



Listado de medicamentos esenciales de 2024

Lista de medicamentos — Plan de medicamentos de tres niveles New York fully inasegurado

Su beneficio de prescripción viene con una lista de medicamentos, que también se llama formulario. Esta lista se compone de nombre de marca y medicamentos genéricos recetados aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA). Aquí hay algunas cosas para recordar acerca de la lista:

- Usted y su médico pueden usarlo como guía para elegir los medicamentos que sean mejores para usted. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y le cuesten más de su bolsillo.
- Su cobertura tiene limitaciones y exclusiones, lo que significa que hay ciertas reglas sobre lo que está cubierto por su plan y lo que no. Para obtener más información, vea su Certificado/Evidencia de cobertura o su Descripción resumida del plan iniciando sesión en anthem.com y vaya a Mi plan -> **Beneficios-> Documentos del plan**.
- Para ayudarlo a ver cómo funciona la lista de medicamentos con su beneficio de medicamentos, hemos incluido algunas preguntas frecuentes (FAQ) sobre cómo está configurada la lista y qué hacer si un medicamento que toma no está en ella.
- Este folleto se actualiza trimestralmente. Para ver la lista más actualizada de medicamentos para su plan, incluidos los medicamentos que se han agregado, los medicamentos genéricos y más, inicie sesión en anthembluecross.com/ny-drug-list.

Si tiene preguntas sobre sus beneficios de farmacia, estamos aquí para ayudarlo. Simplemente llámenos al Miembro de Farmacia Número de servicios en su tarjeta de identificación.



Lista de Medicamentos Esenciales

¿Qué es una lista de medicamentos?

La lista de medicamentos, también llamada formulario, es una lista de medicamentos recetados que cubre su plan. Incluye cientos de medicamentos de marca y genéricos aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA).

¿Es esta una lista completa de todos los medicamentos cubiertos?

Sí, esta es una lista completa de todos los medicamentos en la lista de medicamentos. Sin embargo, es posible que un medicamento (s) en esta lista no esté cubierto, dependiendo del diseño de su plan. Su cobertura tiene limitaciones y exclusiones, lo que significa que hay ciertas condiciones que determinan qué cubre su plan y qué no. Para obtener más información, lea su Certificado/Evidencia de cobertura o su Descripción resumida del plan, que obtuvo cuando se inscribió en su plan.

¿Cómo puedo encontrar un medicamento en la lista?

Los medicamentos se enumeran en orden alfabético según el nombre de su clase de medicamento, también llamada clase terapéutica. Puede buscar en la lista de medicamentos en PDF por:

- Nombre del medicamento, usando Ctrl + F en su teclado, luego escriba el nombre del medicamento que está buscando.
- Clase de fármaco, utilizando las categorías enumeradas en orden alfabético.

La columna Notas le dirá si necesita aprobación previa antes de poder tomar el medicamento (llamado autorización previa o PA), o si necesita probar otros medicamentos primero para su tratamiento (llamado terapia escalonada o ST).

Cuando busco en la lista, veo que cada medicamento está en un nivel. ¿Para qué sirven los niveles?

La lista de medicamentos se configura en niveles o niveles. Colocamos los medicamentos en diferentes niveles según lo bien que funcionan para mejorar la salud, si hay opciones de venta libre (OTC) y sus costos en comparación con otros medicamentos utilizados para el mismo tipo de tratamiento. Su parte del costo del medicamento dependerá del nivel en el que se encuentre un medicamento. Cuanto más bajo sea el nivel, menor será su parte del costo. Aquí hay un desglose de los niveles en su plan:

- Los medicamentos de nivel 1 tienen el costo compartido más bajo para usted. Por lo general, estos son medicamentos genéricos que ofrecen el mejor valor en comparación con otros medicamentos que tratan las mismas afecciones.
- Los medicamentos de Nivel 2 tienen un costo compartido más alto que el Nivel 1. Pueden ser medicamentos de marca preferidos, según lo bien que funcionen y su costo en comparación con otros medicamentos utilizados para el mismo tipo de tratamiento. Algunos son medicamentos genéricos que pueden costar más porque son más nuevos en el mercado.
- Los medicamentos de nivel 3 tienen el costo compartido más alto. A menudo incluyen medicamentos de marca y genéricos no preferidos. Pueden costar más que los medicamentos en niveles inferiores que se usan para tratar la misma afección. El Nivel 3 también puede incluir medicamentos que fueron aprobados recientemente por la FDA o medicamentos especializados que se usan para tratar afecciones de salud graves a largo plazo y que pueden necesitar un manejo especial.



