZIA                 | 152     |
| IODOFLEX                              | 59      | KAXM                     | 96      |
| IODOSORB                              | 59      | KAZANO                   | 99      |
| IOPIDINE                              | 246     | KAZURI                   | 224     |
| I-PORT                                | 306     | KEFUNOVA                 | 88      |
| I-PORT ADVANCE 6 MM INJEC             |         | KEIDO                    | 96      |
| PORT                                  | 306     | KELNOR 1/35 (28)         | 16      |
| I-PORT ADVANCE 9 MM INJEC             |         | KELNOR 1/50 (28)         | 16      |
| PORT                                  | 306     | KELOTOP                  | 309     |
| <i>ipratropium bromide</i>            | 28, 365 | KENALOG                  | 75, 197 |
| <i>ipratropium-albuterol</i>          | 34      | KENALOG-80               | 197     |
| IQIRVO                                | 341     | KENDALL DISINFECTANT CAP | 308     |
| <i>irbesartan</i>                     | 156     |                          |         |
| <i>irbesartan-hydrochlorothiazide</i> | 154     |                          |         |
| IRESSA                                | 212     |                          |         |
| ISENTRESS                             | 191     |                          |         |
| ISENTRESS HD                          | 191     |                          |         |
| ISIBLOOM                              | 16      |                          |         |
| <i>isoflurane</i>                     | 261     |                          |         |
| <i>isoniazid</i>                      | 183     |                          |         |
| <i>isopropyl alcohol</i>              | 267     |                          |         |
| ISORDIL                               | 168     |                          |         |
| ISORDIL TITRADOSE                     | 168     |                          |         |
| <i>isosorbide dinitrate</i>           | 168     |                          |         |
| <i>isosorbide mononitrate</i>         | 168     |                          |         |
| <i>isosorbide-hydralazine</i>         | 161     |                          |         |
| <i>isotretinoin</i>                   | 51      |                          |         |
| <i>isradipine</i>                     | 152     |                          |         |
| ISTALOL                               | 246     |                          |         |
| ISTURISA                              | 329     |                          |         |
| ITHOXIA                               | 58      |                          |         |
| ITOVEBI                               | 212     |                          |         |
| <i>itraconazole</i>                   | 182     |                          |         |
| <i>ivabradine</i>                     | 146     |                          |         |
| IVENIX ADMIN SET 2INLET               |         |                          |         |
| 2YSITE                                | 306     |                          |         |
| IVENIX ADMIN SET 2INLET Y-            |         |                          |         |
| SITE                                  | 306     |                          |         |
| IVENIX LVP EPIDURAL SET               |         |                          |         |
| NRFIT                                 | 306     |                          |         |
| <i>ivermectin</i>                     | 56, 185 |                          |         |
| IWILFIN                               | 212     |                          |         |
| IXINITY                               | 364     |                          |         |
| IYUZEH (PF)                           | 246     |                          |         |
| JADENU                                | 264     |                          |         |
| JADENU SPRINKLE                       | 264     |                          |         |
| JAIMESS                               | 16      |                          |         |
| JAKAFI                                | 208     |                          |         |
| JALYN                                 | 315     |                          |         |
| JANTOVEN                              | 354     |                          |         |
| JANUMET                               | 99      |                          |         |
| JANUMET XR                            | 99      |                          |         |
| JANUVIA                               | 99      |                          |         |
| JARDIANCE                             | 103     |                          |         |
| JASMIEL (28)                          | 16      |                          |         |
| JATENZO                               | 46      |                          |         |
| JAVYGTOR                              | 5       |                          |         |
| JAYPIRCA                              | 212     |                          |         |
| JAYTHARI                              | 197     |                          |         |
| JELMYTO                               | 210     |                          |         |
| JENCYCLA                              | 16      |                          |         |

|                                |          |                                           |        |                               |          |
|--------------------------------|----------|-------------------------------------------|--------|-------------------------------|----------|
| KENGUARD FOLEY CATHETER        | 299      | KLARON                                    | 54     | LAMICTAL ODT                  | 319      |
| KEPPRA                         | 319      | KLAYESTA                                  | 63     | LAMICTAL ODT STARTER (BLUE)   | 319      |
| KEPPRA XR                      | 319      | KLISYRI (250 MG)                          | 82     | LAMICTAL ODT STARTER (GREEN)  | 320      |
| KERAGEL                        | 309      | KLISYRI (350 MG)                          | 82     | LAMICTAL ODT STARTER (ORANGE) | 320      |
| KERAGELT                       | 310      | KLONOPIN                                  | 327    | LAMICTAL STARTER (BLUE) KIT   | 320      |
| KERALYT                        | 89       | KLOR-CON                                  | 273    | LAMICTAL STARTER (GREEN) KIT  | 320      |
| KERAMATRIX                     | 268      | KLOR-CON 10                               | 272    | LAMICTAL STARTER (ORANGE) KIT | 320      |
| KERASTAT                       | 86       | KLOR-CON 8                                | 272    | LAMICTAL XR                   | 320      |
| KERAXA                         | 79       | KLOR-CON M10                              | 273    | LAMICTAL XR STARTER (BLUE)    | 320      |
| KERENDIA                       | 159      | KLOR-CON M15                              | 273    | LAMICTAL XR STARTER (GREEN)   | 320      |
| KERIDA                         | 224      | KLOR-CON M20                              | 273    | LAMICTAL XR STARTER (ORANGE)  | 320      |
| KERLIX AMD                     | 310      | KLOR-CON/EF                               | 273    | LAMICTAL XR STARTER (ORANGE)  | 320      |
| KESIMPTA PEN                   | 218      | KLOXXADO                                  | 282    | LAMIOFLUR                     | 265      |
| KETARYA                        | 96       | KOATE                                     | 357    | <i>lamivudine</i>             | 187, 188 |
| <i>ketoconazole</i>            | 62, 182  | KOGENATE FS                               | 357    | <i>lamivudine-zidovudine</i>  | 191      |
| KETODAN                        | 62       | KONVOMEPE                                 | 350    | <i>lamotrigine</i>            | 320, 321 |
| KETODAN KIT                    | 62       | KORLYM                                    | 103    | LAMPIT                        | 186      |
| KETONE CARE                    | 265      | KOSELUGO                                  | 209    | <i>lancets</i>                | 302      |
| KETONE URINE TEST              | 265      | KOTARAXAP                                 | 96     | LANCETS, SUPER THIN           | 302      |
| <i>ketoprofen</i>              | 204      | KOVALTRY                                  | 357    | LANCETS, THIN                 | 302      |
| <i>ketorolac</i>               | 204, 252 | K-PHOS NO 2                               | 316    | LANCETS, ULTRA THIN           | 302      |
| KETOSTIX                       | 265      | K-PHOS ORIGINAL                           | 316    | LANOXIN                       | 148      |
| KEVARAXAP                      | 96       | KPN                                       | 40     | <i>lansoprazole</i>           | 350      |
| KEVARTIA                       | 96       | KRAZATI                                   | 205    | <i>lanthanum</i>              | 271      |
| KEVARYA                        | 96       | KRINTAFEL                                 | 186    | <i>lapatinib</i>              | 212      |
| KEVEYIS                        | 337      | KRISTALOSE                                | 344    | LARIN 1.5/30 (21)             | 17       |
| KEVZARA                        | 201, 202 | KURVELO (28)                              | 16     | LARIN 1/20 (21)               | 17       |
| KEXM                           | 96       | KUTAR                                     | 96     | LARIN 24 FE                   | 17       |
| KEYA                           | 96       | KUTARVIA                                  | 96     | LARIN FE 1.5/30 (28)          | 17       |
| KHINDIVI                       | 197      | KUTARYAXM                                 | 96     | LARIN FE 1/20 (28)            | 17       |
| KIMONO LUBRICATED CONDOMS      | 262      | KUTARYAXMPA                               | 96     | LASIX                         | 159      |
| KIMONO MICROTHIN AQUA LUBE CON | 262      | KUTEA                                     | 96     | <i>latanoprost</i>            | 247      |
| KIMONO MICROTHIN CONDOMS       | 262      | KUVAN                                     | 5      | LATUDA                        | 285      |
| KIMONO MICROTHIN LARGE CONDOMS | 262      | KUVARYA                                   | 96     | LAYOLIS FE                    | 17       |
| KIMONO MICROTHIN LARGE CONDOMS | 262      | KUVARYE                                   | 96     | LAZCLUZE                      | 212      |
| KIMONO TEXTURED CONDOMS        | 262      | KUXM                                      | 96     | LC PLUS                       | 31       |
| KIMONO THIN LUBRICATED CONDOMS | 262      | KYLEENA                                   | 23     | LC PLUS NEBULIZER-PED MASK    | 31       |
| KINERET                        | 195      | KYNARA                                    | 224    | LDO PLUS                      | 84       |
| KIONEX (WITH SORBITOL)         | 271      | KYZATREX                                  | 46     | LEENA 28                      | 17       |
| KIPROFEN                       | 204      | <i>l norgestrel-estradiol-e.estradiol</i> | 16, 17 | LEFLUNICLO                    | 195      |
| KIRSTY                         | 133      | L.E.T. (LIDO-EPINEPH-TETRA)               | 84     | <i>leflunomide</i>            | 195      |
| KIRSTY PEN                     | 133      | L.E.T. (LIDO-EPINEPH BIT-TETRA)           | 84     | <i>lenalidomide</i>           | 206      |
| KISQALI                        | 212      | <i>labetalol</i>                          | 148    | LENVIMA                       | 212      |
| KITABIS PAK                    | 183      | <i>lacosamide</i>                         | 319    |                               |          |
| KLARITY (CHONDROITIN) (PF)     | 249      | <i>lactated ringers</i>                   | 87     |                               |          |
|                                |          | <i>lactulose</i>                          | 344    |                               |          |
|                                |          | LAGEVRIO (EUA)                            | 186    |                               |          |
|                                |          | LAMICTAL                                  | 320    |                               |          |



|                                             |          |                                             |          |                                           |         |
|---------------------------------------------|----------|---------------------------------------------|----------|-------------------------------------------|---------|
| LEQEMBI IQLIK.....                          | 297      | <i>lidocaine-tetracaine</i> .....           | 84       | LOESTRIN FE 1/20 (28-DAY).....            | 18      |
| LEQSELVI.....                               | 201      | LIDOCAN III.....                            | 84       | LOFENA.....                               | 204     |
| LESSINA.....                                | 17       | LIDOCAN IV.....                             | 84       | <i>lofexidine</i> .....                   | 226     |
| LETAIRIS.....                               | 158      | LIDOCAN V.....                              | 84       | LOFRIC.....                               | 299     |
| <i>letrozole</i> .....                      | 209      | LIDODERM.....                               | 84       | LOFRIC ORIGO.....                         | 299     |
| <i>leucovorin calcium</i> .....             | 215      | LIDOMARK 1-5.....                           | 11       | LOFRIC PRIMO NELATON                      |         |
| LEUKERAN.....                               | 206      | LIDOMARK 2-5.....                           | 11       | CATHETER.....                             | 299     |
| LEUKINE.....                                | 355      | LIDOPIN.....                                | 84       | LOFRIC SENSE NELATON                      |         |
| <i>leuprolide</i> .....                     | 330      | LIDOPURE PATCH.....                         | 84       | CATHETER.....                             | 299     |
| <i>levalbuterol hcl</i> .....               | 27       | LIDORX.....                                 | 84       | LOJAIMIESS.....                           | 18      |
| <i>levalbuterol tartrate</i> .....          | 27       | LIDTOPIC.....                               | 85       | LOKELMA.....                              | 271     |
| <i>levamlodipine</i> .....                  | 152      | LIDTOPIC MAX.....                           | 84       | LOMOTIL.....                              | 342     |
| LEVBID.....                                 | 347      | LIKMEZ.....                                 | 185      | LONSURF.....                              | 207     |
| <i>levetiracetam</i> .....                  | 321      | LILETTA.....                                | 23       | <i>loperamide</i> .....                   | 342     |
| LEVICYN ANTIPRURITIC.....                   | 80       | <i>linezolid</i> .....                      | 175      | LOPID.....                                | 166     |
| LEVICYN ANTIPRURITIC SG.....                | 86       | LINZESS.....                                | 339      | <i>lopinavir-ritonavir</i> .....          | 190     |
| LEVICYN DERMAL.....                         | 82       | LIOMNY.....                                 | 336      | LOPRESSOR.....                            | 149     |
| <i>levobunolol</i> .....                    | 247      | <i>liothyronine</i> .....                   | 336      | LOPROX (AS OLAMINE).....                  | 63      |
| <i>levocarnitine</i> .....                  | 259      | LIPITOR.....                                | 164      | LOPROX KIT.....                           | 63      |
| <i>levocarnitine (with sugar)</i> .....     | 259      | LIPOFEN.....                                | 166      | <i>lorazepam</i> .....                    | 283     |
| <i>levocetirizine</i> .....                 | 8        | LIQREV.....                                 | 161      | LORAZEPAM INTENSOL.....                   | 283     |
| <i>levofloxacin</i> .....                   | 177, 254 | <i>liraglutide</i> .....                    | 100      | LORBRENA.....                             | 212     |
| LEVONEST (28).....                          | 17       | <i>lisdexamfetamine</i> .....               | 281      | LOREEV XR.....                            | 283     |
| <i>levonorgest-eth.estradiol-iron</i> ..... | 17       | <i>lisinopril</i> .....                     | 157      | LORYNA (28).....                          | 18      |
| <i>levonorgestrel</i> .....                 | 17       | <i>lisinopril-hydrochlorothiazide</i> ..... | 160      | <i>losartan</i> .....                     | 156     |
| <i>levonorgestrel-ethinyl estrad</i> .....  | 17       | LITE TOUCH-MEDIUM MASK.....                 | 31       | <i>losartan-hydrochlorothiazide</i> ..... | 154     |
| <i>levonorg-eth estrad triphasic</i> .....  | 17       | LITEAIRE MDI CHAMBER.....                   | 31       | LOTEMAX.....                              | 252     |
| LEVORA-28.....                              | 17       | LITETOUCH-LARGE MASK.....                   | 32       | LOTEMAX SM.....                           | 252     |
| <i>levorphanol tartrate</i> .....           | 232      | LITETOUCH-SMALL MASK.....                   | 32       | LOTENSIN.....                             | 157     |
| LEVO-T.....                                 | 336      | LITFULO.....                                | 201      | LOTENSIN HCT.....                         | 160     |
| <i>levothyroxine</i> .....                  | 336      | <i>lithium carbonate</i> .....              | 289      | <i>loteprednol etabonate</i> .....        | 252     |
| LEVOXYL.....                                | 336      | <i>lithium citrate</i> .....                | 289      | LOTREL.....                               | 160     |
| LEVSIN.....                                 | 347      | LITHOBID.....                               | 289      | LOTREXONE.....                            | 282     |
| LEVSIN/SL.....                              | 347      | LITHOSTAT.....                              | 343      | LOTRONEX.....                             | 346     |
| LEVULAN.....                                | 210      | LIVALO.....                                 | 164      | LOUNZDOMDIOXIATAR.....                    | 54      |
| LEXAPRO.....                                | 278      | LIVDELZI.....                               | 341      | LOUTREX.....                              | 81      |
| LEXETTE.....                                | 75       | LIVMARLI.....                               | 341, 342 | <i>lovastatin</i> .....                   | 164     |
| LIALDA.....                                 | 340      | LIVTENCITY.....                             | 189      | LOVAZA.....                               | 166     |
| LIBERVANT.....                              | 327, 328 | L-MESITRAN SOFT.....                        | 95       | LOVENOX.....                              | 362     |
| LIBRAX (WITH CLIDINIUM).....                | 349      | LMR PLUS.....                               | 85       | LOW-OGESTREL (28).....                    | 18      |
| LICART.....                                 | 80       | LO LOESTRIN FE.....                         | 17       | <i>loxapine succinate</i> .....           | 288     |
| LIDO BDK.....                               | 264      | LOCOID.....                                 | 76       | LOYON.....                                | 87      |
| <i>lidocaine</i> .....                      | 84       | LOCOID LIPOCREAM.....                       | 75       | LO-ZUMANDIMINE (28).....                  | 18      |
| <i>lidocaine hcl</i> .....                  | 11, 84   | LODINE.....                                 | 204      | <i>lubiprostone</i> .....                 | 344     |
| <i>lidocaine hcl-hydrocortison ac</i> ..... | 82, 340  | LODOCO.....                                 | 145      | LUCEMYRA.....                             | 226     |
| LIDOCAINE VISCOUS.....                      | 11       | LODOSYN.....                                | 169      | LUGOLS.....                               | 59, 335 |
| <i>lidocaine-hydrocortisone-aloe</i> .....  | 340      | LOESTRIN 1.5/30 (21).....                   | 17       | <i>luliconazole</i> .....                 | 63      |
| <i>lidocaine-prilocaine</i> .....           | 84       | LOESTRIN 1/20 (21).....                     | 17       | LUMAKRAS.....                             | 205     |
| <i>lidocaine-racepinep-tetracaine</i> ..... | 84       | LOESTRIN FE 1.5/30 (28-DAY).....            | 18       | LUMIGAN.....                              | 247     |