¿Cómo sabré si mi medicamento está cubierto y cuánto me costará?

A través de Internet, con la herramienta [Precios de medicamentos](#), puede obtener información sobre la cobertura y los precios de los medicamentos de una serie de farmacias minoristas de su código postal.

Si mi medicamento no está en la lista de medicamentos, ¿cuáles son mis opciones?

Aquí hay algunas cosas en las que pensar:

- Si desea tomar un medicamento que no está en la lista de medicamentos, es posible que tenga que pagar el costo total del mismo.
- También puede hablar con su médico o farmacéutico para ver si hay otro medicamento cubierto por su plan que funcione igual de bien, o si los medicamentos genéricos o de venta libre son una opción. Solo usted y su médico pueden decidir qué medicamentos son adecuados para usted.
- Puede buscar medicamentos genéricos en [anthem.com](#). Los medicamentos de venta libre no se muestran en la lista.
- Si un medicamento que está tomando no está cubierto, su médico puede pedirnos que revisemos la cobertura. Este proceso se denomina aprobación previa o autorización previa. Su médico puede comenzar el proceso llamando al número de Servicios para Miembros que figura en el reverso de su tarjeta de identificación de miembro o descargando un formulario de autorización previa de nuestro sitio web y enviándolo. Si su solicitud es aprobada, la cantidad que pague por el medicamento dependerá del beneficio de su plan.
- Si el anticonceptivo que está tomando no está en el formulario, su médico puede comunicarse con nosotros si es médicalemente necesario porque los anticonceptivos preferidos son inapropiados para usted, y renunciaremos a su costo compartido.

¿Quién decide qué medicamentos están en la lista?

Los medicamentos en la lista se revisan a través de nuestro proceso de Farmacia y Terapéutica (P&T). En este proceso, un grupo de médicos, farmacéuticos y otros profesionales de la salud independientes deciden qué medicamentos incluimos en nuestras listas. Este grupo se reúne regularmente para analizar medicamentos nuevos y existentes y recomienda medicamentos en función de cuán seguros son, qué tan bien funcionan y el valor que ofrecen a nuestros miembros.

¿Cuál es la diferencia entre los medicamentos de marca y los genéricos?

Un medicamento de marca está aprobado por la FDA y generalmente está disponible en un solo fabricante. Puede estar protegido por una patente, lo que significa que solo puede ser fabricado o vendido por la empresa que tiene la patente.

Un medicamento genérico también está aprobado por la FDA y tiene los mismos ingredientes activos que el medicamento de marca. Pero un medicamento genérico generalmente está disponible solo después de que finaliza la patente del medicamento de marca. Puede parecer diferente, pero un medicamento genérico funciona igual que el medicamento de marca.



¿Cambia la lista de medicamentos y cómo sabré si lo hace?

Los medicamentos en nuestra lista se revisan regularmente. A veces, los medicamentos se agregan, eliminan o mueven a un nivel diferente. Le informaremos si un medicamento que toma se elimina de la lista y, en algunos casos, si un medicamento que toma se mueve a un nivel superior.

Siempre puede revisar la lista de medicamentos para asegurarse de que los medicamentos que toma todavía estén en ella. Encontrará la lista de medicamentos más actualizada cuando inicie sesión en anthem.com.

¿Mi plan cubre medicamentos preventivos?

Cubrimos medicamentos de atención preventiva con costo compartido cero en cumplimiento con la Ley del Cuidado de Salud a Bajo Precio (ACA).



Términos clave

Aquí hay algunos términos y notas que encontrará en la lista de medicamentos.

Los medicamentos de marca están en MAYÚSCULAS, negrita.

Los medicamentos genéricos están en minúsculas, tipo simple.

\$0 = medicamentos preventivos. Para algunos miembros, este producto puede estar cubierto al 100% con un costo compartido de \$ 0 con un Receta de su proveedor si se cumplen los criterios especificados.

AL = límites de edad. Algunos medicamentos requieren una autorización previa si su edad no se ajusta a las recomendaciones clínicas, del fabricante del medicamento o de la Administración de Alimentos y Medicamentos (FDA).

BE = exclusión de prestaciones. Este medicamento puede no estar cubierto en función del diseño de su plan. Para saber si su medicamento está cubierto, inicie sesión en el portal del afiliado o utilice la aplicación Sydney para [Precios de medicamentos](#) y consulte los documentos de su plan.

DO = optimización de la dosis. Por lo general, esto significa que es posible que tenga que cambiar de tomar un medicamento dos veces al día a tomarlo una vez al día con una concentración más alta.