|                               |     |                                        |        |                                           |          |
|-------------------------------|-----|----------------------------------------|--------|-------------------------------------------|----------|
| LUMRYZ.....                   | 284 | MAVENCLAD (7 TABLET PACK) ..           | 218    | MEDROL (PAK).....                         | 197      |
| LUMRYZ STARTER PACK.....      | 284 | MAVENCLAD (8 TABLET PACK) ..           | 218    | MEDROLOAN II SUIK.....                    | 197      |
| LUNESTA.....                  | 291 | MAVENCLAD (9 TABLET PACK) ..           | 218    | MEDROLOAN SUIK.....                       | 197      |
| LUPKYNIS.....                 | 225 | MAVILO.....                            | 96     | <i>medroxyprogesterone</i> .....          | 12, 50   |
| <i>lurasidone</i> .....       | 285 | MAVILO HP.....                         | 96     | MEDTRONIC EXT INFUSION SET                |          |
| LURBIPR.....                  | 204 | MAVILO LP.....                         | 96     | 23".....                                  | 142      |
| LURBIRO.....                  | 204 | MAVYRET.....                           | 193    | MEDTRONIC EXT INFUSION SET                |          |
| LUTERA (28).....              | 18  | MAXALT.....                            | 241    | 32".....                                  | 142      |
| LUXAMEND.....                 | 87  | MAXALT-MLT.....                        | 241    | <i>mefenamic acid</i> .....               | 204      |
| LUXIQ.....                    | 76  | MAXIDEX.....                           | 252    | <i>mefloquine</i> .....                   | 186      |
| LUZU.....                     | 63  | MAXITROL.....                          | 255    | <i>megestrol</i> .....                    | 210, 264 |
| LYBALVI.....                  | 285 | MAXI-TUSS AC.....                      | 313    | MEKAM.....                                | 97       |
| LYLEQ.....                    | 18  | MAXI-TUSS CD.....                      | 312    | MEKAM HP.....                             | 97       |
| LYLLANA.....                  | 49  | MAYZENT.....                           | 218    | MEKINIST.....                             | 209      |
| LYNPARZA.....                 | 212 | MAYZENT STARTER(FOR 1MG                |        | MEKTOVI.....                              | 209      |
| LYRICA.....                   | 321 | MAINT).....                            | 218    | MELEYA.....                               | 18       |
| LYRICA CR.....                | 217 | MAYZENT STARTER(FOR 2MG                |        | MELIDU.....                               | 97       |
| LYSODREN.....                 | 210 | MAINT).....                            | 218    | MELONDIS.....                             | 97       |
| LYTGOBI.....                  | 212 | MB HYDROGEL.....                       | 87     | MELONDIS PLUS.....                        | 97       |
| LYUMJEV KWIKPEN U-100         |     | MB HYDROGEL                            |        | <i>meloxicam</i> .....                    | 204      |
| INSULIN.....                  | 134 | (CYCLOMETHICONE).....                  | 87     | <i>meloxicam submicronized</i> .....      | 204      |
| LYUMJEV KWIKPEN U-200         |     | MC 300 NEBULIZER W-                    |        | <i>memantine</i> .....                    | 298      |
| INSULIN.....                  | 134 | MOUTHPIECE.....                        | 32     | <i>memantine-donepezil</i> .....          | 297      |
| LYUMJEV TEMPO PEN(U-          |     | MC 300 NEBULIZER-UNVRSL                |        | MENEST.....                               | 49       |
| 100)INSULN.....               | 134 | TUBING.....                            | 32     | MENOPUR.....                              | 328      |
| LYUMJEV U-100 INSULIN.....    | 134 | <i>meclizine</i> .....                 | 25     | MENOSTAR.....                             | 49       |
| LYVISPAH.....                 | 338 | <i>meclofenamate</i> .....             | 204    | MENTHO-CAINE.....                         | 85       |
| LYZA.....                     | 18  | <i>mecobalamin (vitamin b12)</i> ..... | 44     | <i>meperidine</i> .....                   | 233      |
| MACROBID.....                 | 173 | MECORIX.....                           | 97     | <i>meperidine (pf)</i> .....              | 233      |
| <i>mafenide acetate</i> ..... | 65  | MECORIX HP.....                        | 96     | <i>meprobamate</i> .....                  | 289      |
| MAGIC3 INTERMITTENT           |     | MECORIX PLUS.....                      | 96     | MEPRON.....                               | 186      |
| CATHETER.....                 | 299 | MEDIHONEY (CAL ALGINATE-               |        | <i>mercaptopurine</i> .....               | 207      |
| MALARONE.....                 | 186 | HONEY).....                            | 310    | MERIOLOG.....                             | 134      |
| MALARONE PEDIATRIC.....       | 186 | MEDIHONEY (HONEY).....                 | 88, 95 | MERIOLOG SOLOSTAR.....                    | 134      |
| <i>malathion</i> .....        | 64  | MEDISENSE.....                         | 142    | MERZEE.....                               | 18       |
| <i>maraviroc</i> .....        | 190 | MEDISENSE CONTROLS 1-HI 1-             |        | <i>mesalamine</i> .....                   | 339, 340 |
| MAR-COF BP.....               | 311 | LO.....                                | 142    | <i>mesalamine with cleansing wipe</i> ... | 339      |
| MAR-COF CG.....               | 313 | MEDISENSE GLUCOSE KETONE               | 142    | <i>mesna</i> .....                        | 215      |
| MARINOL.....                  | 24  | MEDISENSE MID CONTROL.....             | 142    | MESNEX.....                               | 215      |
| MARLISSA (28).....            | 18  | MEDISENSE THIN LANCETS.....            | 302    | MESTINON.....                             | 297      |
| MARPLAN.....                  | 278 | MEDLANCE PLUS LANCETS.....             | 302    | MESTINON TIMESPAN.....                    | 298      |
| MARVONA SUIK (PF).....        | 11  | MEDLANCE PLUS SPECIAL                  |        | METADATE CD.....                          | 293      |
| MATERVIA.....                 | 45  | BLADE.....                             | 302    | METADATE ER.....                          | 293      |
| MATULANE.....                 | 210 | MEDORFA.....                           | 97     | <i>metaxalone</i> .....                   | 338      |
| MATZIM LA.....                | 152 | MEDORFA HP.....                        | 97     | METDRAY.....                              | 89       |
| MAVENCLAD (10 TABLET PACK)    | 218 | MEDORFA HP PLUS.....                   | 97     | METER-CHECK.....                          | 142      |
| MAVENCLAD (4 TABLET PACK) ..  | 218 | MEDORFA LP.....                        | 97     | <i>metformin</i> .....                    | 102      |
| MAVENCLAD (5 TABLET PACK) ..  | 218 | MEDORFA PLUS.....                      | 97     | <i>methadone</i> .....                    | 233      |
| MAVENCLAD (6 TABLET PACK) ..  | 218 | MEDROL.....                            | 197    | METHADONE INTENSOL.....                   | 233      |

|                                              |              |                                         |          |                                          |       |
|----------------------------------------------|--------------|-----------------------------------------|----------|------------------------------------------|-------|
| METHADOSE .....                              | 233          | MICRODOT HIGH-LOW<br>CONTROL .....      | 142      | MINIVELLE .....                          | 49    |
| <i>methamphetamine</i> .....                 | 281          | MICRODOT NORMAL CONTROL .....           | 142      | <i>minocycline</i> .....                 | 180   |
| <i>methazolamide</i> .....                   | 244          | MICRODOT XTRA BLOOD<br>GLUCOSE .....    | 120      | <i>minoxidil</i> .....                   | 158   |
| <i>methenamine hippurate</i> .....           | 176          | MICROGESTIN 1.5/30 (21) .....           | 18       | MINZOYA .....                            | 18    |
| <i>methenamine mandelate</i> .....           | 176          | MICROGESTIN 1/20 (21) .....             | 18       | MIPLYFFA .....                           | 215   |
| <i>methen-sod phos-meth blue-hyos</i> .....  | 176          | MICROGESTIN FE 1.5/30 (28) .....        | 18       | <i>mirabegron</i> .....                  | 315   |
| <i>methimazole</i> .....                     | 337          | MICROGESTIN FE 1/20 (28) .....          | 18       | MIRAPEX ER .....                         | 170   |
| METHITEST .....                              | 46           | MICROLET LANCET .....                   | 302      | MIRCERA .....                            | 358   |
| <i>methocarbamol</i> .....                   | 338          | <i>microplegic solution no. 1</i> ..... | 267      | MIRENA .....                             | 23    |
| <i>methotrexate sodium</i> .....             | 208          | MICROSPACER .....                       | 32       | MIRO3D .....                             | 268   |
| <i>methotrexate sodium (pf)</i> .....        | 207          | MICURADERM .....                        | 81       | MIRO3D FIBERS .....                      | 268   |
| <i>methoxsalen</i> .....                     | 93           | <i>midazolam</i> .....                  | 258, 290 | MIRODERM FENESTRATED .....               | 268   |
| <i>methscopolamine</i> .....                 | 347          | <i>midazolam (pf)</i> .....             | 258      | MIRODERM FENESTRATED<br>PLUS .....       | 268   |
| <i>methsuximide</i> .....                    | 321          | <i>midodrine</i> .....                  | 146      | MIRODRY WOUND MATRIX .....               | 268   |
| <i>methyl salicylate</i> .....               | 87           | MIEBO (PF) .....                        | 249      | MIROTRACT .....                          | 268   |
| <i>methylidopa</i> .....                     | 158          | MIFEPREX .....                          | 261      | <i>mirtazapine</i> .....                 | 274   |
| <i>methylidopa-hydrochlorothiazide</i> ..... | 158          | <i>mifepristone</i> .....               | 103, 261 | MIRVASO .....                            | 56    |
| <i>methylene blue (bulk-solid)</i> .....     | 259          | MIGERGOT .....                          | 241      | <i>misoprostol</i> .....                 | 352   |
| <i>methylergonovine</i> .....                | 24           | <i>miglitol</i> .....                   | 99       | MITIGARE .....                           | 226   |
| METHYLIN .....                               | 293          | <i>miglustat</i> .....                  | 265      | <i>mitomycin (pf) in water</i> .....     | 244   |
| <i>methylphenidate</i> .....                 | 294          | MIGRANAL .....                          | 241      | MITOSOL .....                            | 244   |
| <i>methylphenidate hcl</i> .....             | 293, 294     | MIGRANOW .....                          | 241      | MIUDELLA .....                           | 23    |
| <i>methylprednisolone</i> .....              | 197          | MILI .....                              | 18       | MKO (MIDAZOLAM-KETAMINE-<br>ONDAN) ..... | 291   |
| <i>methyltestosterone</i> .....              | 46           | MIMORA .....                            | 97       | M-NATAL PLUS .....                       | 40    |
| <i>metoclopramide hcl</i> .....              | 349          | MIMVEY .....                            | 49       | MNEXSPIKE 2025-2026 (PF) .....           | 220   |
| <i>metolazone</i> .....                      | 161          | MINI PLUS NEBULIZER .....               | 32       | MOBILE LANCETS .....                     | 302   |
| <i>metoprolol succinate</i> .....            | 150          | MINI PRENATAL .....                     | 40       | <i>modafinil</i> .....                   | 282   |
| <i>metoprolol ta-hydrochlorothiaz</i> .....  | 150          | MINI WRIGHT PEAK FLOW<br>METER .....    | 32       | MODERNA COVID 24-25(6M-<br>11Y)PF .....  | 220   |
| <i>metoprolol tartrate</i> .....             | 150          | MINIMED 630G INSULIN PUMP ...           | 142      | MODEYSO .....                            | 205   |
| METROCREAM .....                             | 56           | MINIMED 770G INSULIN PUMP ...           | 142      | <i>moexipril</i> .....                   | 157   |
| METROGEL .....                               | 56           | MINIMED 780G INSULIN PUMP ...           | 142      | MOKURA .....                             | 97    |
| <i>metronidazole</i> .....                   | 56, 185, 366 | MINIMED MIO ADVANCE INF<br>SET23" ..... | 142      | MOKURA LP .....                          | 97    |
| <i>metyrosine</i> .....                      | 158          | MINIMED MIO ADVANCE INF<br>SET43" ..... | 142      | MOKURA MOD .....                         | 97    |
| <i>mexiletine</i> .....                      | 147          | MINIMED QUICK SET 18" .....             | 142      | MOKURA PLUS .....                        | 97    |
| MIACALCIN .....                              | 334          | MINIMED QUICK SET 23" .....             | 142      | MOLEXI .....                             | 97    |
| MIBELAS 24 FE .....                          | 18           | MINIMED QUICK SET 32" .....             | 142      | <i>molindone</i> .....                   | 288   |
| MICARDIS .....                               | 156          | MINIMED QUICK SET 43" .....             | 142      | <i>mometasone</i> .....                  | 9, 76 |
| MICARDIS HCT .....                           | 154          | MINIMED SILHOUETTE 18" .....            | 142      | MONDOXYNE NL .....                       | 180   |
| <i>miconazole nitrate-zinc ox-pet</i> .....  | 63           | MINIMED SILHOUETTE 23" .....            | 142      | MONO-FLO DRAINAGE BAG .....              | 299   |
| MICONAZOLE-3 .....                           | 366          | MINIMED SILHOUETTE 32" .....            | 142      | MONOJECT 0.9% SODIUM<br>CHLORIDE .....   | 272   |
| MICORT-HC .....                              | 76           | MINIMED SILHOUETTE 43" .....            | 142      | MONOJECT LUER ADAPTER .....              | 306   |
| MICRO BLOOD GLUCOSE .....                    | 120          | MINIMED SURE T 18" .....                | 142      | MONOJECT PREFILL<br>ADVANCED NS .....    | 272   |
| MICRO THIN LANCETS .....                     | 302          | MINIMED SURE T 23" .....                | 142      | MONOLET LANCETS .....                    | 302   |
| MICROAIR MESH NEBULIZER .....                | 32           | MINIMED SURE T 32" .....                | 142      | MONOLET THIN LANCETS .....               | 302   |
| MICROCHAMBER .....                           | 32           |                                         |          |                                          |       |
| MICROCYN .....                               | 82           |                                         |          |                                          |       |
| MICRODOT BLOOD GLUCOSE<br>SYSTEM .....       | 120          |                                         |          |                                          |       |

|                                           |          |                                       |          |                                            |          |
|-------------------------------------------|----------|---------------------------------------|----------|--------------------------------------------|----------|
| MONO-LINYAH .....                         | 18       | MYHIBBIN .....                        | 225      | NENDRUX .....                              | 89       |
| MONOVISC .....                            | 194      | MYLERAN .....                         | 206      | <i>neomycin</i> .....                      | 183      |
| MONSEL'S .....                            | 359      | MYNATAL .....                         | 40       | <i>neomycin-bacitracin-poly-hc</i> .....   | 255      |
| <i>montelukast</i> .....                  | 27       | MYNATAL ADVANCE .....                 | 40       | <i>neomycin-bacitracin-polymyxin</i> ..... | 254      |
| MONUROL .....                             | 176      | MYNATAL PLUS .....                    | 40       | <i>neomycin-polymyxin b gu</i> .....       | 87       |
| MORGIDOX .....                            | 181      | MYNATAL-Z .....                       | 40       | <i>neomycin-polymyxin b-dexameth</i>       |          |
| MORGIDOX 1X 50 .....                      | 181      | MYNATE 90 PLUS .....                  | 40       | .....                                      | 255, 256 |
| MORGIDOX 1X100 .....                      | 181      | MYRBETRIQ .....                       | 315      | <i>neomycin-polymyxin-gramicidin</i> ..... | 254      |
| MORGIDOX 2X100 .....                      | 181      | MYSOLINE .....                        | 321      | <i>neomycin-polymyxin-hc</i> .....         | 244, 256 |
| <i>morphine</i> .....                     | 233, 234 | MYTESI .....                          | 342      | NEONATAL PLUS VITAMIN .....                | 40       |
| <i>morphine (pf)</i> .....                | 233      | MYTHIUS .....                         | 97       | NEO-POLYCIN .....                          | 254      |
| <i>morphine concentrate</i> .....         | 233      | MYVORI .....                          | 97       | NEO-POLYCIN HC .....                       | 256      |
| <i>morphine in 0.9 % sodium chlor</i> ... | 233      | <i>nabumetone</i> .....               | 204      | NEORAL .....                               | 225      |
| MOTEGRITY .....                           | 350      | <i>nadolol</i> .....                  | 150      | NEOSALUS .....                             | 87       |
| MOTOFEN .....                             | 342      | <i>naftifine</i> .....                | 63       | NEO-SYNALAR .....                          | 67       |
| MOTPOLY XR .....                          | 321      | NAFTIN .....                          | 63       | NEO-SYNALAR KIT .....                      | 67       |
| MOUNJARO .....                            | 98       | <i>nalbuphine</i> .....               | 234      | NEO-VITAL RX .....                         | 40       |
| MOVANTIK .....                            | 342      | NALOCET .....                         | 228      | NERLYNX .....                              | 212      |
| MOVIPREP .....                            | 344      | <i>naloxone</i> .....                 | 282      | NESINA .....                               | 100      |
| MOXATAG .....                             | 176      | NALTREX .....                         | 282      | NEUAC .....                                | 54       |
| MOXICAINE .....                           | 85       | <i>naltrexone</i> .....               | 282      | NEUAC KIT .....                            | 54       |
| <i>moxifloxacin</i> .....                 | 177, 254 | NAMENDA TITRATION PAK .....           | 298      | NEULASTA .....                             | 355      |
| <i>moxifloxacin-bromfenac</i> .....       | 258      | NAMENDA XR .....                      | 298, 299 | NEULASTA ONPRO .....                       | 355      |
| MS CONTIN .....                           | 234      | NAMZARIC .....                        | 297      | NEUPOGEN .....                             | 355      |
| MUCOSITISRX .....                         | 261      | NANO 2ND GEN PEN NEEDLE ...           | 263      | NEUPRO .....                               | 170      |
| MUGARD .....                              | 259      | NANO PEN NEEDLE .....                 | 263      | NEURAPTINE .....                           | 95       |
| MULPLETA .....                            | 354      | NANRAN .....                          | 61       | NEURONTIN .....                            | 321      |
| MULTAQ .....                              | 147      | NAPROSYN .....                        | 204      | NEUTEK 2TEK TEST STRIPS .....              | 121      |
| <i>mupirocin</i> .....                    | 61       | NAPROTIN .....                        | 196      | NEVANAC .....                              | 252      |
| <i>mupirocin calcium</i> .....            | 61       | <i>naproxen</i> .....                 | 204, 205 | <i>nevirapine</i> .....                    | 188      |
| MURI-LUBE .....                           | 267      | <i>naproxen sodium</i> .....          | 205      | NEW DAY .....                              | 19       |
| MUSCUSOLICE .....                         | 95       | <i>naproxen-esomeprazole</i> .....    | 202      | NEXA PLUS .....                            | 40       |
| MY CHOICE .....                           | 18       | <i>naratriptan</i> .....              | 241      | NEXAVAR .....                              | 212      |
| MY WAY .....                              | 19       | NARCAN .....                          | 282      | NEXIUM .....                               | 351      |
| MYALEPT .....                             | 330      | NARDIL .....                          | 278      | NEXIUM PACKET .....                        | 351      |
| MYCAPSSA .....                            | 261      | NATACYN .....                         | 249      | NEXIVA .....                               | 306      |
| <i>mycophenolate mofetil</i> .....        | 225      | NATAZIA .....                         | 19       | NEXLETOL .....                             | 162      |
| <i>mycophenolate sodium</i> .....         | 225      | <i>nateglinide</i> .....              | 102      | NEXLIZET .....                             | 162      |
| MYDAYIS .....                             | 281      | NATESTO .....                         | 46       | NEXOBRID .....                             | 90       |
| MYDCOMBI .....                            | 245      | NATROBA .....                         | 64       | NEXPLANON .....                            | 11       |
| MYDRIACYL .....                           | 245      | NAYZILAM .....                        | 328      | NEXTSTELLIS .....                          | 19       |
| MYDRIATIC4(TROP-PROP-PE-                  |          | <i>nebivolol</i> .....                | 150      | NGENLA .....                               | 332      |
| KTRLC) .....                              | 249      | <i>nebulizer and compressor</i> ..... | 32       | <i>niacin</i> .....                        | 166, 167 |
| MYFEMBREE .....                           | 329      | NEBUPENT .....                        | 186      | NIACOR .....                               | 166      |
| MYFORTIC .....                            | 225      | NEBUSAL .....                         | 260      | <i>nicardipine</i> .....                   | 152      |
| MYGLUCOHEALTH .....                       | 121      | NECON 0.5/35 (28) .....               | 19       | <i>nicotine</i> .....                      | 3        |
| MYGLUCOHEALTH CONTROL                     |          | <i>nefazodone</i> .....               | 274      | <i>nicotine (polacrilex)</i> .....         | 3        |
| SOLUTION .....                            | 143      | NEFFY .....                           | 6        | NICOTROL NS .....                          | 3        |
| MYGLUCOHEALTH LANCETS .....               | 302      | NEMLUVIO .....                        | 67       | <i>nifedipine</i> .....                    | 152      |

|                                             |          |                                         |          |                                        |          |
|---------------------------------------------|----------|-----------------------------------------|----------|----------------------------------------|----------|
| NIKKI (28).....                             | 19       | NORTREL 7/7/7 (28).....                 | 19       | NUMOISYN.....                          | 260, 261 |
| NILANDRON.....                              | 206      | <i>nortriptyline</i> .....              | 275      | NUPLAZID.....                          | 282      |
| <i>nilotinib hcl</i> .....                  | 212      | NORVASC.....                            | 152      | NURTEC ODT.....                        | 241      |
| <i>nilutamide</i> .....                     | 206      | NORVIR.....                             | 187, 188 | NUTRASEB.....                          | 87       |
| <i>nimodipine</i> .....                     | 152      | NOSE CLIP.....                          | 307      | NUTROPIN AQ NUSPIN.....                | 332      |
| NINJACOF-XG.....                            | 313      | NOURIANZ.....                           | 170      | NUVA III.....                          | 310      |
| NINLARO.....                                | 212      | NOVA MAX GLUCOSE TEST.....              | 121      | NUVAGEL.....                           | 310      |
| <i>nisoldipine</i> .....                    | 152      | NOVA SAFETY LANCETS.....                | 303      | NUVARING.....                          | 12       |
| <i>nitazoxanide</i> .....                   | 185      | NOVA SUREFLEX LANCETS.....              | 303      | NUVAXOVID 2025-2026 (PF).....          | 220      |
| <i>nitisinone</i> .....                     | 264, 265 | NOVACORT.....                           | 82       | NUVAZIL II.....                        | 310      |
| NITRO-BID.....                              | 168      | NOVAMAX PLUS GLU-KET.....               | 143      | NUVESSA.....                           | 366      |
| NITRO-DUR.....                              | 168      | NOVAREL.....                            | 328      | NUVIGIL.....                           | 282      |
| <i>nitrofurantoin</i> .....                 | 173      | NOVAVAX COVID 2024-<br>25(PF)(EUA)..... | 220      | NUWIQ.....                             | 357      |
| <i>nitrofurantoin macrocrystal</i> .....    | 173      | NOVOEIGHT.....                          | 357      | NUZYRA.....                            | 181      |
| <i>nitrofurantoin monohyd/m-cryst</i> ..... | 173      | NOVOLIN 70/30 U-100 INSULIN...          | 134      | NYAMYC.....                            | 63       |
| <i>nitroglycerin</i> .....                  | 168, 341 | NOVOLIN 70-30 FLEXPEN U-100             | 134      | NYLIA 1/35 (28).....                   | 20       |
| NITROLINGUAL.....                           | 168      | NOVOLIN N FLEXPEN.....                  | 134      | NYLIA 7/7/7 (28).....                  | 20       |
| NITROMIST.....                              | 168      | NOVOLIN N NPH U-100 INSULIN             | 134      | NYMALIZE.....                          | 152, 153 |
| NITROSTAT.....                              | 168      | NOVOLIN R FLEXPEN.....                  | 134      | NYNUTEY.....                           | 85       |
| NITRO-TIME.....                             | 168      | NOVOLIN R REGULAR U100<br>INSULIN.....  | 134      | NYPOZI.....                            | 355      |
| NITYR.....                                  | 265      | NOVOLOG FLEXPEN U-100<br>INSULIN.....   | 134      | <i>nystatin</i> .....                  | 63, 183  |
| NIVA THYROID.....                           | 336      | NOVOLOG MIX 70-30 U-100<br>INSULN.....  | 134      | <i>nystatin-triamcinolone</i> .....    | 63       |
| NIVESTYM.....                               | 355      | NOVOLOG MIX 70-30FLEXPEN<br>U-100.....  | 135      | NYSTOP.....                            | 63       |
| <i>nizatidine</i> .....                     | 352      | NOVOLOG PENFILL U-100<br>INSULIN.....   | 135      | NYVEPRIA.....                          | 355      |
| NOBELA.....                                 | 85       | NOVOLOG U-100 INSULIN<br>ASPART.....    | 135      | OASIS ULTRA FENESTRATED ...            | 310      |
| NOCDURNA (MEN).....                         | 330      | NOVOLOG ECHO.....                       | 143      | OASIS WOUND MATRIX<br>FENESTRATED..... | 310      |
| NOCDURNA (WOMEN).....                       | 330      | NOVOSEVEN RT.....                       | 357      | OASIS WOUND MATRIX<br>MESHED.....      | 310      |
| NOLIRA.....                                 | 85       | NOXAFIL.....                            | 182      | OBAGI ELASTIDERM.....                  | 97       |
| NORA-BE.....                                | 19       | NOXIPAK.....                            | 76       | OBAGI NU-DERM BLENDER.....             | 97       |
| NORDITROPIN FLEXPEN.....                    | 332      | NP THYROID.....                         | 336      | OBAGI NU-DERM CLEAR.....               | 97       |
| <i>norelgestromin-ethin.estradiol</i> ..... | 22       | NUBEQA.....                             | 206      | OBAGI NU-DERM SUNFADER.....            | 97       |
| <i>noreth-ethinyl estradiol-iron</i> .....  | 19       | NUCALA.....                             | 28       | OBAGI-C CLARIFYING SERUM.....          | 98       |
| <i>norethindrone (contraceptive)</i> .....  | 19       | NUCORT.....                             | 76       | OBAGI-C THERAPY NIGHT.....             | 98       |
| <i>norethindrone acetate</i> .....          | 50       | NUCYNTA.....                            | 235      | OBIZUR.....                            | 357      |
| <i>norethindrone ac-eth estradiol</i> ...   | 19, 49   | NUCYNTA ER.....                         | 234, 235 | OBSTETRIX DHA.....                     | 40       |
| <i>norethindrone-e.estradiol-iron</i> ..... | 19       | NUEDEXTA.....                           | 215      | OBSTETRIX DHA PRENATAL<br>DUO.....     | 40       |
| NORGESIC FORTE.....                         | 338      | NUJO.....                               | 94       | OBSTETRIX EC.....                      | 41       |
| <i>norgestimate-ethinyl estradiol</i> ..... | 19       | NUJU.....                               | 94       | OBSTETRIX ONE.....                     | 45       |
| NORITATE.....                               | 56       | NULEV.....                              | 348      | OBTREX DHA.....                        | 41       |
| NORLIQVA.....                               | 152      | NULIBRY.....                            | 215      | OCALIVA.....                           | 342      |
| NORMAL SALINE FLUSH.....                    | 272      | NUMBONEX.....                           | 85       | OCELLA.....                            | 20       |
| NORMLGEL AG.....                            | 59       | NUMBRINO.....                           | 366      | OCM.....                               | 95       |
| NORPACE.....                                | 147      |                                         |          | <i>octreotide acetate</i> .....        | 261      |
| NORPACE CR.....                             | 147      |                                         |          | OCUFLOX.....                           | 254      |
| NORPRAMIN.....                              | 275      |                                         |          | ODACTRA.....                           | 10       |
| NORTHERA.....                               | 146      |                                         |          | ODEFSEY.....                           | 192      |
| NORTREL 0.5/35 (28).....                    | 19       |                                         |          |                                        |          |
| NORTREL 1/35 (21).....                      | 19       |                                         |          |                                        |          |
| NORTREL 1/35 (28).....                      | 19       |                                         |          |                                        |          |



|                                             |               |                               |     |                                        |          |
|---------------------------------------------|---------------|-------------------------------|-----|----------------------------------------|----------|
| ODOMZO .....                                | 208           | ONETOUCH DELICA PLUS          |     | ORACIT .....                           | 316      |
| OFEV .....                                  | 269           | LANCET .....                  | 303 | ORALAIR .....                          | 10       |
| <i>ofloxacin</i> .....                      | 177, 244, 254 | ONETOUCH DELICA SAFETY        |     | ORALONE .....                          | 365      |
| OGSIVEO .....                               | 213           | LANCET .....                  | 303 | ORAMAGICRX .....                       | 259      |
| OHTUVAYRE .....                             | 37            | ONETOUCH ULTRA CONTROL...     | 143 | ORAPEUTIC .....                        | 259      |
| OJEMDA .....                                | 208           | ONETOUCH ULTRA TEST .....     | 121 | ORAPRED ODT .....                      | 197      |
| OJJAARA .....                               | 213           | ONETOUCH ULTRASOFT 2          |     | ORAVIG .....                           | 182      |
| <i>olanzapine</i> .....                     | 286           | LANCET .....                  | 303 | ORENCIA .....                          | 195      |
| <i>olanzapine-fluoxetine</i> .....          | 288           | ONETOUCH VERIO HIGH           |     | ORENCIA CLICKJECT .....                | 195      |
| <i>olmesartan</i> .....                     | 156           | CONTROL .....                 | 143 | ORENITRAM .....                        | 155      |
| <i>olmesartan-amlodipin-hcthiacid</i> ..... | 154           | ONETOUCH VERIO MID            |     | ORENITRAM MONTH 1                      |          |
| <i>olmesartan-hydrochlorothiazide</i> ..... | 154           | CONTROL .....                 | 143 | TITRATION KT .....                     | 155      |
| <i>olopatadine</i> .....                    | 7, 255        | ONETOUCH VERIO TEST           |     | ORENITRAM MONTH 2                      |          |
| OLPRUVA .....                               | 343           | STRIPS .....                  | 122 | TITRATION KT .....                     | 155      |
| OLUMIANT .....                              | 201           | ONEXTON .....                 | 54  | ORENITRAM MONTH 3                      |          |
| OLUX .....                                  | 76            | ONFI .....                    | 328 | TITRATION KT .....                     | 155      |
| OLUX-E .....                                | 76            | ONGENTYS .....                | 171 | ORFADIN .....                          | 265      |
| OMBRA COMPRESSOR SYSTEM                     | 32            | ON-THE-GO LANCETS .....       | 303 | ORGOVYX .....                          | 207      |
| OMECLAMOX-PAK .....                         | 349           | ONUREG .....                  | 208 | ORIAHNN .....                          | 329      |
| <i>omega-3 acid ethyl esters</i> .....      | 167           | ONYDA XR .....                | 292 | ORILISSA .....                         | 335      |
| <i>omeprazole</i> .....                     | 351           | ONZDEAXIADEMTAR .....         | 54  | ORKAMBI .....                          | 268      |
| <i>omeprazole-sodium bicarbonate</i> .....  | 351           | ONZDEAXIADEMVAR .....         | 54  | ORLADEYO .....                         | 201      |
| OMEZA .....                                 | 95            | ONZDEAXIATAR .....            | 54  | ORLYNVAH .....                         | 172      |
| OMNARIS .....                               | 9             | ONZDEAXIAVAR .....            | 55  | ORMALVI .....                          | 337      |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) ..              | 143           | ONZDEAXIAZAR .....            | 55  | <i>orphenadrine citrate</i> .....      | 338      |
| OMNIPOD 5 G6-G7 INTRO                       |               | ONZDEOXIA .....               | 55  | <i>orphenadrine-asa-caffeine</i> ..... | 338      |
| KT(GEN5) .....                              | 143           | ONZETRA XSAIL .....           | 241 | ORPHENGESIC FORTE .....                | 338      |
| OMNIPOD 5 G6-G7 PODS (GEN                   |               | OPCICON ONE-STEP .....        | 20  | ORQUIDEA .....                         | 20       |
| 5) .....                                    | 143           | OPFOLDA .....                 | 265 | ORSERDU .....                          | 214      |
| OMNIPOD 5                                   |               | OPILL .....                   | 20  | ORTHAPHEN .....                        | 80       |
| INTRO(G6/LIBRE2PLUS) .....                  | 143           | OPIPZA .....                  | 287 | ORTHOVISC .....                        | 194      |
| OMNIPOD DASH INTRO KIT                      |               | <i>opium tincture</i> .....   | 342 | ORTIKOS .....                          | 197      |
| (GEN 4) .....                               | 143           | OPSUMIT .....                 | 158 | OSCIMIN .....                          | 348      |
| OMNIPOD DASH PDM KIT (GEN                   |               | OPSYNVI .....                 | 148 | OSCIMIN SL .....                       | 348      |
| 4) .....                                    | 143           | OPTICHAMBER ADULT MASK-       |     | <i>oseltamivir</i> .....               | 189      |
| OMNIPOD DASH PODS (GEN 4) .                 | 143           | LARGE .....                   | 32  | OSENI .....                            | 103      |
| OMNITROPE .....                             | 332           | OPTICHAMBER DIAMOND LG        |     | OSMOLEX ER .....                       | 171      |
| OMVOH .....                                 | 91            | MASK .....                    | 32  | OTEZLA .....                           | 199      |
| OMVOH PEN .....                             | 91            | OPTICHAMBER DIAMOND VHC ..... | 32  | OTEZLA STARTER .....                   | 199      |
| ON CALL EXPRESS CONTROL...                  | 143           | OPTICHAMBER DIAMOND-MED       |     | OTOVEL .....                           | 244      |
| ON CALL EXPRESS TEST STRIP                  | 121           | MSK .....                     | 32  | OVACE .....                            | 81       |
| ON CALL LANCET .....                        | 303           | OPTICHAMBER DIAMOND-SML       |     | OVACE PLUS .....                       | 81       |
| ONAPGO .....                                | 170           | MASK .....                    | 32  | OVACE PLUS SHAMPOO .....               | 81       |
| <i>ondansetron</i> .....                    | 25            | OPTION-2 .....                | 20  | OVACE PLUS WASH .....                  | 81       |
| <i>ondansetron hcl</i> .....                | 25            | OPTIUM EZ .....               | 122 | OVIDE .....                            | 64       |
| ONE DAILY PRENATAL .....                    | 41            | OPTIUM TEST .....             | 122 | OVIDREL .....                          | 328      |
| ONE-A-DAY PRENATAL .....                    | 45            | OPVEE .....                   | 282 | <i>oxaprozin</i> .....                 | 205      |
| ONE-A-DAY PRENATAL-1 .....                  | 41            | OPZELURA .....                | 67  | <i>oxazepam</i> .....                  | 283      |
|                                             |               | ORACEA .....                  | 181 | <i>oxcarbazepine</i> .....             | 321, 322 |