LD = distribución limitada. Estos medicamentos están disponibles solo a través de ciertas farmacias o mayoristas, dependiendo de lo que decida el fabricante.

PA = autorización previa. Es posible que deba obtener la aprobación de beneficios antes de que se puedan surtir ciertas recetas.

QL = límites de cantidad. Hay límites en la cantidad de medicamento cubierto dentro de un cierto período de tiempo.

SP = medicamentos especializados. Los medicamentos especializados se usan para tratar afecciones difíciles a largo plazo. Es posible que necesite obtener este medicamento a través de una farmacia especializada.

ST = terapia escalonada. Es posible que deba usar otro medicamento recomendado primero antes de que un medicamento recetado esté cubierto.

Recursos de farmacia en línea

Encuentre la farmacia de su red más cercana, obtenga la información de cobertura más actualizada en su lista de medicamentos, incluidos detalles sobre el precio de sus medicamentos, marcas y genéricos, opciones de dosis / concentración y mucho más, cuando inicie sesión en anthembluecross.com/ny-drug-list.

Una nota sobre los analgésicos opioides: En respuesta a la epidemia de opioides, la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA) alentó el desarrollo de analgésicos que previenen el uso indebido. Usted puede pagar menos por estos tipos de opioides en ciertos estados.

Los medicamentos pueden ser excluidos de la lista según el diseño de beneficios de su plan.

Lista de Medicamentos Esenciales

tres niveles

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tres niveles

CURRENT AS OF 10/1/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ADYUVANTES FARMACÉUTICOS | | |
| VEHÍCULOS SEMISÓLIDOS | | |
| ft petroleum jelly external gel | 1 or 1b* | |
| AGENTES ANORRECTALES | | |
| AGENTES VASODILATADORES DE NITRATOS | | |
| nitroglycerin rectal ointment | 2 | QL |
| ANESTÉSICOS/ESTEROIDES RECTALES | | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 or 1b* | |
| ESTEROIDES INTRARRECTALES | | |
| budesonide rectal foam | 2 | QL |
| hydrocortisone rectal enema | 1 or 1b* | |
| ESTEROIDES RECTALES | | |
| hydrocortisone (perianal) external cream | 1 or 1b* | |
| PROCTOCORT EXTERNAL CREAM | | |
| procto-med hc external cream | 1 or 1b* | |
| proctosol hc external cream | 1 or 1b* | |
| proctozone-hc external cream | 1 or 1b* | |
| AGENTES ANSIOLÍTICOS | | |
| AGENTES ANSIOLÍTICOS VARIOS | | |
| buspirone hcl oral tablet | 1 or 1b* | |
| droperidol injection solution | 1 or 1b* | |
| hydroxyzine hcl intramuscular solution | 1 or 1b* | |
| hydroxyzine hcl oral syrup | 1 or 1b* | |
| hydroxyzine hcl oral tablet | 1 or 1b* | |
| hydroxyzine pamoate oral capsule | 1 or 1a* | |
| meprobamate oral tablet | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| BENZODIAZEPINAS | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 or 1b* | DO |
| alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg | 1 or 1b* | QL |
| alprazolam oral tablet | 1 or 1b* | QL |
| alprazolam oral tablet dispersible | 1 or 1b* | QL |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 or 1b* | DO |
| alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg | 1 or 1b* | QL |
| chlordiazepoxide hcl oral capsule | 1 or 1b* | QL |
| clorazepate dipotassium oral tablet | 1 or 1b* | QL |
| diazepam injection solution 10 mg/2ml | 1 or 1a* | |
| diazepam intensol oral concentrate | 1 or 1a* | QL |
| diazepam oral concentrate | 1 or 1a* | QL |
| diazepam oral solution 5 mg/5ml | 1 or 1a* | |
| diazepam oral tablet | 1 or 1a* | QL |
| lorazepam injection solution | 1 or 1b* | |
| lorazepam intensol oral concentrate | 1 or 1b* | QL |
| lorazepam oral concentrate 2 mg/ml | 1 or 1b* | QL |
| lorazepam oral tablet | 1 or 1b* | QL |
| oxazepam oral capsule | 2 | QL |
| AGENTES ANTIANGINOSOS | | |
| AGENTES ANTIANGINOSOS - OTRO | | |
| ranolazine er oral tablet extended release 12 hour | 2 | QL |
| NITRATOS | | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1 or 1b* | |
| isosorbide dinitrate oral tablet 40 mg | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 or 1b* | |
| isosorbide mononitrate oral tablet | 1 or 1b* | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 2 | |
| nitroglycerin in d5w intravenous solution | 1 or 1b* | |
| nitroglycerin sublingual tablet sublingual | 1 or 1b* | |
| nitroglycerin transdermal patch 24 hour | 1 or 1b* | |
| nitroglycerin translingual solution | 2 | |
| AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES | | |
| AGENTES ANTIINFLAMATORIOS | | |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | |
| ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA) | | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO | | |
| montelukast sodium oral packet | 1 or 1b* | QL |
| montelukast sodium oral tablet | 1 or 1b* | QL |
| montelukast sodium oral tablet chewable | 1 or 1b* | QL |
| zafirlukast oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTICUERPOS MONOCLONALES ANTI-IGE | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 3 | PA; LD; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| BETA AGONISTAS | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 or 1b* | QL |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 1 or 1b* | QL |
| albuterol sulfate oral syrup | 1 or 1b* | |
| albuterol sulfate oral tablet | 1 or 1b* | |
| arformoterol tartrate inhalation nebulization solution | 2 | QL |
| formoterol fumarate inhalation nebulization solution | 2 | QL |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 2 | QL |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | ST; QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|---|----------|--------|
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL | fluticasone-salmeterol inhalation aerosol | 1 or 1b* | QL |
| terbutaline sulfate injection solution | 1 or 1b* | | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act | 1 or 1b* | QL |
| terbutaline sulfate oral tablet | 1 or 1b* | | ipratropium-albuterol inhalation solution | 1 or 1b* | QL |
| BRONCODILATADORES - ANTICOLINÉRGICOS | | | STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL | TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 2 | QL |
| ipratropium bromide inhalation solution | 1 or 1b* | QL | wixela inhlu inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 or 1b* | QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | QL | INHALANTES DE ESTEROIDES | | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL | ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| tiotropium bromide monohydrate inhalation capsule | 2 | QL | budesonide inhalation suspension | 1 or 1b* | QL |