|                                        |          |                                             |     |                                               |     |
|----------------------------------------|----------|---------------------------------------------|-----|-----------------------------------------------|-----|
| OXERVATE.....                          | 249      | PANRETIN.....                               | 82  | PERFOROMIST.....                              | 26  |
| OXIAICE.....                           | 65       | <i>pantoprazole</i> .....                   | 351 | PERIDEX.....                                  | 365 |
| OXIANUJO.....                          | 94       | <i>papaverine</i> .....                     | 169 | <i>perindopril erbumine</i> .....             | 157 |
| OXIANUJO (WITH<br>HYALURONATE).....    | 94       | PARADIGM RESERVOIR.....                     | 308 | PERIOGARD.....                                | 365 |
| OXIATAR.....                           | 55       | PARAGARD T 380A.....                        | 23  | <i>permethrin</i> .....                       | 64  |
| OXIAVARRY.....                         | 55       | PARAGARD T380A (SINGLE<br>HAND).....        | 24  | <i>perphenazine</i> .....                     | 288 |
| OXIAVARY.....                          | 55       | PARI BABY CONV KIT - SIZE 1 ....            | 307 | <i>perphenazine-amitriptyline</i> .....       | 275 |
| OXIAZAR.....                           | 55       | PARI BABY CONV KIT - SIZE 2 ....            | 307 | PERTZYE.....                                  | 346 |
| <i>oxiconazole</i> .....               | 63       | PARI BABY CONV KIT - SIZE 3 ....            | 307 | PETROLEUM GAUZE.....                          | 310 |
| OXISTAT.....                           | 63       | PARI LC SPRINT NEBULIZER<br>SET.....        | 32  | PFLEX INSPIRATORY TRAINER... 32               |     |
| OXTELLAR XR.....                       | 322, 323 | PARI LC SPRINT SINUS.....                   | 32  | PHARMABASE BARRIER.....                       | 88  |
| <i>oxybutynin chloride</i> .....       | 314      | PARI TREK S COMBO PACK.....                 | 32  | PHARMACIST CHOICE.....                        | 122 |
| <i>oxycodone</i> .....                 | 235      | PARI TREK S COMPACT<br>COMPRESSOR.....      | 32  | PHASEAL ASSEMBLY FIXTURE. 306                 |     |
| <i>oxycodone-acetaminophen</i> .....   | 228      | PARI TREK S PORTABLE PWR<br>KIT.....        | 307 | PHASEAL CONNECTOR LUER<br>LOCK.....           | 306 |
| OXYCONTIN.....                         | 235, 236 | <i>paricalcitol</i> .....                   | 330 | PHASEAL INFUSION ADAPTER.. 306                |     |
| <i>oxymorphone</i> .....               | 236      | PARNATE.....                                | 278 | PHASEAL INFUSION CLAMP.....                   | 306 |
| OXYTROL.....                           | 314      | <i>paroxetine hcl</i> .....                 | 278 | PHASEAL INJECTOR LUER.....                    | 306 |
| OZEMPIC.....                           | 100      | <i>paroxetine mesylate(menop.sym)</i> ....  | 45  | PHASEAL INJECTOR LUER<br>LOCK.....            | 306 |
| OZOBAX.....                            | 338      | PASER.....                                  | 183 | PHASEAL SECONDARY SET ..... 306               |     |
| PACERONE.....                          | 147      | PAXIL.....                                  | 278 | PHASEAL Y-SITE.....                           | 306 |
| PACNEX HP.....                         | 89       | PAXIL CR.....                               | 278 | PHEBURANE.....                                | 343 |
| PACNEX LP.....                         | 89       | PAXLOVID.....                               | 186 | PHEDRAX.....                                  | 63  |
| PAIN EASE MEDIUM STREAM<br>SPRAY.....  | 85       | <i>pazopanib</i> .....                      | 213 | <i>phenazopyridine</i> .....                  | 314 |
| PAIN EASE MIST SPRAY.....              | 85       | PCCA ACCUPEN-15.....                        | 308 | <i>phenelzine</i> .....                       | 278 |
| PAINGO KFT.....                        | 85       | PEDIAPRED.....                              | 197 | PHENERGAN.....                                | 8   |
| PALFORZIA (LEVEL 0).....               | 10       | PEDIATRIC BEAR NEBULIZER.....               | 32  | <i>phenobarb-hyoscy-atropine-scop.</i> .. 348 |     |
| PALFORZIA (LEVEL 1).....               | 10       | PEDIATRIC COMP-AIR<br>COMPRES NEB.....      | 32  | <i>phenobarbital</i> .....                    | 288 |
| PALFORZIA (LEVEL 2).....               | 10       | <i>peg 3350-electrolytes</i> .....          | 344 | PHENOHYTRO.....                               | 348 |
| PALFORZIA (LEVEL 3).....               | 10       | <i>peg3350-sod sul-nacl-kcl-asb-c</i> ..... | 344 | <i>phenoxybenzamine</i> .....                 | 149 |
| PALFORZIA (LEVEL 4).....               | 10       | PEGASYS.....                                | 187 | <i>phenylephrine hcl</i> .....                | 257 |
| PALFORZIA (LEVEL 5).....               | 10       | <i>peg-electrolyte soln</i> .....           | 344 | <i>phenyleph-tropicamide in water</i> ....    | 245 |
| PALFORZIA (LEVEL 6).....               | 10       | PEMAZYRE.....                               | 213 | PHENYTEK.....                                 | 323 |
| PALFORZIA (LEVEL 7).....               | 10       | <i>penciclovir</i> .....                    | 64  | <i>phenytoin</i> .....                        | 323 |
| PALFORZIA (LEVEL 8).....               | 10       | <i>penicillamine</i> .....                  | 193 | <i>phenytoin sodium extended</i> .....        | 323 |
| PALFORZIA (LEVEL 9).....               | 10       | <i>penicillin v potassium</i> .....         | 176 | PHEODOYO.....                                 | 59  |
| PALFORZIA (LEVEL 10).....              | 10       | <i>pentamidine</i> .....                    | 186 | PHEOXIA.....                                  | 64  |
| PALFORZIA (LEVEL 11 UP-<br>DOSE).....  | 10       | PENTASA.....                                | 340 | PHEXXI.....                                   | 23  |
| PALFORZIA INITIAL (1-3 YRS).....       | 10       | <i>pentazocine-naloxone</i> .....           | 236 | PHEYO.....                                    | 60  |
| PALFORZIA INITIAL (4-17 YRS)....       | 10       | <i>pentoxifylline</i> .....                 | 353 | PHILITH.....                                  | 20  |
| PALFORZIA LEVEL 11<br>MAINTENANCE..... | 10       | PEPCID.....                                 | 352 | PHOSPHOLINE IODIDE.....                       | 247 |
| <i>paliperidone</i> .....              | 286      | <i>perampanel</i> .....                     | 323 | PHOTREXA CROSS-LINKING KIT<br>.....           | 249 |
| PALYNZIQ.....                          | 5        | PERCOCET.....                               | 228 | PHYSIOLYTE.....                               | 87  |
| PAMELOR.....                           | 275      | PERFECT POINT SAFETY<br>LANCETS.....        | 303 | PHYSIOSOL IRRIGATION.....                     | 87  |
| PANCREAZE.....                         | 346      |                                             |     | <i>phytonadione (vitamin k1)</i> .....        | 365 |
| PANDEL.....                            | 76       |                                             |     | PIFELTRO.....                                 | 188 |
|                                        |          |                                             |     | PILLOW MASK CHILD.....                        | 307 |



|                                            |        |                                             |          |                                             |          |
|--------------------------------------------|--------|---------------------------------------------|----------|---------------------------------------------|----------|
| <i>pilocarpine hcl</i> .....               | 6, 247 | <i>potassium iodide</i> .....               | 335      | <i>pregabalin</i> .....                     | 217, 323 |
| <i>pimecrolimus</i> .....                  | 94     | <i>povidone-iodine</i> .....                | 86       | PREGNYL.....                                | 328      |
| <i>pimozide</i> .....                      | 284    | PR BENZOYL PEROXIDE.....                    | 89       | PREMARIN.....                               | 49, 367  |
| PIMTREA (28).....                          | 20     | PR CREAM.....                               | 88       | PREMIER TEST STRIP.....                     | 124      |
| <i>pindolol</i> .....                      | 150    | PR NATAL 400.....                           | 41       | PREMIUM V10.....                            | 124      |
| <i>pioglitazone</i> .....                  | 101    | PR NATAL 400 EC.....                        | 41       | PREMPHASE.....                              | 49       |
| <i>pioglitazone-glimepiride</i> .....      | 101    | PR NATAL 430.....                           | 41       | PREMPRO.....                                | 49       |
| <i>pioglitazone-metformin</i> .....        | 101    | PR NATAL 430 EC.....                        | 41       | PRENAISSANCE.....                           | 41       |
| PIP BLOOD GLUCOSE TEST                     |        | PRADAXA.....                                | 364      | PRENAISSANCE PLUS.....                      | 41       |
| STRIP.....                                 | 122    | PRAKETAMIDE.....                            | 85       | PRENATA.....                                | 41       |
| PIP GLUCOSE CONTROL SOLN                   |        | <i>pralidoxime</i> .....                    | 266      | PRENATABS FA.....                           | 41       |
| L1-L2.....                                 | 143    | PRALUENT PEN.....                           | 162      | PRENATABS RX.....                           | 41       |
| PIP LANCET.....                            | 303    | <i>pramipexole</i> .....                    | 171      | PRENATAL.....                               | 42, 45   |
| PIQRAY.....                                | 213    | PRAMOSONE.....                              | 83       | PRENATAL + DHA.....                         | 41       |
| <i>pirfenidone</i> .....                   | 269    | <i>prasugrel hcl</i> .....                  | 363      | PRENATAL 19.....                            | 41, 42   |
| <i>piroxicam</i> .....                     | 205    | <i>pravastatin</i> .....                    | 164      | PRENATAL 19 (WITH                           |          |
| <i>pitavastatin calcium</i> .....          | 164    | <i>praziquantel</i> .....                   | 185      | DOCUSATE).....                              | 41       |
| PIXEL COVID19 HOME COLLECT                 |        | <i>prazosin</i> .....                       | 149      | PRENATAL COMPLETE.....                      | 42       |
| KIT.....                                   | 258    | PRECISION GLUCOSE                           |          | PRENATAL ESSENTIALS.....                    | 42       |
| PLANTAGO-HOMACCORD.....                    | 265    | CONTROL SOLN.....                           | 143      | PRENATAL FORMULA.....                       | 42       |
| PLAQUENIL.....                             | 186    | PRECISION GLUCOSE/KETONE                    |          | PRENATAL FORMULA-DHA.....                   | 42       |
| PLATINUM TEST STRIP.....                   | 123    | CONTR.....                                  | 143      | PRENATAL GUMMIES.....                       | 45       |
| PLAVIX.....                                | 363    | PRECISION PCX PLUS TEST.....                | 123      | PRENATAL GUMMIES(ZINC                       |          |
| PLEGISOL.....                              | 267    | PRECISION PCX TEST.....                     | 123      | CHELATE).....                               | 45       |
| PLEGRIDY.....                              | 218    | PRECISION POINT OF CARE                     |          | PRENATAL MULTI.....                         | 42       |
| PLENURA.....                               | 95     | TEST.....                                   | 123      | PRENATAL MULTI-DHA (ALGAL                   |          |
| PLENVU.....                                | 345    | PRECISION Q-I-D TEST.....                   | 123      | OIL).....                                   | 42       |
| PLEXION.....                               | 65     | PRECISION XTRA TEST.....                    | 123      | PRENATAL MULTI-DHA(WITH VIT                 |          |
| PLEXION CLEANSING CLOTHS.....              | 65     | PRECOSE.....                                | 99       | K).....                                     | 42       |
| PLEXION NS.....                            | 81     | PRED FORTE.....                             | 252      | PRENATAL MULTIVITAMINS.....                 | 42       |
| <i>pnv no.95-ferrous fumarate-fa</i> ..... | 41     | PRED MILD.....                              | 253      | PRENATAL ONE DAILY.....                     | 42       |
| PNV-DHA + DOCUSATE.....                    | 41     | PRED-G S.O.P.....                           | 256      | PRENATAL PLUS.....                          | 42       |
| PNV-SELECT.....                            | 41     | <i>prednicarbate</i> .....                  | 76       | PRENATAL PLUS (CALCIUM                      |          |
| POCKET CHAMBER.....                        | 32     | <i>prednisoln sp-moxiflox-bromfen</i> ..... | 249      | CARB).....                                  | 42       |
| PODOCON.....                               | 89     | <i>prednisolone</i> .....                   | 198      | PRENATAL PLUS DHA.....                      | 42       |
| <i>podofilox</i> .....                     | 89     | <i>prednisolone acetate</i> .....           | 253      | PRENATAL PLUS VITAMIN-                      |          |
| POKONZA.....                               | 273    | <i>prednisolone acetate (pf)</i> .....      | 253      | MINERAL.....                                | 42       |
| POLYCIN.....                               | 254    | <i>prednisolone acetate-bromfenac</i> ...   | 253      | PRENATAL TABLET.....                        | 42       |
| <i>polymyxin b sulf-trimethoprim</i> ..... | 254    | <i>prednisolone acetate-nepafenac</i> ...   | 253      | <i>prenatal vit no.179-iron-folic</i> ..... | 42       |
| POLY-TUSSIN AC.....                        | 312    | <i>prednisolone sod ph-bromfenac</i> ....   | 253      | PRENATAL VITAMIN.....                       | 42       |
| POMALYST.....                              | 207    | <i>prednisolone sod ph-moxiflox</i> .....   | 256      | PRENATAL VITAMIN PLUS LOW                   |          |
| PONVORY.....                               | 219    | <i>prednisolone sodium phosphate</i>        |          | IRON.....                                   | 42       |
| PONVORY 14-DAY STARTER                     |        | .....                                       | 198, 253 | PRENATAL VITAMIN WITH                       |          |
| PACK.....                                  | 219    | <i>prednisolone-moxiflo-nepafenac</i> ....  | 249      | MINERALS.....                               | 43       |
| POPULUS COMPOSITUM.....                    | 265    | <i>prednisolone-moxifloxacin hcl</i> .....  | 256      | <i>prenatal vit-iron fum-folic ac</i> ..... | 43       |
| PORTIA 28.....                             | 20     | <i>prednisolone-moxiflox-bromfen</i> .....  | 250      | PRENATAL WITH DHA-FOLIC                     |          |
| <i>posaconazole</i> .....                  | 182    | <i>prednisolon-moxiflox-ketorolac</i> ..... | 250      | ACID.....                                   | 43       |
| <i>potassium chloride</i> .....            | 273    | <i>prednisone</i> .....                     | 198      | PREPIDIL.....                               | 24       |
| <i>potassium citrate</i> .....             | 316    | PREDNISON INTENSOL.....                     | 198      | PRESERA.....                                | 87       |