| COMBINACIÓN DE ADRENÉRGICOS | | | fluticasone propionate diskus inhalation aerosol powder breath activated | 2 | QL |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | QL | fluticasone propionate hfa inhalation aerosol | 2 | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 2 | QL | QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| BREYNA INHALATION AEROSOL | 1 or 1b* | QL | INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS | | |
| BREZTRI AEROSPHERE INHALATION AEROSOL | 2 | QL | roflumilast oral tablet | 2 | PA; QL |
| budesonide-formoterol fumarate inhalation aerosol | 1 or 1b* | QL | XANTINAS | | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL | aminophylline intravenous solution | 1 or 1b* | |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act | 2 | QL | ELIXOPHYLLIN ORAL ELIXIR | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| theophylline er oral tablet extended release 12 hour 100 mg, 200 mg | 1 or 1b* | |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 or 1b* | QL |
| theophylline er oral tablet extended release 24 hour | 1 or 1b* | QL |
| theophylline oral elixir | 1 or 1b* | QL |
| theophylline oral solution | 1 or 1b* | QL |
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| *URINARY ANTI-INFECTIVES*** | | |
| fosfomycin tromethamine oral packet | 1 or 1b* | |
| methenamine hippurate oral tablet | 2 | |
| nitrofurantoin macrocrystal oral capsule | 1 or 1b* | |
| nitrofurantoin monohyd macro oral capsule | 1 or 1b* | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | 1 or 1b* | |
| AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES | | |
| sulfamethoxazole-trimethoprim intravenous solution | 2 | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 or 1a* | |
| sulfamethoxazole-trimethoprim oral tablet | 1 or 1a* | |
| sulfatrim pediatric oral suspension | 1 or 1a* | |
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| metronidazole oral capsule | 1 or 1a* | |
| metronidazole oral tablet | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| pentamidine isethionate inhalation solution reconstituted | 2 | |
| pentamidine isethionate injection solution reconstituted | 3 | |
| tinidazole oral tablet | 1 or 1b* | QL |
| TRIMETHOPRIM ORAL TABLET | 1 or 1a* | |
| XIFAXAN ORAL TABLET | 3 | PA; QL |
| AGENTES ANTIPROTOZOARIOS | | |
| atovaquone oral suspension | 2 | |
| nitazoxanide oral tablet | 2 | QL |
| AGENTES LEPROSTÁTICOS | | |
| dapsone oral tablet | 2 | |
| CARBAPENEMAS | | |
| meropenem intravenous solution reconstituted 1 gm, 500 mg | 2 | |
| CLORANFENICOLES | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 2 | |
| COMBINACIONES DE CARBAPENEMAS | | |
| imipenem-cilastatin intravenous solution reconstituted | 2 | |
| GLUCOPÉPTIDOS | | |
| vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg | 2 | QL |
| vancomycin hcl oral capsule | 2 | PA; QL |
| vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml | 2 | PA; QL |
| VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML | 2 | PA; QL |
| LINCOSAMIDAS | | |
| clindamycin hcl oral capsule | 1 or 1b* | |
| clindamycin palmitate hcl oral solution reconstituted | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| clindamycin phosphate in d5w intravenous solution | 1 or 1b* | |
| clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml | 1 or 1b* | |
| MONOBACTÁMICOS | | |
| aztreonam injection solution reconstituted | 2 | |
| OXAZOLIDONAS | | |
| linezolid intravenous solution 600 mg/300ml | 1 or 1b* | |
| linezolid oral suspension reconstituted | 1 or 1b* | PA; QL |
| linezolid oral tablet | 1 or 1b* | PA; QL |
| POLIMIXINAS | | |
| colistimethate sodium (cba) injection solution reconstituted | 2 | |
| polymyxin b sulfate injection solution reconstituted | 2 | |
| AGENTES ANTIPISTÍCOS | | |
| AGENTES ANTIMIASES | | |
| pyridostigmine bromide er oral tablet extended release | 2 | |
| pyridostigmine bromide oral solution | 2 | |
| pyridostigmine bromide oral tablet | 2 | |
| AGENTES ANTIMITOBACTERIALES | | |
| AGENTES ANTIMICOBACTERIALES | | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 2 | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| PRIFTIN ORAL TABLET | | |
| pyrazinamide oral tablet | 2 | |
| rifabutin oral capsule | 2 | |
| rifampin intravenous solution reconstituted | 2 | |
| rifampin oral capsule | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| AGENTES ANTIPISCÓTICOS/ANTI MANÍACOS | | |
| AGENTES ANTIMANÍACOS | | |
| lithium carbonate er oral tablet extended release | 1 or 1a* | QL |
| lithium carbonate oral capsule 150 mg, 300 mg | 1 or 1a* | DO |
| lithium carbonate oral capsule 600 mg | 1 or 1a* | QL |
| lithium carbonate oral tablet | 1 or 1a* | DO |
| lithium oral solution | 1 or 1b* | |
| ANTIPSORIÁSICOS - VARIOS | | |
| lurasidone hcl oral tablet 120 mg, 80 mg | 2 | AL; QL |
| lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg | 2 | DO; AL |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG | 3 | ST; DO |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | 3 | ST; QL |
| ziprasidone hcl oral capsule 20 mg, 40 mg | 2 | DO; AL |
| ziprasidone hcl oral capsule 60 mg, 80 mg | 2 | AL; QL |
| ziprasidone mesylate intramuscular solution reconstituted | 2 | AL; QL |
| BENZISOXAZOLES | | |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg | 2 | DO; AL |
| paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg | 2 | AL; QL |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | AL; QL |
| risperidone microspheres er intramuscular suspension reconstituted er | 2 | AL; QL |
| risperidone oral solution | 1 or 1b* | AL; QL |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet 3 mg, 4 mg | 1 or 1b* | AL; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | 2 | DO; AL |
| risperidone oral tablet dispersible 3 mg, 4 mg | 2 | AL; QL |
| BENZODIACEPINAS | | |
| olanzapine intramuscular solution reconstituted | 2 | AL; QL |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 2 | DO; AL |
| olanzapine oral tablet 15 mg, 20 mg | 2 | AL; QL |
| olanzapine oral tablet dispersible 10 mg, 5 mg | 2 | DO; AL |
| olanzapine oral tablet dispersible 15 mg, 20 mg | 2 | AL; QL |
| BUTIROFENONAS | | |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | 1 or 1b* | AL; QL |
| haloperidol lactate injection solution 5 mg/ml | 1 or 1b* | AL |
| haloperidol lactate oral concentrate 2 mg/ml | 1 or 1b* | AL; QL |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| haloperidol oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | AL; QL |
| DERIVADOS DE LAS QUINOLEÍNAS | | |
| aripiprazole oral solution | 2 | AL; QL |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg | 2 | DO; AL |
| aripiprazole oral tablet 20 mg, 30 mg | 2 | AL; QL |
| aripiprazole oral tablet dispersible | 2 | AL; QL |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG | 3 | ST; DO |
| REXULTI ORAL TABLET 4 MG | 3 | ST; QL |
| DIBENZODIACEPÍNICO S | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | 2 | DO; AL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg | 2 | AL; QL |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 2 | DO; AL |
| quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg | 2 | AL; QL |
| DIBENZODIAZEPINAS | | |
| clozapine oral tablet 100 mg, 200 mg | 2 | AL; QL |
| clozapine oral tablet 25 mg, 50 mg | 2 | DO; AL |
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg | 2 | AL; QL |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | 2 | DO; AL |
| DIBENZOOXEPINO PIRROLES | | |
| asenapine maleate sublingual tablet sublingual 10 mg | 2 | AL; QL |
| asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg | 2 | DO; AL |
| DIBENZOAZAZEPINAS | | |
| loxpipamine succinate oral capsule 10 mg, 25 mg, 5 mg | 1 or 1b* | DO; AL |
| loxpipamine succinate oral capsule 50 mg | 1 or 1b* | AL; QL |
| DIHIDROINDOLONAS | | |
| molindone hcl oral tablet 10 mg, 5 mg | 2 | DO; AL |
| molindone hcl oral tablet 25 mg | 2 | AL; QL |
| FENOTIAZINAS | | |
| chlorpromazine hcl injection solution | 1 or 1b* | AL |
| CHLORPROMAZINE HCL ORAL CONCENTRATE | 1 or 1b* | AL; QL |
| chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| chlorpromazine hcl oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| compro rectal suppository | 1 or 1b* | AL |
| fluphenazine decanoate injection solution | 1 or 1b* | AL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|--|----------|----------------|
| fluphenazine hcl injection solution | 1 or 1b* | AL | COMBINACIÓN DE INHIBIDORES DE NEPRISILINA (ARNI) - ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | |
| fluphenazine hcl oral concentrate | 1 or 1b* | AL; QL | ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL |
| fluphenazine hcl oral elixir | 1 or 1b* | AL; QL | ENTRESTO ORAL TABLET | 3 | QL |
| fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg | 1 or 1b* | DO; AL | COMBINACIONES DE NITRATOS Y VASODILATADORES | | |
| fluphenazine hcl oral tablet 10 mg | 1 or 1b* | AL; QL | isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 2 | QL |
| perphenazine oral tablet 16 mg, 4 mg, 8 mg | 1 or 1b* | AL; QL | HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA | | |
| perphenazine oral tablet 2 mg | 1 or 1b* | DO; AL | ambrisentan oral tablet | 3 | PA; LD; QL; SP |
| prochlorperazine edisylate injection solution 10 mg/2ml | 1 or 1b* | AL | bosentan oral tablet | 3 | PA; LD; QL; SP |
| prochlorperazine maleate oral tablet | 1 or 1a* | AL | OPSUMIT ORAL TABLET | 3 | PA; LD; QL; SP |
| prochlorperazine rectal suppository | 1 or 1b* | AL | TRACLEER ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |
| thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL | HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA | | |
| thioridazine hcl oral tablet 100 mg | 1 or 1b* | AL; QL | alyq oral tablet | 3 | PA; QL; SP |
| trifluoperazine hcl oral tablet 1 mg, 2 mg | 1 or 1b* | DO; AL | sildenafil citrate oral suspension reconstituted | 3 | PA; QL; SP |
| trifluoperazine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | AL; QL | sildenafil citrate oral tablet 20 mg | 3 | PA; QL; SP |
| TIOXANTENOS | | | tadalafil (pah) oral tablet | 3 | PA; QL; SP |
| thiothixene oral capsule 1 mg, 2 mg, 5 mg | 1 or 1b* | PA; DO | INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP) | | |
| thiothixene oral capsule 10 mg | 1 or 1b* | PA; QL | sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | PA |
| AGENTES CARDIOVASCULARES VARIOS | | | tadalafil oral tablet 10 mg, 20 mg | 1 or 1b* | PA |
| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO | | | tadalafil oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; QL |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg | 1 or 1b* | QL | vardenafil hcl oral tablet dispersible | 1 or 1b* | PA |
| amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg | 1 or 1b* | DO | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|--|----------|------------|
| INHIBIDORES DEL NÓDULO SINUSAL | | | OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; LD; SP |
| ivabradine hcl oral tablet | 2 | PA; QL | XEMBIFY SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| VASODILATADORES DE LA PROSTAGLANDINA | | | AGENTES DERMATOLÓGICOS | | |
| treprostinil injection solution | 3 | PA; LD; SP | *ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** | | |
| VENTAVIS INHALATION SOLUTION | 3 | PA; LD; QL; SP | OPZELURA EXTERNAL CREAM | 3 | PA; QL |
| AGENTES DE INMUNIZACIÓN PASIVA | | | AGENTES PARA ROSÁcea | | |
| ANTITOXINAS - CONTRAVENENOS | | | azelaic acid external gel | 1 or 1b* | QL |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 2 | | brimonidine tartrate external gel | 2 | QL |
| ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 2 | | ivermectin external cream | 2 | QL |
| ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 2 | | metronidazole external cream | 1 or 1b* | QL |
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 2 | | metronidazole external gel | 1 or 1b* | QL |
| SUEROS INMUNOLÓGICOS | | | metronidazole external lotion | 1 or 1b* | QL |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP | ZILXI EXTERNAL FOAM | 2 | QL |
| GAMUNEX-C INJECTION SOLUTION | 3 | PA; LD; SP | AGENTES QUEROTOLÍTICOS/ANT IMICÓTICOS | | |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 3 | PA; LD; SP | podoftilox external gel | 2 | QL |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | podoftilox external solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| lidocaine hcl urethral/mucosal external prefilled syringe | 2 | |
| LIDOCAN EXTERNAL PATCH | 2 | PA; QL |
| TRIDACAIN II EXTERNAL PATCH | 2 | PA; QL |
| TRIDACAIN III EXTERNAL PATCH | 2 | PA; QL |
| ANTIBIÓTICOS PARA EL ACNÉ | | |
| clindacin etz external swab | 1 or 1b* | QL |
| CLINDACIN EXTERNAL FOAM | 1 or 1b* | QL |
| clindacin-p external swab | 1 or 1b* | QL |
| clindamycin phosphate external foam | 1 or 1b* | QL |
| clindamycin phosphate external gel 1 % | 1 or 1b* | QL |
| clindamycin phosphate external lotion | 1 or 1b* | QL |
| clindamycin phosphate external solution | 1 or 1b* | QL |
| clindamycin phosphate external swab | 1 or 1b* | QL |
| dapsone external gel 5 % | 1 or 1b* | ST; QL |
| dapsone external gel 7.5 % | 3 | ST; QL |
| ery external pad | 1 or 1b* | QL |
| erythromycin external gel | 1 or 1b* | QL |
| erythromycin external solution | 1 or 1b* | QL |
| sulfacetamide sodium (acne) external lotion | 1 or 1b* | |
| ANTIBIÓTICOS TÓPICOS | | |
| gentamicin sulfate external cream | 1 or 1b* | QL |
| gentamicin sulfate external ointment | 1 or 1b* | QL |
| mupirocin external ointment | 1 or 1b* | QL |
| ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS | | |
| fluorouracil external cream 5 % | 1 or 1b* | AL; QL |
| fluorouracil external solution | 1 or 1b* | AL; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ANTIMICÓTICOS - COMBINACIONES TÓPICAS | | |
| clotrimazole-betamethasone external cream | 1 or 1b* | QL |
| clotrimazole-betamethasone external lotion | 1 or 1b* | QL |
| nystatin-triamcinolone external cream | 1 or 1b* | QL |
| nystatin-triamcinolone external ointment | 1 or 1b* | QL |
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS | | |
| econazole nitrate external cream | 1 or 1b* | QL |
| ketoconazole external cream | 1 or 1b* | QL |
| ketoconazole external foam | 3 | QL |
| ketoconazole external shampoo 2 % | 1 or 1b* | QL |
| ketodan external foam | 3 | QL |
| luliconazole external cream | 1 or 1b* | ST; QL |
| oxiconazole nitrate external cream | 3 | ST; QL |
| sulconazole nitrate external cream | 1 or 1b* | ST; QL |
| sulconazole nitrate external solution | 1 or 1b* | ST; QL |
| ANTIMICÓTICOS RELACIONADOS CON EL OXABOROL TÓPICOS | | |