|                                    |          |                                             |          |
|------------------------------------|----------|---------------------------------------------|----------|
| PRESSURE ACTIVATED                 |          |                                             |          |
| LANCETS .....                      | 303      | PROCENTRA .....                             | 281      |
| PRESTALIA .....                    | 160      | PRO-CEPTION .....                           | 307      |
| <i>pretomanid</i> .....            | 184      | PROCHAMBER .....                            | 33       |
| PREVACID .....                     | 351      | <i>prochlorperazine</i> .....               | 25       |
| PREVACID SOLUTAB .....             | 351      | <i>prochlorperazine maleate</i> .....       | 25       |
| PREVALITE .....                    | 167      | PROCORT .....                               | 341      |
| PREVIDENT .....                    | 39       | PROCRT .....                                | 358      |
| PREVIDENT 5000 BOOSTER             |          | PROCTOCORT .....                            | 76, 341  |
| PLUS .....                         | 39       | PROCTOFOAM HC .....                         | 341      |
| PREVIDENT 5000 DRY MOUTH....       | 39       | PROCTO-MED HC .....                         | 76       |
| PREVIDENT 5000 ENAMEL              |          | PROCTOSOL HC .....                          | 76       |
| PROTECT .....                      | 39       | PROCTOZONE-HC .....                         | 76       |
| PREVIDENT 5000 ORTHO               |          | PROCYSBI .....                              | 313      |
| DEFENSE .....                      | 39       | PRODIGY CONTROL SOLUTION,                   |          |
| PREVIDENT 5000 PLUS .....          | 39       | LOW .....                                   | 143      |
| PREVIDENT 5000 SENSITIVE .....     | 39       | PRODIGY CONTROL                             |          |
| PREVIDENT KIDS .....               | 39       | SOLUTION,HIGH .....                         | 143      |
| PREVYMIS .....                     | 189      | PRODIGY LANCETS .....                       | 303      |
| PREZCOBIX .....                    | 190      | PRODIGY MINI-MIST NEBULIZER                 | 33       |
| PREZISTA .....                     | 191      | PRODIGY NO CODING .....                     | 124      |
| PRIFTIN .....                      | 184      | PRODIGY TWIST TOP LANCET ..                 | 303      |
| PRILO PATCH .....                  | 85       | PROFILNINE .....                            | 365      |
| PRILOSEC .....                     | 351      | PROFINAC .....                              | 80       |
| <i>primaquine</i> .....            | 186      | <i>progesterone</i> .....                   | 50       |
| PRIMEAIRE .....                    | 32       | <i>progesterone micronized</i> .....        | 50       |
| <i>primidone</i> .....             | 323      | PROGLYCEM .....                             | 130      |
| PRIMLEV .....                      | 228, 229 | PROGRAF .....                               | 225      |
| PRIMSOL .....                      | 176      | PROLASTIN-C .....                           | 6        |
| PRISTIQ .....                      | 277      | PROLATE .....                               | 229      |
| PRO COMFORT LANCET .....           | 303      | PROLENSA .....                              | 253      |
| PRO COMFORT SAFETY                 |          | PROMACTA .....                              | 354      |
| LANCET .....                       | 303      | <i>promethazine</i> .....                   | 8, 25    |
| PRO COMFORT TENS                   |          | <i>promethazine-codeine</i> .....           | 312      |
| ELECTRODE .....                    | 307      | <i>promethazine-dm</i> .....                | 313      |
| PRO COMFORT TENS UNIT .....        | 307      | <i>promethazine-phenylephrine</i> .....     | 313      |
| PRO VOICE V8-V9 TEST STRIP ..      | 124      | PROMETHEGAN .....                           | 25       |
| PROAIR RESPICLICK .....            | 27       | PROMETRIUM .....                            | 50       |
| <i>probenecid</i> .....            | 226      | PROMISEB .....                              | 81       |
| <i>probenecid-colchicine</i> ..... | 226      | PRONAL .....                                | 89       |
| PROCARDIA XL .....                 | 153      | PRONEB MAX COMPRESSOR-                      |          |
| PROCARE COMPRESSOR                 |          | LC PLUS .....                               | 33       |
| NEBULIZER .....                    | 32       | PRONEB MAX COMPRESSR-LC                     |          |
| PROCARE PEDIATRIC                  |          | SPRINT .....                                | 33       |
| NEBULIZER .....                    | 33       | PRONEB ULTRA II FILTER                      |          |
| PROCARE SPACER WITH ADULT          |          | ASSEM .....                                 | 307      |
| MASK .....                         | 33       | PROOXIA .....                               | 98       |
| PROCARE SPACER WITH CHILD          |          | <i>propafenone</i> .....                    | 147      |
| MASK .....                         | 33       | <i>proparacaine</i> .....                   | 253      |
|                                    |          | <i>propranolol</i> .....                    | 150      |
|                                    |          | <i>propranolol-hydrochlorothiazid</i> ..... | 151      |
|                                    |          | <i>propylthiouracil</i> .....               | 337      |
|                                    |          | PROSCAR .....                               | 316      |
|                                    |          | PROSILK .....                               | 310      |
|                                    |          | PROSILK GEL .....                           | 88       |
|                                    |          | PROTHELIAL .....                            | 260      |
|                                    |          | PROTONIX .....                              | 351, 352 |
|                                    |          | <i>protriptyline</i> .....                  | 275      |
|                                    |          | PROVATE PELVIC ORGAN                        |          |
|                                    |          | SUPPORT .....                               | 308      |
|                                    |          | PROVENT .....                               | 33       |
|                                    |          | PROVENT STARTER .....                       | 33       |
|                                    |          | PROVERA .....                               | 50       |
|                                    |          | PROVIDA OB .....                            | 43       |
|                                    |          | PROVIGIL .....                              | 282      |
|                                    |          | PROVISC .....                               | 257      |
|                                    |          | PROXIVOL .....                              | 85       |
|                                    |          | PROZAC .....                                | 278      |
|                                    |          | <i>prucalopride</i> .....                   | 350      |
|                                    |          | PRUCLAIR .....                              | 87       |
|                                    |          | PRUMYX .....                                | 87       |
|                                    |          | PRURADIK .....                              | 64       |
|                                    |          | PSORINOHEEL .....                           | 265      |
|                                    |          | PULMICORT .....                             | 37       |
|                                    |          | PULMICORT FLEXHALER .....                   | 37       |
|                                    |          | PULMO-AIDE COMPRESSOR .....                 | 33       |
|                                    |          | PULMONEB LT COMPRESSOR                      |          |
|                                    |          | NEBUL .....                                 | 33       |
|                                    |          | PULMOSAL .....                              | 260      |
|                                    |          | PULMOZYME .....                             | 269      |
|                                    |          | PURAZIL .....                               | 92       |
|                                    |          | PURE COMFORT LANCETS .....                  | 303      |
|                                    |          | PURE COMFORT SAFETY                         |          |
|                                    |          | LANCETS .....                               | 303      |
|                                    |          | PUREAIR MINI NEBULIZER .....                | 33       |
|                                    |          | PUREVITA FOLIC ACID .....                   | 38       |
|                                    |          | PURIXAN .....                               | 208      |
|                                    |          | PUSH BUTTON SAFETY                          |          |
|                                    |          | LANCETS .....                               | 303      |
|                                    |          | PYLERA .....                                | 349      |
|                                    |          | <i>pyrazinamide</i> .....                   | 183      |
|                                    |          | PYRIDIUM .....                              | 314      |
|                                    |          | <i>pyridostigmine bromide</i> .....         | 298      |
|                                    |          | <i>pyridoxine (vitamin b6)</i> .....        | 44       |
|                                    |          | <i>pyrimethamine</i> .....                  | 186      |
|                                    |          | PYRUKYND .....                              | 353      |
|                                    |          | QBRELIS .....                               | 157      |
|                                    |          | QBREXZA .....                               | 5        |
|                                    |          | Q-CARE RX Q2 .....                          | 365      |

|                                            |          |                                |          |                              |          |
|--------------------------------------------|----------|--------------------------------|----------|------------------------------|----------|
| Q-CARE RX Q4 .....                         | 365      | <i>ranolazine</i> .....        | 146      | RENACIDIN .....              | 316      |
| QDOLO .....                                | 236      | RAPAFLO .....                  | 316      | RENEEL .....                 | 265      |
| QELBREE .....                              | 296      | RAPIDGO FLU AND COVID-19       |          | RENOVAR .....                | 82       |
| QFITLIA .....                              | 353      | TEST .....                     | 258      | RENTHYROID .....             | 336      |
| QFITLIA PEN .....                          | 353      | RAPPORT VACUUM THERAPY ..      | 263      | REVELA .....                 | 271      |
| QINLOCK .....                              | 213      | <i>rasagiline</i> .....        | 171      | <i>repaglinide</i> .....     | 102      |
| QLOSI .....                                | 247      | RASUVO (PF) .....              | 194, 195 | REPATHA PUSHTRONEX .....     | 162      |
| QNASL .....                                | 9        | RAVICTI .....                  | 343      | REPATHA SURECLICK .....      | 162      |
| QTERN .....                                | 104      | RAYALDEE .....                 | 330      | REPATHA SYRINGE .....        | 162      |
| QUAKE VIBRATORY PEP .....                  | 33       | RAYASAL .....                  | 89       | REPLICARE DRESSING .....     | 310      |
| QUALAQUIN .....                            | 186      | RAYOS .....                    | 198      | REPLICARE THIN .....         | 310      |
| <i>quazepam</i> .....                      | 290      | REBIF (WITH ALBUMIN) .....     | 219      | REPLICARE ULTRA DRESSING ..  | 310      |
| QUDEXY XR .....                            | 323, 324 | REBIF REBIDOSE .....           | 219      | RESPA-AR .....               | 311      |
| QUESTRAN .....                             | 167      | REBIF TITRATION PACK .....     | 219      | RESTASIS .....               | 256      |
| QUESTRAN LIGHT .....                       | 167      | REBINYN .....                  | 364      | RESTASIS MULTIDOSE .....     | 256      |
| <i>quetiapine</i> .....                    | 286      | REBYOTA .....                  | 172      | RESTIMO .....                | 56       |
| QUIDROXZAR .....                           | 224      | RECEDO .....                   | 88       | RESTORE .....                | 310      |
| QUIHOXAXIA .....                           | 224      | RECLIPSEN (28) .....           | 20       | RESTORE CALCIUM ALGINATE ..  | 310      |
| QUIHOXVAR .....                            | 224      | RECOMBINATE .....              | 357      | RESTORIL .....               | 290      |
| QUILLICHEW ER .....                        | 294, 295 | RECORLEV .....                 | 329      | RETACRIT .....               | 358      |
| QUILLIVANT XR .....                        | 295      | RECOTHROM .....                | 359      | RETEVMO .....                | 213      |
| <i>quinapril</i> .....                     | 157      | RECOTHROM SPRAY KIT .....      | 359      | RETIN-A .....                | 57       |
| <i>quinapril-hydrochlorothiazide</i> ..... | 160      | RECTIV .....                   | 341      | RETIN-A MICRO .....          | 57       |
| <i>quinidine gluconate</i> .....           | 147      | REFUAH PLUS .....              | 125      | RETIN-A MICRO PUMP .....     | 57       |
| <i>quinidine sulfate</i> .....             | 147      | REFUAH PLUS GLUCOSE            |          | RETROVIR .....               | 188      |
| <i>quinine sulfate</i> .....               | 186      | CONTROL .....                  | 143      | REUSABLE NEBULIZER KIT ..... | 307      |
| QUINIXIL .....                             | 76       | REGENECARE .....               | 85       | REVATIO .....                | 161      |
| QUINJA .....                               | 59       | REGENECARE WITH ALOE .....     | 85       | REVCIVI .....                | 267      |
| QUINTET AC .....                           | 124      | REGLAN .....                   | 350      | REVEAL TEST STRIP .....      | 126      |
| QUINTET GLUCOSE TEST                       |          | REGRANEX .....                 | 135      | REVLIMID .....               | 207      |
| STRIPS .....                               | 125      | RELAFEN DS .....               | 205      | REVUFORJ .....               | 213      |
| QUIT 2 .....                               | 4        | RELAGARD .....                 | 366      | REXTOVY .....                | 282      |
| QUIT 4 .....                               | 4        | RELENZA DISKHALER .....        | 189      | REXULTI .....                | 287      |
| QULIPTA .....                              | 241      | RELEUKO .....                  | 355      | REYATAZ .....                | 188      |
| QUTENZA .....                              | 87       | RELEXXII .....                 | 295, 296 | REYVOW .....                 | 241      |
| QUVIVIQ .....                              | 291      | RELIAMED LANCET .....          | 303      | REZDIFFRA .....              | 5        |
| QVAR REDHALER .....                        | 37       | RELIAMED SAFETY SEAL           |          | REZLIDHIA .....              | 210      |
| <i>rabeprazole</i> .....                   | 352      | LANCETS .....                  | 303      | REZUROCK .....               | 223      |
| RADIAGEL .....                             | 268      | RELION CONFIRM-MICRO .....     | 125      | RHOFADE .....                | 56       |
| RADIAPLEXRX .....                          | 88       | RELION PRIME TEST STRIPS ..... | 125      | RHOPRESSA .....              | 247      |
| RADICAVA ORS .....                         | 215      | RELION ULTIMA .....            | 125      | <i>ribavirin</i> .....       | 187, 189 |
| RADICAVA ORS STARTER KIT                   |          | RELISTOR .....                 | 342      | RIDAURA .....                | 196      |
| SUSP .....                                 | 215      | RELIZORB .....                 | 300      | <i>rifabutin</i> .....       | 183      |
| RADIOGARDASE .....                         | 264      | RELPAK .....                   | 241      | <i>rifampin</i> .....        | 184      |
| RAGWITEK .....                             | 10       | RELTONE .....                  | 345      | RIGHTEST CONTROL SOLUTION    |          |
| RALDESY .....                              | 274      | REMERON .....                  | 274      | HIGH .....                   | 143      |
| <i>raloxifene</i> .....                    | 334      | REMERON SOLTAB .....           | 274      | RIGHTEST CONTROL SOLUTION    |          |
| <i>ramelteon</i> .....                     | 289      | REMODULIN .....                | 155      | NORM .....                   | 143      |
| <i>ramipril</i> .....                      | 157      | REMYDA .....                   | 56       | RIGHTEST GL300 LANCETS ..... | 303      |

|                                       |          |                                       |     |                                    |          |
|---------------------------------------|----------|---------------------------------------|-----|------------------------------------|----------|
| RIGHTEST GS550 TEST STRIPS            | 126      | ROXICODONE                            | 236 | <i>sapropterin</i>                 | 5        |
| RIGHTEST GT333 TEST STRIP             | 126      | ROXYBOND                              | 236 | SAROXIA                            | 55       |
| RILUTEK                               | 215      | ROZEREM                               | 289 | SAVAYSA                            | 363      |
| <i>riluzole</i>                       | 215      | ROZLYTREK                             | 213 | SAVELLA                            | 216      |
| <i>rimantadine</i>                    | 189      | RUBBER MOUTHPIECE                     | 307 | <i>saxagliptin</i>                 | 100      |
| <i>ringer's</i>                       | 87       | RUBRACA                               | 213 | <i>saxagliptin-metformin</i>       | 99       |
| RINVOQ                                | 201      | RUCONEST                              | 201 | SCALACORT                          | 77       |
| RINVOQ LQ                             | 201      | <i>rufinamide</i>                     | 324 | SCALACORT DK                       | 76       |
| RIOMET                                | 102      | RUKOBIA                               | 187 | SCARCARE                           | 88       |
| <i>risedronate</i>                    | 334      | RUMILO                                | 55  | SCARCIN PAD PLUS                   | 310      |
| RISPERDAL                             | 286      | RYALTRIS                              | 7   | SCARCINPAD                         | 310      |
| <i>risperidone</i>                    | 286      | RYBELSUS                              | 100 | SCARHEAL                           | 310      |
| RITALIN                               | 296      | RYDAPT                                | 213 | SCARSILK                           | 310      |
| RITALIN LA                            | 296      | RYDEX                                 | 312 | SCARSILK GEL                       | 88       |
| RITEFLO AEROCHAMBER                   | 33       | RYLAZE                                | 210 | SCARTRATE                          | 88       |
| <i>ritonavir</i>                      | 188      | RYNODERM                              | 89  | SCEMBLIX                           | 213      |
| <i>rivaroxaban</i>                    | 363      | RYPLAZIM                              | 365 | SCLEROSOL INTRAPLEURAL             | 207      |
| <i>rivastigmine</i>                   | 298      | RYTARY                                | 171 | <i>scopolamine base</i>            | 25       |
| <i>rivastigmine tartrate</i>          | 298      | SABAL-HOMACCORD                       | 265 | SEBUDERM                           | 87       |
| RIVELSA                               | 20       | SABRIL                                | 324 | SECUADO                            | 286      |
| RIVFLOZA                              | 314      | <i>sacubitril-valsartan</i>           | 147 | SEGLENTIS                          | 229      |
| RIXUBIS                               | 364      | SAFETY LANCETS                        | 303 | SEGLUROMET                         | 130      |
| <i>rizatriptan</i>                    | 241, 242 | SAFETY SEAL LANCETS                   | 303 | <i>selegiline hcl</i>              | 171      |
| ROAOXIA                               | 80       | SAFETY-LET LANCETS                    | 303 | <i>selenium sulfide</i>            | 81       |
| ROBINSON CLEAR VINYL                  |          | SAFRYCYN                              | 88  | SELF-CATHETER, FEMALE              | 299      |
| CATHETER                              | 299      | SAFYRAL                               | 20  | SELZENTRY                          | 190      |
| ROBINUL                               | 349      | SAIZEN SAIZENPREP                     | 333 | SEMGLEE(INSULIN GLARGINE-<br>YFGN) | 135      |
| ROBINUL FORTE                         | 349      | SAJAZIR                               | 194 | SEMGLEE(INSULIN GLARG-<br>YFGN)PEN | 135      |
| ROCALTROL                             | 44       | SALAGEN (PILOCARPINE)                 | 6   | SE-NATAL 19                        | 43       |
| ROCKLATAN                             | 247      | SALICATE                              | 89  | SE-NATAL 19 CHEWABLE               | 43       |
| <i>roflumilast</i>                    | 37       | <i>salicylic acid</i>                 | 89  | SENSIPAR                           | 331      |
| ROLVEDON                              | 355      | <i>salicylic acid-ceramides no. 1</i> | 89  | SEPHIENCE                          | 5        |
| ROMVIMZA                              | 213      | SALIMEZ                               | 90  | SEREVENT DISKUS                    | 26       |
| <i>ropinirole</i>                     | 171      | SALIMEZ FORTE                         | 90  | SERNIVO                            | 77       |
| <i>ropivacaine (pf)-nacl,iso-osm</i>  | 11       | SALIVAMAX                             | 261 | SEROQUEL                           | 286      |
| <i>ropivacaine(pf)-0.9 % sodchlor</i> | 11       | <i>salsalate</i>                      | 239 | SEROQUEL XR                        | 286, 287 |
| ROSDAN                                | 56       | SALVAX                                | 90  | SEROSTIM                           | 333      |
| ROSITARA                              | 56       | SALVAX DUO PLUS                       | 90  | <i>sertraline</i>                  | 278      |
| ROSULA                                | 65       | SALYCIM                               | 90  | SETLAKIN                           | 20       |
| ROSULA CLEANSING CLOTHS               | 65       | SALYNTRA                              | 90  | <i>sevelamer carbonate</i>         | 271      |
| <i>rosuvastatin</i>                   | 164      | SAMI THE SEAL                         | 33  | <i>sevelamer hcl</i>               | 271      |
| ROSYRAH                               | 20       | SAMI THE SEAL MASK                    | 307 | SEVENFACT                          | 357      |
| ROSZET                                | 165      | SAMSCA                                | 272 | <i>sevoflurane</i>                 | 261      |
| ROTARIX                               | 222      | SANADERMRX                            | 76  | SEYSARA                            | 181      |
| ROTATEQ VACCINE                       | 222      | SANCUSO                               | 25  | SF                                 | 39       |
| ROVIS                                 | 56       | SANDIMMUNE                            | 225 | SF 5000 PLUS                       | 39       |
| ROWASA                                | 339      | SANDOSTATIN                           | 261 | SFROWASA                           | 339      |
| ROWEEPRA                              | 324      | SANTYL                                | 90  |                                    |          |
| ROWEEPRA XR                           | 324      | SAPHRIS                               | 286 |                                    |          |

|                                             |          |                                             |              |                                             |     |
|---------------------------------------------|----------|---------------------------------------------|--------------|---------------------------------------------|-----|
| SHAROBEL.....                               | 20       | SMART SENSE LANCETS.....                    | 304          | <i>sorafenib</i> .....                      | 213 |
| SIDESTREAM.....                             | 33       | SMART SENSE TEST STRIPS.....                | 126          | <i>sorbitol</i> .....                       | 87  |
| SIDESTREAM MASK.....                        | 307      | SMARTEST CONTROL.....                       | 144          | <i>sorbitol-mannitol</i> .....              | 87  |
| SIDESTREAM NEBULIZER.....                   | 33       | SMARTEST LANCET.....                        | 304          | SORILUX.....                                | 92  |
| SIDESTREAM PLUS.....                        | 33       | SMARTEST TEST.....                          | 126          | SORIXIA.....                                | 55  |
| SIGNIFOR.....                               | 261      | SMARTNEB COMPRESSOR                         |              | <i>sotalol</i> .....                        | 150 |
| SIKLOS.....                                 | 353      | NEBULIZER.....                              | 33           | SOTALOL AF.....                             | 150 |
| SILADERM.....                               | 311      | SOAANZ.....                                 | 159          | SOTYKTU.....                                | 93  |
| SILADONE.....                               | 311      | <i>sodium chlor 0.9% bacteriostat</i> ..... | 272          | SOTYLIZE.....                               | 150 |
| SILASTIC FOLEY CATHETER.....                | 299      | <i>sodium chloride</i> .....                | 87, 260, 272 | SOVALDI.....                                | 192 |
| <i>sildenafil (pulm.hypertension)</i> ..... | 161      | <i>sodium chloride 0.45 %</i> .....         | 272          | SOVUNA.....                                 | 186 |
| SILENOR.....                                | 291      | <i>sodium chloride 0.9 %</i> .....          | 272          | SPACE CHAMBER.....                          | 33  |
| SILICONE MASK.....                          | 307      | <i>sodium chloride 0.9 % (flush)</i> .....  | 272          | SPACE CHAMBER WITH LARGE                    |     |
| SILICONE MASK - INFANT.....                 | 33       | <i>sodium citrate</i> .....                 | 354          | MASK.....                                   | 33  |
| SILIGENTLE AG.....                          | 311      | <i>sodium citrate in 0.9 % nacl</i> .....   | 354          | SPACE CHAMBER WITH                          |     |
| SILIQ.....                                  | 93       | <i>sodium citrate-citric acid</i> .....     | 316          | MEDIUM MASK.....                            | 33  |
| SIL-K.....                                  | 311      | SODIUM FLUORIDE 5000 DRY                    |              | SPACE CHAMBER WITH SMALL                    |     |
| <i>silodosin</i> .....                      | 316      | MOUTH.....                                  | 39           | MASK.....                                   | 33  |
| SILTREX.....                                | 311      | SODIUM FLUORIDE 5000 PLUS....               | 39           | SPECTRACEF.....                             | 173 |
| SILVADENE.....                              | 65       | <i>sodium fluoride-pot nitrate</i> .....    | 39           | SPECTRAGEL.....                             | 311 |
| <i>silver nitrate</i> .....                 | 59, 90   | <i>sodium oxybate</i> .....                 | 284          | SPEEDICATH (FEMALE).....                    | 300 |
| <i>silver nitrate applicators</i> .....     | 90       | <i>sodium phenylbutyrate</i> .....          | 343          | SPEEDYSWAB COVID-19 AND                     |     |
| <i>silver sulfadiazine</i> .....            | 65       | <i>sodium polystyrene sulfonate</i> .....   | 271          | FLU.....                                    | 258 |
| SILVRSTAT.....                              | 59       | <i>sodium,potassium,mag sulfates</i> ....   | 345          | SPEVIGO.....                                | 93  |
| SIMBRINZA.....                              | 247      | SOFDRA.....                                 | 5            | SPIKEVAX 2024-2025(12Y                      |     |
| SIMILAC PRENATAL.....                       | 43       | SOFIA2 FLU-SARS ANTIGEN FIA                 | 258          | UP)(PF).....                                | 221 |
| SIMLANDI(CF).....                           | 200      | SOGROYA.....                                | 333          | SPIKEVAX 2025-2026(12Y                      |     |
| SIMLANDI(CF) AUTOINJECTOR..                 | 200      | SOHONOS.....                                | 337          | UP)(PF).....                                | 221 |
| SIMLIYA (28).....                           | 20       | SOLESTA.....                                | 342          | SPIKEVAX 2025-26 (6M-11Y) (PF)              |     |
| SIMPESSE.....                               | 20       | <i>solifenacin</i> .....                    | 315          | .....                                       | 221 |
| SIMPLERA SENSOR.....                        | 143      | SOLIQUA 100/33.....                         | 102          | <i>spinosad</i> .....                       | 64  |
| SIMPLERA SYNC SENSOR.....                   | 143      | SOLOSEC.....                                | 185          | SPIRIVA RESPIMAT.....                       | 28  |
| SIMPONI.....                                | 200      | SOLOX GEL.....                              | 59           | SPIRIVA WITH HANDIHALER.....                | 28  |
| <i>simvastatin</i> .....                    | 165      | SOLTAMOX.....                               | 214          | <i>spironolactone</i> .....                 | 159 |
| SINEMET.....                                | 171      | SOLU-CORTEF ACT-O-VIAL (PF)                 | 198          | <i>spironolacton-hydrochlorothiaz</i> ..... | 159 |
| SINGLE-LET.....                             | 303      | SOLUPAK.....                                | 85           | SPORANOX.....                               | 182 |
| SINGULAIR.....                              | 27       | SOLUS V2 CONTROL SOLUTION,                  |              | SPRAVATO.....                               | 273 |
| SINUSTAR NEBULIZER.....                     | 33       | LOW.....                                    | 144          | SPRAY AND STRETCH.....                      | 85  |
| SINUVA.....                                 | 9        | SOLUS V2 CONTROL                            |              | SPRINTEC (28).....                          | 20  |
| <i>sirolimus</i> .....                      | 225, 226 | SOLUTION,HIGH.....                          | 144          | SPRITAM.....                                | 324 |
| SIRTURO.....                                | 184      | SOLUS V2 LANCETS.....                       | 304          | SPRIX.....                                  | 195 |
| SIRVANA.....                                | 55       | SOLUS V2 TEST STRIPS.....                   | 127          | SPRYCEL.....                                | 213 |
| <i>sitagliptin</i> .....                    | 100      | SOMA.....                                   | 338          | SPS (WITH SORBITOL).....                    | 271 |
| SIVEXTRO.....                               | 175      | SOMAVERT.....                               | 330          | SRONYX.....                                 | 20  |
| SKYCLARYS.....                              | 215      | SONAFINE.....                               | 87           | SSD.....                                    | 65  |
| SKYLA.....                                  | 24       | SOOLANTRA.....                              | 56           | SSKI.....                                   | 335 |
| SKYRIZI.....                                | 91, 93   | SOOTHENEB COMPRESSOR                        |              | SSS 10-5.....                               | 65  |
| SKYTROFA.....                               | 333      | NEBULIZER.....                              | 33           | ST JOSEPH ASPIRIN.....                      | 363 |
| SLYND.....                                  | 20       | SOOTHENEB MESH NEBULIZER..                  | 33           | ST. JOSEPH ASPIRIN.....                     | 363 |



|                                            |         |                                        |          |                                             |         |
|--------------------------------------------|---------|----------------------------------------|----------|---------------------------------------------|---------|
| <i>stavudine</i> .....                     | 189     | <i>sulindac</i> .....                  | 205      | SYNALAR CREAM KIT .....                     | 77      |
| STEGLATRO .....                            | 103     | SUMADAN .....                          | 66       | SYNALAR OINTMENT KIT .....                  | 77      |
| STEGLUJAN .....                            | 104     | SUMADAN XLT .....                      | 66       | SYNALAR TS .....                            | 77      |
| STELARA .....                              | 199     | <i>sumatriptan</i> .....               | 242      | SYNAREL .....                               | 335     |
| STEQEYMA .....                             | 199     | <i>sumatriptan succinate</i> .....     | 242      | SYNDROS .....                               | 24      |
| STERILANCE TL .....                        | 304     | <i>sumatriptan-naproxen</i> .....      | 242      | SYNJARDY .....                              | 130     |
| <i>sterile talc</i> .....                  | 207     | SUMAXIN .....                          | 66       | SYNJARDY XR .....                           | 130     |
| STERITALC .....                            | 207     | SUMAXIN CP .....                       | 66       | SYNOJOYNT .....                             | 194     |
| STIMUFEND .....                            | 355     | <i>sunitinib malate</i> .....          | 213      | SYNTERMA PLUS .....                         | 85      |
| STIOLTO RESPIMAT .....                     | 34      | SUNLENCA .....                         | 187      | SYNTHROID .....                             | 336     |
| STIVARGA .....                             | 213     | SUNOSI .....                           | 282      | SYNVISC .....                               | 194     |
| STOP SMOKING AID .....                     | 4       | SUNRISE COMPRESSOR-<br>NEBULIZER ..... | 34       | SYNVISC-ONE .....                           | 194     |
| STRATACTX .....                            | 311     | SUPARTZ FX .....                       | 194      | SYPRINE .....                               | 264     |
| STRATAGRT .....                            | 311     | SUPER THIN LANCETS .....               | 304      | SYRINGE AVITENE .....                       | 359     |
| STRATAMARK .....                           | 88      | SUPPRELIN LA .....                     | 335      | SYZYGIUM COMPOSITUM .....                   | 265     |
| STRATATRIZ .....                           | 88      | SUPRANE .....                          | 261      | SZOSIL .....                                | 311     |
| STRATAXRT .....                            | 311     | SUPRAX .....                           | 173      | T.E.D. ANTI-EMBOLISM<br>STOCKING .....      | 264     |
| STRATTERA .....                            | 297     | SUPREP BOWEL PREP KIT .....            | 345      | T.E.D. KNEE LENGTH-M-LONG .....             | 264     |
| STRAVIX .....                              | 268     | SURE COMFORT LANCETS .....             | 304      | T.E.D. KNEE LENGTH-S-<br>REGULAR .....      | 264     |
| STRENSIQ .....                             | 267     | SURE RESULT DSS PREMIUM<br>PACK .....  | 80       | T.R.U.E. TEST ALLERGEN .....                | 259     |
| STRIBILD .....                             | 192     | SURE-LANCE .....                       | 304      | T:FLEX .....                                | 144     |
| STRIVERDI RESPIMAT .....                   | 27      | SURE-LANCE ULTRA THIN .....            | 304      | T:SLIM X2 .....                             | 144     |
| STROMEKTOL .....                           | 185     | SURE-TEST EASYPLUS MINI<br>.....       | 127, 144 | T:SLIM X2 BASAL-IQ INSULIN<br>PMP .....     | 144     |
| STRONG IODINE .....                        | 59, 335 | SURE-TOUCH LANCET .....                | 304      | T:SLIM X2 CONTROL-IQ .....                  | 144     |
| STUART ONE .....                           | 43      | SURGIFOAM .....                        | 359      | TABLOID .....                               | 208     |
| SUBOXONE .....                             | 227     | SURVANTA .....                         | 269      | TABRECTA .....                              | 213     |
| SUBVENITE .....                            | 324     | SUSVIMO .....                          | 249      | TACLONEX .....                              | 95      |
| SUBVENITE STARTER (BLUE)<br>KIT .....      | 324     | SUSVIMO (INITIAL FILL) .....           | 249      | <i>tacrolimus</i> .....                     | 94, 226 |
| SUBVENITE STARTER (GREEN)<br>KIT .....     | 324     | SUTAB .....                            | 345      | <i>tadalafil</i> .....                      | 329     |
| SUBVENITE STARTER<br>(ORANGE) KIT .....    | 324     | SUTENT .....                           | 213      | <i>tadalafil (pulm. hypertension)</i> ..... | 161     |
| SUCRAID .....                              | 346     | SYEDA .....                            | 21       | TADLIQ .....                                | 161     |
| <i>sucralfate</i> .....                    | 352     | SYMAX DUOTAB .....                     | 348      | TAFINLAR .....                              | 208     |
| SUFLAVE .....                              | 345     | SYMAX FASTABS .....                    | 348      | <i>tafluprost (pf)</i> .....                | 247     |
| SULAR .....                                | 153     | SYMAX-SL .....                         | 348      | TAGRISSO .....                              | 213     |
| <i>sulconazole</i> .....                   | 64      | SYMAX-SR .....                         | 348      | TAKE ACTION .....                           | 21      |
| <i>sulfacetamide sodium</i> .....          | 81, 257 | SYMBICORT .....                        | 36       | TAKHZYRO .....                              | 201     |
| <i>sulfacetamide sodium (acne)</i> .....   | 55      | SYMBRAVO .....                         | 242      | TALICIA .....                               | 349     |
| <i>sulfacetamide sodium-sulfur</i> .....   | 65, 66  | SYMDEKO .....                          | 269      | TALTZ AUTOINJECTOR .....                    | 93      |
| <i>sulfacetamide sod-sulfur-urea</i> ..... | 66      | SYMFI .....                            | 192      | TALTZ AUTOINJECTOR (2 PACK) .....           | 93      |
| <i>sulfacetamide-prednisolone</i> .....    | 257     | SYMFI LO .....                         | 192      | TALTZ AUTOINJECTOR (3 PACK) .....           | 93      |
| SULFACLEANSE 8-4 .....                     | 66      | SYMLINPEN 120 .....                    | 98       | TALTZ SYRINGE .....                         | 93      |
| <i>sulfadiazine</i> .....                  | 177     | SYMLINPEN 60 .....                     | 98       | TALZENNA .....                              | 214     |
| <i>sulfamethoxazole-trimethoprim</i> ..... | 177     | SYMPAZAN .....                         | 328      | TAMIFLU .....                               | 189     |
| SULFAMYLON .....                           | 66      | SYMPROIC .....                         | 342      | <i>tamoxifen</i> .....                      | 214     |
| <i>sulfasalazine</i> .....                 | 340     | SYMTOUZA .....                         | 187      | <i>tamsulosin</i> .....                     | 316     |
| SULFATRIM .....                            | 177     | SYNALAR .....                          | 77       |                                             |         |

|                                      |         |                                      |     |                                      |               |
|--------------------------------------|---------|--------------------------------------|-----|--------------------------------------|---------------|
| TANDEM MOBI AUTOSOFT 30 KT 23" ..... | 144     | TD GOLD LEVEL 1 CONTROL.....         | 144 | tetracycline .....                   | 181           |
| TANDEM MOBI AUTOSOFT XC KIT 5" ..... | 144     | TD GOLD LEVEL 2 CONTROL.....         | 144 | TEXACORT .....                       | 77            |
| TANDEM MOBI AUTOSOFT XC KT 23".....  | 144     | TECFIDERA .....                      | 219 | TEZRULY .....                        | 149           |
| TANDEM MOBI AUTOSOFT30 14PK 23 ..... | 144     | TECHLITE LANCETS .....               | 304 | TEZSPIRE .....                       | 26            |
| TANDEM MOBI AUTOSOFTXC 14PK 23 ..... | 144     | TEGLUTIK .....                       | 215 | THALITONE .....                      | 161           |
| TANDEM MOBI AUTOSOFTXC 14PK 5".....  | 144     | TEGRETOL .....                       | 324 | THALOMID .....                       | 184           |
| TANDEM MOBI SYSTEM.....              | 144     | TEGRETOL XR .....                    | 325 | THEO-24 .....                        | 38            |
| TANDEM MOBI TRUSTEEL KIT 23" .....   | 144     | TEKTURNA .....                       | 160 | theophylline .....                   | 38            |
| TANDEM T:SLIM ASFT 30 PK10 23" ..... | 144     | TELCARE CONTROL .....                | 144 | THERAHONEY .....                     | 311           |
| TANDEM T:SLIM ASFT 30 PK14 23" ..... | 144     | TELCARE LANCETS .....                | 304 | THERANATAL .....                     | 43            |
| TANDEM T:SLIM ASFT XC PK10 23" ..... | 144     | TELCARE TEST STRIPS .....            | 127 | THERANATAL COMPLETE .....            | 43            |
| TANDEM T:SLIM ASFT XC PK14 23" ..... | 144     | TELIORA .....                        | 77  | THERANATAL ONE .....                 | 43            |
| TANDEM T:SLIM TRUSTL PK10 23" .....  | 144     | telmisartan .....                    | 156 | THERANATAL OVAVITE .....             | 45            |
| TANLOR .....                         | 339     | telmisartan-amlodipine .....         | 155 | THERANATAL PLUS .....                | 43            |
| TAPERDEX .....                       | 198     | telmisartan-hydrochlorothiazid ..... | 154 | thiamine hcl (vitamin b1) .....      | 44            |
| TARCEVA .....                        | 214     | temazepam .....                      | 290 | THIN LANCETS .....                   | 304           |
| TARDEOXIA .....                      | 55      | TEMBEXA .....                        | 189 | THIOLA .....                         | 315           |
| TARDIMAXIA .....                     | 55      | temozolomide .....                   | 206 | THIOLA EC .....                      | 315           |
| TARGADOX .....                       | 181     | TEMPO REFILL KIT WITH GAUZE .....    | 304 | thioridazine .....                   | 288           |
| TARGRETIN .....                      | 82, 207 | TEMPO SMART BUTTON .....             | 144 | thiothixene .....                    | 284           |
| TARINA 24 FE .....                   | 21      | TEMPO WELCOME KIT .....              | 144 | THRESHOLD IMT TRAINER .....          | 34            |
| TARINA FE 1/20 (28) .....            | 21      | TENCON .....                         | 239 | THRESHOLD PEP DEVICE .....           | 34            |
| TARINA FE 1-20 EQ (28) .....         | 21      | tenofovir disoproxil fumarate .....  | 190 | THRIVITE RX .....                    | 43            |
| TARON-PREX PRENATAL-DHA ....         | 45      | TENORETIC 100 .....                  | 151 | THROMBI-GEL .....                    | 359           |
| TAROXIA .....                        | 55      | TENORETIC 50 .....                   | 151 | THROMBIN-JMI .....                   | 359, 360      |
| TARPEYO .....                        | 198     | TENORMIN .....                       | 150 | THROMBI-PAD .....                    | 360           |
| TASCENSO ODT .....                   | 219     | TENS 502 .....                       | 307 | THYQUIDITY .....                     | 337           |
| TASIGNA .....                        | 214     | TENS 504 .....                       | 307 | thyroid (pork) .....                 | 337           |
| tasimelteon .....                    | 289     | TENSCARE ITOUCH SURE .....           | 308 | TIADYLT ER .....                     | 153           |
| TASMAR .....                         | 171     | TEPMETKO .....                       | 214 | tiagabine .....                      | 325           |
| tavaborole .....                     | 64      | terazosin .....                      | 149 | TIAZAC .....                         | 153           |
| TAVALISSE .....                      | 363     | terbinafine hcl .....                | 182 | TIBSOVO .....                        | 210           |
| TAVNEOS .....                        | 362     | terbutaline .....                    | 26  | ticagrelor .....                     | 363           |
| TAYTULLA .....                       | 21      | terconazole .....                    | 366 | TICANASE .....                       | 9             |
| tazarotene .....                     | 58, 92  | teriflunomide .....                  | 219 | TIGLUTIK .....                       | 215           |
| TAZORAC .....                        | 92      | teriparatide .....                   | 331 | TIKOSYN .....                        | 147           |
| TAZVERIK .....                       | 205     | TERRELL .....                        | 261 | TILIA FE .....                       | 21            |
|                                      |         | TERSI FOAM .....                     | 81  | timol-brimon-dorzol-bimato(pf) ..... | 247           |
|                                      |         | TEST N'GO TEST .....                 | 127 | timolol .....                        | 248           |
|                                      |         | TESTIM .....                         | 46  | timolol maleate .....                | 150, 247, 248 |
|                                      |         | TESTOPEL .....                       | 46  | timolol maleate (pf) .....           | 247           |
|                                      |         | testosterone .....                   | 46  | timolol-bimatoprost .....            | 248           |
|                                      |         | testosterone cypionate .....         | 46  | timolol-bimatoprost .....            | 248           |
|                                      |         | testosterone enanthate .....         | 46  | timolol-brimon-dorzol-bimatop .....  | 248           |
|                                      |         | TETOXIA .....                        | 77  | timolol-brimonidi-dorzolam(pf) ..... | 248           |
|                                      |         | tetrabenazine .....                  | 220 | timolol-brimonidine-dorzolamid ..... | 248           |
|                                      |         | tetracaine hcl .....                 | 254 | timolol-brimonidine-dorzolamid ..... | 248           |
|                                      |         | tetracaine hcl (pf) .....            | 253 | timolol-dorzolam-bimatopro(pf) ..... | 248           |
|                                      |         |                                      |     | timolol-dorzolamide-bimatopros ..... | 248           |
|                                      |         |                                      |     | TIMOPTIC OCUDOSE (PF) .....          | 248           |
|                                      |         |                                      |     | tinidazole .....                     | 185           |



|                                                |               |                                                |          |                                        |     |
|------------------------------------------------|---------------|------------------------------------------------|----------|----------------------------------------|-----|
| <i>tiopronin</i> .....                         | 315           | TRACLEER.....                                  | 158      | TRIKAFTA.....                          | 269 |
| <i>tiotropium bromide</i> .....                | 28            | TRADJENTA.....                                 | 100      | TRI-LEGEST FE.....                     | 21  |
| TIROSINT.....                                  | 337           | <i>tramadol</i> .....                          | 236, 237 | TRILEPTAL.....                         | 326 |
| TIROSINT-SOL.....                              | 337           | <i>tramadol-acetaminophen</i> .....            | 229      | TRI-LINYAH.....                        | 21  |
| TISSEEL VHSD (APROTININ,<br>SYN).....          | 259           | <i>trandolapril</i> .....                      | 157      | TRILOAN II SUIK.....                   | 199 |
| TIVICAY.....                                   | 191           | <i>trandolapril-verapamil</i> .....            | 160      | TRILOAN SUIK.....                      | 199 |
| TIVICAY PD.....                                | 192           | <i>tranexamic acid</i> .....                   | 353      | TRI-LO-ESTARYLLA.....                  | 21  |
| <i>tizanidine</i> .....                        | 339           | TRANSDERM-SCOP.....                            | 26       | TRI-LO-MARZIA.....                     | 21  |
| TLANDO.....                                    | 46            | <i>tranylcypromine</i> .....                   | 278      | TRI-LO-MILI.....                       | 21  |
| TOBI.....                                      | 183           | TRANZAREL.....                                 | 85       | TRI-LO-SPRINTEC.....                   | 21  |
| TOBI PODHALER.....                             | 183           | TRAVATAN Z.....                                | 248      | TRI-LUMA.....                          | 98  |
| TOBRADEX.....                                  | 256           | <i>travoprost</i> .....                        | 248      | TRILURON.....                          | 194 |
| TOBRADEX ST.....                               | 256           | <i>trazodone</i> .....                         | 274      | <i>trimethobenzamide</i> .....         | 26  |
| <i>tobramycin</i> .....                        | 184, 254      | TRECATOR.....                                  | 183      | <i>trimethoprim</i> .....              | 176 |
| <i>tobramycin in 0.225 % nacl</i> .....        | 183           | TRELEGY ELLIPTA.....                           | 34       | TRI-MILI.....                          | 21  |
| <i>tobramycin with nebulizer</i> .....         | 184           | TREMFYA.....                                   | 91       | <i>trimipramine</i> .....              | 275 |
| <i>tobramycin-dexamethasone</i> .....          | 256           | TREMFYA ONE-PRESS.....                         | 91       | TRIMO-SAN JELLY.....                   | 366 |
| <i>tobramycin-vancomycin</i> .....             | 254           | TREMFYA PEN.....                               | 91       | TRINATAL RX 1.....                     | 43  |
| TOBREX.....                                    | 255           | TREMFYA PEN INDUCTION PK-<br>CROHN.....        | 91       | TRINATE.....                           | 43  |
| TOLAK.....                                     | 82            | <i>treprostinil sodium</i> .....               | 155      | TRINTELLIX.....                        | 278 |
| <i>tolcapone</i> .....                         | 171           | TRESIBA FLEXTOUCH U-100.....                   | 135      | TRIONEX.....                           | 92  |
| <i>tolmetin</i> .....                          | 205           | TRESIBA FLEXTOUCH U-200.....                   | 135      | TRI-SPRINTEC (28).....                 | 21  |
| TOLSURA.....                                   | 182           | TRESIBA U-100 INSULIN.....                     | 135      | TRIUMEQ.....                           | 193 |
| <i>tolterodine</i> .....                       | 314           | TRESNI.....                                    | 205      | TRIUMEQ PD.....                        | 193 |
| <i>tolvaptan</i> .....                         | 272           | <i>tretinoin</i> .....                         | 58       | TRIVISC.....                           | 194 |
| <i>tolvaptan (polycys kidney dis)</i><br>..... | 270, 272, 314 | <i>tretinoin (antineoplastic)</i> .....        | 210      | TRIVORA (28).....                      | 21  |
| TOPAMAX.....                                   | 325           | <i>tretinoin microspheres</i> .....            | 58       | TRI-VYLIBRA.....                       | 21  |
| TOPCARE UNIVERSAL1 LANCET<br>.....             | 304           | TRETEN.....                                    | 364      | TRI-VYLIBRA LO.....                    | 21  |
| TOPICORT.....                                  | 77            | TREXALL.....                                   | 208      | TROJAN ULTRA RIBBED<br>CONDOM.....     | 262 |
| <i>topiramate</i> .....                        | 325, 326      | <i>triamcinolone acetonide</i> ...78, 198, 365 |          | TROKENDI XR.....                       | 326 |
| TOPROL XL.....                                 | 150           | <i>triamterene</i> .....                       | 159      | <i>tropicamide</i> .....               | 245 |
| <i>toremifene</i> .....                        | 215           | <i>triamterene-hydrochlorothiazid</i> .....    | 159      | <i>trospium</i> .....                  | 314 |
| TORONOVA II SUIK.....                          | 205           | TRIANEX.....                                   | 78       | TRUDHESA.....                          | 242 |
| TORONOVA SUIK.....                             | 205           | TRIASIL.....                                   | 78       | TRUE COMFORT LANCET.....               | 304 |
| TORPENZ.....                                   | 209           | <i>triazolam</i> .....                         | 290      | TRUE COVER CONDOM.....                 | 262 |
| <i>torseamide</i> .....                        | 159           | TRIBENZOR.....                                 | 154      | TRUE METRIX GLUCOSE TEST<br>STRIP..... | 127 |
| TOSYMRA.....                                   | 242           | TRICARE.....                                   | 43       | TRUE METRIX LEVEL 1.....               | 145 |
| TOTALVISC.....                                 | 257           | TRI-CHLOR.....                                 | 266      | TRUE METRIX LEVEL 2.....               | 145 |
| TOUCH-TROL.....                                | 300           | <i>trichloroacetic acid</i> .....              | 266      | TRUE METRIX LEVEL 3.....               | 145 |
| TOUJEO MAX U-300 SOLOSTAR.....                 | 135           | TRICOR.....                                    | 167      | TRUEPLUS KETONE.....                   | 265 |
| TOUJEO SOLOSTAR U-300<br>INSULIN.....          | 135           | TRIDERM.....                                   | 78       | TRUEPLUS LANCETS.....                  | 304 |
| TOVET EMOLLIENT.....                           | 77            | <i>trientine</i> .....                         | 264      | TRUETEST TEST STRIPS.....              | 128 |
| TOVET KIT.....                                 | 77            | TRI-ESTARYLLA.....                             | 21       | TRUETRACK TEST.....                    | 128 |
| TOVIAZ.....                                    | 314           | TRIFERIC.....                                  | 45       | TRULANCE.....                          | 339 |
| TPOXX (NATIONAL STOCKPILE).....                | 189           | <i>trifluoperazine</i> .....                   | 288      | TRULICITY.....                         | 100 |
|                                                |               | <i>trifluridine</i> .....                      | 255      | TRUQAP.....                            | 214 |
|                                                |               | <i>trihexyphenidyl</i> .....                   | 169      | TRUSKIN.....                           | 268 |
|                                                |               | TRIJARDY XR.....                               | 98       |                                        |     |

|                                  |          |                                  |          |                                             |        |
|----------------------------------|----------|----------------------------------|----------|---------------------------------------------|--------|
| TRUSTEEL INFUSION SET 23" ...    | 145      | ULTILET LANCETS .....            | 304      | UPNEEQ (PF) .....                           | 257    |
| TRUSTEEL INFUSION SET 32" ...    | 145      | ULTILET SAFETY LANCETS .....     | 304      | UPTRAVI .....                               | 155    |
| TRUSTEX LATEX CONDOM .....       | 262      | ULTIMA TEST STRIPS .....         | 128      | URAMAXIN .....                              | 90     |
| TRUSTEX LUBRICATED               |          | ULTRA PRENATAL PLUS DHA .....    | 43       | URAMAXIN GT .....                           | 90     |
| CONDOMS .....                    | 262      | ULTRA THIN II LANCETS .....      | 304      | <i>urea</i> .....                           | 90, 95 |
| TRUSTEX NON-LUB CONDOMS .....    | 263      | ULTRA THIN LANCETS .....         | 304      | UREA NAIL STICK .....                       | 90     |
| TRUSTEX-RIA LUB/SPERMICIDE ..... | 263      | ULTRA THIN PLUS LANCETS .....    | 304      | URELLE .....                                | 176    |
| TRUSTEX-RIA LUBRICATED           |          | ULTRA TLC LANCETS .....          | 305      | URETRON D-S .....                           | 176    |
| CONDOMS .....                    | 263      | ULTRA-CARE LANCETS .....         | 305      | URIBEL TABS .....                           | 176    |
| TRUSTEX-RIA NON-LUB              |          | ULTRA-FINE INS SYR (HALF         |          | URIMAR-T .....                              | 176    |
| CONDOMS .....                    | 263      | UNIT) .....                      | 308      | URNEVA .....                                | 176    |
| TRUVADA .....                    | 191      | ULTRA-FINE INSULIN SYRINGE ..... | 308      | UROCIT-K 10 .....                           | 316    |
| TRUZONE PEAK FLOW METER ...      | 34       | ULTRA-FINE PEN NEEDLE .....      | 263      | UROCIT-K 15 .....                           | 316    |
| TRYNGOLZA .....                  | 162      | ULTRAFOAM .....                  | 360      | UROGESIC-BLUE .....                         | 176    |
| TRYPTIR .....                    | 259      | ULTRALANCE LANCETS .....         | 305      | URO-MP .....                                | 176    |
| TRYVIO .....                     | 148      | ULTRASAL-ER .....                | 90       | UROQID-ACID NO.2 .....                      | 316    |
| TUDORZA PRESSAIR .....           | 28       | ULTRA-THIN II LANCETS .....      | 305      | URO-SP .....                                | 176    |
| TUKYSA .....                     | 214      | ULTRATRAK .....                  | 128      | UROXATRAL .....                             | 316    |
| TULANA .....                     | 21       | ULTRATRAK HIGH-LOW               |          | URSO FORTE .....                            | 345    |
| TURALIO .....                    | 214      | CONTROL .....                    | 145      | <i>ursodiol</i> .....                       | 345    |
| TURQOZ (28) .....                | 21       | ULTRATRAK NORMAL CONTROL         |          | URL .....                                   | 177    |
| TUXARIN ER .....                 | 312      | .....                            | 145      | VAFSEO .....                                | 353    |
| TWIRLA .....                     | 22       | ULTRATRAK ULTIMATE .....         | 128, 145 | VAGIFEM .....                               | 367    |
| TWIST LANCETS .....              | 304      | ULTRAVATE .....                  | 78       | VAGINAL CONTRACEPTIVE FILM .....            | 23     |
| TWYNEO .....                     | 55       | UNIFINE PENTIPS .....            | 263      | <i>valacyclovir</i> .....                   | 189    |
| TYBLUME .....                    | 21       | UNILET COMFORTOUCH               |          | VALCHLOR .....                              | 82     |
| TYBOST .....                     | 193      | LANCET .....                     | 305      | VALCYTE .....                               | 189    |
| TYDEMY .....                     | 21       | UNILET GP LANCET .....           | 305      | <i>valganciclovir</i> .....                 | 189    |
| TYENNE .....                     | 202      | UNILET LANCET .....              | 305      | VALIUM .....                                | 283    |
| TYENNE AUTOINJECTOR .....        | 202      | UNILET LANCETS .....             | 305      | <i>valproic acid</i> .....                  | 326    |
| TYKERB .....                     | 214      | UNILET SUPER THIN LANCETS .....  | 305      | <i>valproic acid (as sodium salt)</i> ..... | 326    |
| TYMLOS .....                     | 329      | UNISTIK 2 EXTRA LANCET .....     | 145      | <i>valsartan</i> .....                      | 156    |
| TYRVAYA .....                    | 250      | UNISTIK 2 NORMAL LANCET .....    | 145      | <i>valsartan-hydrochlorothiazide</i> .....  | 154    |
| TYVASO .....                     | 155      | UNISTIK 3 COMFORT LANCET ...     | 308      | VALTOCO .....                               | 328    |
| TYVASO DPI .....                 | 155      | UNISTIK 3 EXTRA LANCET .....     | 305      | VALTREX .....                               | 189    |
| TYVASO INSTITUTIONAL START       |          | UNISTIK 3 GENTLE .....           | 305      | VALTYA .....                                | 22     |
| KIT .....                        | 155      | UNISTIK 3 NORMAL LANCET .....    | 305      | VANADOM .....                               | 339    |
| TYVASO REFILL KIT .....          | 155      | UNISTIK COMFORT LANCETS ...      | 305      | VANCOCIN .....                              | 184    |
| TYVASO STARTER KIT .....         | 155      | UNISTIK CZT LANCET .....         | 305      | <i>vancomycin</i> .....                     | 184    |
| UBRELVY .....                    | 243      | UNISTIK EXTRA LANCETS .....      | 305      | VANDAZOLE .....                             | 366    |
| UCERIS .....                     | 199, 341 | UNISTIK NORMAL LANCETS .....     | 305      | VANFLYTA .....                              | 214    |
| UDENYCA .....                    | 355      | UNISTIK PRO LANCET .....         | 305      | VANOS .....                                 | 78     |
| UDENYCA AUTOINJECTOR .....       | 355      | UNISTIK SAFETY .....             | 305      | VANOXIDE-HC .....                           | 57     |
| UDENYCA ONBODY .....             | 355      | UNISTIK TOUCH LANCETS .....      | 305      | VANRAFIA .....                              | 148    |
| ULESFIA .....                    | 64       | UNISTRIP LOW CONTROL .....       | 145      | VAPRO PLUS INTERMITT                        |        |
| ULORIC .....                     | 226      | UNISTRIP1 TEST STRIP .....       | 129      | CATHETER .....                              | 300    |
| ULTANE .....                     | 261      | UNITHROID .....                  | 337      | VARDIMAXIA .....                            | 55     |
| ULTILET BASIC LANCETS .....      | 304      | UNIVERSAL 1 LANCETS .....        | 305      | <i>varenicline tartrate</i> .....           | 4      |
| ULTILET CLASSIC LANCETS .....    | 304      | UNZDOMDIOXIAZAR .....            | 55       | VARISOFT INFUSION SET 23" ....              | 145    |

|                                   |     |                                |     |                                            |        |
|-----------------------------------|-----|--------------------------------|-----|--------------------------------------------|--------|
| VARISOFT INFUSION SET 32" ....    | 145 | VEVYE .....                    | 257 | VIZIMPRO .....                             | 214    |
| VARISOFT INFUSION SET 43" ....    | 145 | VFEND .....                    | 182 | VIZZ .....                                 | 248    |
| VARITHENA ADMINISTRATION          |     | V-GO 20 .....                  | 145 | VOGELXO .....                              | 46, 47 |
| PACK .....                        | 308 | V-GO 30 .....                  | 145 | VOLNEA (28) .....                          | 22     |
| VAROPHEN (DICLOFENAC) .....       | 80  | V-GO 40 .....                  | 145 | VONJO .....                                | 214    |
| VAROXIA .....                     | 55  | VIBERZI .....                  | 339 | VONVENDI .....                             | 358    |
| VARUBI .....                      | 26  | VIBRANT .....                  | 308 | VOQUEZNA .....                             | 348    |
| VASCEPA .....                     | 167 | VIBRANT STARTER KIT .....      | 308 | VOQUEZNA DUAL PAK .....                    | 349    |
| VASELINE WHITE PETROLEUM ..       | 88  | VICTOZA 2-PAK .....            | 100 | VOQUEZNA TRIPLE PAK .....                  | 349    |
| VASERETIC .....                   | 160 | VICTOZA 3-PAK .....            | 100 | VORANIGO .....                             | 210    |
| VASHE .....                       | 87  | VIEKIRA PAK .....              | 192 | <i>voriconazole</i> .....                  | 182    |
| VASOTEC .....                     | 157 | VIENVA .....                   | 22  | VORTEX HOLDING CHAMBER .....               | 34     |
| VAXCHORA VACCINE .....            | 222 | <i>vigabatrin</i> .....        | 326 | VORTEX VHC PEDIATRIC MASK ..               | 34     |
| VCF CONTRACEPTIVE FILM .....      | 23  | VIGADROME .....                | 326 | VOSEVI .....                               | 192    |
| VCF CONTRACEPTIVE GEL .....       | 23  | VIGAFYDE .....                 | 326 | VOTRIENT .....                             | 214    |
| VECAMYL .....                     | 157 | VIGAMOX .....                  | 255 | VOWST .....                                | 172    |
| VECTICAL .....                    | 92  | VIGPODER .....                 | 327 | VOXZOGO .....                              | 329    |
| VELIVET TRIPHASIC REGIMEN         |     | VIIBRYD .....                  | 274 | VOYDEYA .....                              | 362    |
| (28) .....                        | 22  | VIJOICE .....                  | 6   | VP-CH-PNV .....                            | 43     |
| VELPHORO .....                    | 271 | <i>vilazodone</i> .....        | 274 | VRAYLAR .....                              | 288    |
| VELSIPITY .....                   | 215 | VIMPAT .....                   | 327 | VTAMA .....                                | 92     |
| VELTASSA .....                    | 271 | VIOKACE .....                  | 346 | VUITY .....                                | 248    |
| VEMLIDY .....                     | 187 | VIORELE (28) .....             | 22  | VUMERITY .....                             | 219    |
| VENCLEXTA .....                   | 210 | VIOS AEROSOL DELIVERY          |     | VUSION .....                               | 64     |
| VENCLEXTA STARTING PACK ..        | 210 | SYSTEM .....                   | 34  | VYALEV .....                               | 172    |
| VENELEX .....                     | 260 | VIRACEPT .....                 | 188 | VYFEMLA (28) .....                         | 22     |
| <i>venlafaxine</i> .....          | 277 | VIRASAL .....                  | 90  | VYKAT XR .....                             | 259    |
| <i>venlafaxine besylate</i> ..... | 277 | VIRAZOLE .....                 | 190 | VYLIBRA .....                              | 22     |
| VENNGEL II .....                  | 80  | VIREAD .....                   | 190 | VYNDAMAX .....                             | 145    |
| VENNGEL ONE .....                 | 80  | VISCO-3 .....                  | 194 | VYNDAQEL .....                             | 146    |
| VENTAVIS .....                    | 156 | VISTASEAL-FIBRIN SEALANT ....  | 360 | VYTONE .....                               | 59     |
| VENTOLIN HFA .....                | 27  | VISTOGARD .....                | 215 | VYTORIN 10-10 .....                        | 166    |
| VENXXIVA .....                    | 315 | VITAFOL FE+ (WITH DOCUSATE) .. | 43  | VYTORIN 10-20 .....                        | 166    |
| VEOZAH .....                      | 45  | VITAFOL GUMMIES .....          | 45  | VYTORIN 10-40 .....                        | 166    |
| <i>verapamil</i> .....            | 153 | VITAMIN D2 .....               | 44  | VYTORIN 10-80 .....                        | 166    |
| VERDESO .....                     | 78  | VITAMIN K .....                | 365 | VYVANSE .....                              | 281    |
| VEREGEN .....                     | 60  | VITAMIN K1 .....               | 365 | VYVGART HYTRULO .....                      | 297    |
| VERIFINE SAFETY LANCET MINI       | 305 | VITRAKVI .....                 | 214 | VYZULTA .....                              | 248    |
| VERIFINE UNIVERSAL LANCET ..      | 305 | VIVAGUARD INO CTRL SOLN-       |     | WAINUA .....                               | 5      |
| VERIPRED 20 .....                 | 199 | L1,2,3 .....                   | 145 | WAKIX .....                                | 279    |
| VERKAZIA .....                    | 257 | VIVAGUARD INO CTRL SOLN-       |     | <i>warfarin</i> .....                      | 354    |
| VERQUVO .....                     | 145 | L1,L3 .....                    | 145 | <i>water for irrigation, sterile</i> ..... | 87     |
| VERSACLOZ .....                   | 287 | VIVAGUARD INO CTRL SOLN-L2 ..  | 145 | WAYRILZ .....                              | 214    |
| VERTIGOHEEL .....                 | 265 | VIVAGUARD INO TEST STRIP ....  | 129 | WAYZEN .....                               | 90     |
| VERZENIO .....                    | 214 | VIVAGUARD LANCET .....         | 306 | WEGOVY .....                               | 270    |
| VESICARE .....                    | 316 | VIVAGUARD SAFETY LANCET ...    | 306 | WELCHOL .....                              | 167    |
| VESICARE LS .....                 | 316 | VIVELLE-DOT .....              | 49  | WELERIS .....                              | 90     |
| VESTURA (28) .....                | 22  | VIVJOA .....                   | 182 | WELIREG .....                              | 205    |
| VEVEN .....                       | 94  | VIVOTIF .....                  | 222 | WELLBUTRIN SR .....                        | 276    |

|                             |     |                          |          |                              |          |
|-----------------------------|-----|--------------------------|----------|------------------------------|----------|
| WELLBUTRIN XL.....          | 276 | XELPROS.....             | 248      | YESINTEK.....                | 199      |
| WERA (28).....              | 22  | XELRIA FE.....           | 22       | YEZTUGO.....                 | 187      |
| WESNATAL DHA COMPLETE.....  | 43  | XELSTRYM.....            | 281      | YOKATAR.....                 | 98       |
| WESTAB PLUS.....            | 44  | XEMBIFY.....             | 222      | YONI FIT BLADDER SUPPORT...  | 308      |
| WHYTEDERM SURGIPAK.....     | 260 | XENAZINE.....            | 220      | YONSA.....                   | 206      |
| WHYTEDERM TDKAK.....        | 78  | XENLETA.....             | 172      | YORVIPATH.....               | 333      |
| WHYTEDERM TRILASIL PAK..... | 78  | XEPI.....                | 61       | YOSPRALA.....                | 363      |
| WIDE-SEAL DIAPHRAGM 60..... | 23  | XERESE.....              | 60       | YUPELRI.....                 | 28       |
| WIDE-SEAL DIAPHRAGM 65..... | 23  | XERMELO.....             | 342      | YUTREPIA.....                | 156      |
| WIDE-SEAL DIAPHRAGM 70..... | 23  | XEROFORM.....            | 311      | YUVAFEM.....                 | 367      |
| WIDE-SEAL DIAPHRAGM 75..... | 23  | XEROFORM PETROLATUM      |          | ZAFEMY.....                  | 22       |
| WIDE-SEAL DIAPHRAGM 80..... | 23  | DRESSING.....            | 311      | <i>zafirlukast</i> .....     | 27       |
| WIDE-SEAL DIAPHRAGM 85..... | 23  | XEROFORM PETROLATUM      |          | <i>zaleplon</i> .....        | 291      |
| WIDE-SEAL DIAPHRAGM 90..... | 23  | OVERWRAP.....            | 311      | ZANAFLEX.....                | 339      |
| WIDE-SEAL DIAPHRAGM 95..... | 23  | XHANCE.....              | 9        | ZARAH.....                   | 22       |
| WILATE.....                 | 357 | XIFAXAN.....             | 184      | ZARONTIN.....                | 327      |
| WILLIS THE WHALE            |     | XIGDUO XR.....           | 130      | ZARXIO.....                  | 355      |
| COMPRESSR NEB.....          | 34  | XIIDRA.....              | 257      | ZAVESCA.....                 | 265      |
| WINLEVI.....                | 50  | XILAPAK.....             | 78       | ZAVZPRET.....                | 243      |
| WINREVAIR.....              | 148 | XIMINO.....              | 181      | ZCORT.....                   | 199      |
| WINTERGREEN OIL.....        | 87  | XIRUN.....               | 90       | ZEGALOGUE AUTOINJECTOR...    | 130      |
| WIXELA INHUB.....           | 36  | XOFLUZA.....             | 190      | ZEGALOGUE SYRINGE.....       | 130      |
| WOMEN'S PRENATAL PLUS DHA   | 44  | XOLAIR.....              | 28       | ZEJULA.....                  | 214      |
| WOUNDGELHA MATRIX.....      | 88  | XOLEGEL.....             | 64       | ZELAPAR.....                 | 172      |
| WPR PLUS.....               | 85  | XOLREMDI.....            | 6        | ZELBORAF.....                | 208      |
| WYMZYA FE.....              | 22  | XOPENEX HFA.....         | 27       | ZELSUVMI.....                | 259      |
| WYNZORA.....                | 95  | XOSPATA.....             | 214      | ZEMAIRA.....                 | 6        |
| XACIATO.....                | 366 | XPHOZAH.....             | 271      | ZEMBRACE SYMTOUCH.....       | 243      |
| XADAGO.....                 | 172 | XPOVIO.....              | 206      | ZEMPLAR.....                 | 330      |
| XALATAN.....                | 248 | XROMI.....               | 353      | ZENATANE.....                | 51       |
| XALIX.....                  | 90  | XRYLIX (DICLOFENAC-KINES |          | ZENPEP.....                  | 347      |
| XALKORI.....                | 214 | TAPE).....               | 80       | ZENPHOR.....                 | 311      |
| XANAX.....                  | 283 | XTAMPZA ER.....          | 237, 238 | ZENZEDI.....                 | 281, 282 |
| XANAX XR.....               | 283 | XTANDI.....              | 206      | ZEPATIER.....                | 193      |
| XARACOLL.....               | 11  | XULANE.....              | 22       | ZEPBOUND.....                | 270      |
| XARAH FE.....               | 22  | XULTOPHY 100/3.6.....    | 103      | ZEPOSIA.....                 | 215      |
| XARELTO.....                | 363 | XUREA.....               | 90       | ZEPOSIA STARTER KIT (28-DAY) |          |
| XARELTO DVT-PE TREAT 30D    |     | XURIDEN.....             | 270      | .....                        | 215      |
| START.....                  | 363 | XYLIDERM.....            | 85       | ZEPOSIA STARTER PACK (7-     |          |
| XATMEP.....                 | 208 | XYNTHA.....              | 358      | DAY).....                    | 215      |
| XCELLISTEM.....             | 268 | XYNTHA SOLOFUSE.....     | 358      | ZERVIAE.....                 | 255      |
| XCLAIR.....                 | 87  | XYOSTED.....             | 47       | ZESTORETIC.....              | 160      |
| XCOPRI.....                 | 327 | XYREM.....               | 284      | ZESTRIL.....                 | 157      |
| XCOPRI MAINTENANCE PACK...  | 327 | XYWAV.....               | 284      | ZETIA.....                   | 167      |
| XCOPRI TITRATION PACK.....  | 327 | YARGESA.....             | 265      | ZETONNA.....                 | 9        |
| XDEMVY.....                 | 250 | YASMIN (28).....         | 22       | ZIAGEN.....                  | 189      |
| XELJANZ.....                | 201 | YAXATARXYN.....          | 98       | ZICLOCIN.....                | 80       |
| XELJANZ XR.....             | 201 | YAZ (28).....            | 22       | ZICLOPRO.....                | 80       |
| XELODA.....                 | 208 | YCANTH.....              | 87       | <i>zidovudine</i> .....      | 189      |

|                              |         |               |     |
|------------------------------|---------|---------------|-----|
| ZIEXTENZO .....              | 355     | ZYPRAM .....  | 341 |
| ZILACAIN PATCH .....         | 85      | ZYPREXA ..... | 287 |
| ZILBRYSQ .....               | 362     | ZYTIGA .....  | 206 |
| <i>zileuton</i> .....        | 37      | ZYVOX .....   | 175 |
| ZILOVAL .....                | 85      |               |     |
| ZILXI .....                  | 61      |               |     |
| ZIMHI .....                  | 282     |               |     |
| <i>zinc oxide</i> .....      | 88      |               |     |
| ZIOPTAN (PF) .....           | 249     |               |     |
| <i>ziprasidone hcl</i> ..... | 287     |               |     |
| ZIRGAN .....                 | 255     |               |     |
| ZITHRANOL .....              | 92      |               |     |
| ZITHROMAX .....              | 174     |               |     |
| ZITHROMAX TRI-PAK .....      | 174     |               |     |
| ZITHROMAX Z-PAK .....        | 174     |               |     |
| ZITUVIO .....                | 100     |               |     |
| ZMA CLEAR .....              | 66      |               |     |
| ZOCOR .....                  | 165     |               |     |
| ZOKINVY .....                | 6       |               |     |
| ZOLINZA .....                | 209     |               |     |
| <i>zolmitriptan</i> .....    | 243     |               |     |
| ZOLOFT .....                 | 278     |               |     |
| <i>zolpidem</i> .....        | 291     |               |     |
| ZOMACTON .....               | 333     |               |     |
| ZOMIG .....                  | 243     |               |     |
| ZONEGRAN .....               | 327     |               |     |
| ZONISADE .....               | 327     |               |     |
| <i>zonisamide</i> .....      | 327     |               |     |
| ZONTIVITY .....              | 363     |               |     |
| ZORTRESS .....               | 226     |               |     |
| ZORVOLEX .....               | 205     |               |     |
| ZORYVE .....                 | 80, 92  |               |     |
| ZOVIA 1-35 (28) .....        | 22      |               |     |
| ZOVIRAX .....                | 64, 190 |               |     |
| ZTALMY .....                 | 317     |               |     |
| ZTLIDO .....                 | 85      |               |     |
| ZUBSOLV .....                | 227     |               |     |
| ZUMANDIMINE (28) .....       | 22      |               |     |
| ZUNVEYL .....                | 298     |               |     |
| ZURZUVAE .....               | 273     |               |     |
| ZYCLARA .....                | 224     |               |     |
| ZYDELIG .....                | 214     |               |     |
| ZYFLO .....                  | 37      |               |     |
| ZYKADIA .....                | 214     |               |     |
| ZYLET .....                  | 256     |               |     |
| ZYLOPRIM .....               | 226     |               |     |
| ZYMFENTRA .....              | 200     |               |     |
| ZYNRELEF .....               | 11      |               |     |
| ZYPITAMAG .....              | 165     |               |     |