| tavaborole external solution | 2 | ST; QL |
| ANTIMICÓTICOS TÓPICOS | | |
| ciclodan external solution | 1 or 1b* | QL |
| ciclopirox external gel | 1 or 1b* | QL |
| ciclopirox external shampoo | 1 or 1b* | QL |
| ciclopirox external solution | 1 or 1b* | QL |
| ciclopirox olamine external cream | 1 or 1b* | QL |
| ciclopirox olamine external suspension | 1 or 1b* | QL |
| KLAYESTA EXTERNAL POWDER | 1 or 1b* | QL |
| naftifine hcl external cream | 2 | ST; QL |
| naftifine hcl external gel 2 % | 2 | ST; QL |
| nyamyc external powder | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|--------------|----------------|--|--------------|----------------|
| nystatin external cream | 1 or 1b* | QL | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| nystatin external ointment | 1 or 1b* | QL | TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP |
| nystatin external powder | 1 or 1b* | QL | TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 3 | PA; QL; SP |
| nystop external powder | 1 or 1b* | QL | TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSICO O LESIONES PREMALIGNAS - FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDEOS (AINE) TÓPICOS | | | TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| diclofenac sodium external gel 3 % | 2 | PA; QL | TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL; SP |
| ANTIPRURIGINOSOS - SISTÉMICOS | | | ANTIPRURIGINOSOS - TÓPICOS | | |
| acitretin oral capsule | 2 | QL | doxepin hcl external cream | 2 | PA; QL |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | ANTIPSORIÁSICOS | | |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP | calcipotriene external cream | 1 or 1b* | QL |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML | 3 | PA; LD; QL; SP | calcipotriene external foam | 1 or 1b* | QL |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | calcipotriene external ointment | 1 or 1b* | QL |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP | calcipotriene external solution | 1 or 1b* | QL |
| methoxsalen rapid oral capsule | 3 | SP | calcitrene external ointment | 1 or 1b* | QL |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL; SP | calcitriol external ointment | 1 or 1b* | QL |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | tazarotene external cream 0.1 % | 1 or 1b* | QL |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA; LD; QL; SP | tazarotene external gel | 2 | QL |
| TAZORAC EXTERNAL CREAM 0.05 % | | | TAZORAC EXTERNAL CREAM 0.05 % | 2 | QL |
| ZORYVE EXTERNAL CREAM 0.3 % | | | ZORYVE EXTERNAL CREAM 0.3 % | 3 | PA; QL |
| ANTIVIRALES - TÓPICOS | | | ANTIVIRALES - TÓPICOS | | |
| acyclovir external cream | | | acyclovir external cream | 1 or 1b* | PA; QL |
| acyclovir external ointment | | | acyclovir external ointment | 1 or 1b* | QL |
| penciclovir external cream | | | penciclovir external cream | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| COMBINACIONES ANESTÉSICAS TÓPICAS | | |
| lidocaine-prilocaine external cream | 2 | QL |
| lidocaine-prilocaine external kit | 2 | QL |
| COMBINACIONES DE ESTEROIDES - ANESTÉSICOS LOCALES | | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | 2 | |
| PRAMOSONE EXTERNAL LOTION | 2 | |
| COMBINACIONES DE ESTEROIDES TÓPICOS | | |
| calcipotriene-betameth diprop external ointment | 3 | ST; QL |
| calcipotriene-betameth diprop external suspension | 3 | ST; QL |
| COMBINACIONES PARA EL ACNÉ | | |
| adapalene-benzoyl peroxide external gel | 1 or 1b* | PA; QL |
| benzoyl peroxide-erythromycin external gel | 1 or 1b* | QL |
| clindamycin phos-benzoyl perox external gel 1.2-3.75 % | 2 | QL |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 % | 1 or 1b* | QL |
| clindamycin-tretinoin external gel | 3 | PA; QL |
| neuac external gel | 1 or 1b* | QL |
| CORTICOESTEROIDES - TÓPICOS | | |
| ala-cort external cream 1 % | 1 or 1a* | QL |
| alclometasone dipropionate external cream | 1 or 1b* | QL |
| alclometasone dipropionate external ointment | 1 or 1b* | QL |
| betamethasone dipropionate aug external cream | 1 or 1b* | QL |
| betamethasone dipropionate aug external gel | 1 or 1b* | QL |
| betamethasone dipropionate aug external lotion | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| betamethasone dipropionate aug external ointment | 1 or 1b* | QL |
| betamethasone dipropionate external cream | 1 or 1b* | QL |
| betamethasone dipropionate external lotion | 1 or 1b* | QL |
| betamethasone dipropionate external ointment | 1 or 1b* | QL |
| betamethasone valerate external cream | 1 or 1b* | QL |
| betamethasone valerate external lotion | 1 or 1b* | QL |
| betamethasone valerate external ointment | 1 or 1b* | QL |
| clobetasol propionate e external cream | 1 or 1b* | QL |
| clobetasol propionate emulsion external foam | 1 or 1b* | QL |
| clobetasol propionate external cream | 1 or 1b* | QL |
| clobetasol propionate external foam | 1 or 1b* | QL |
| clobetasol propionate external gel | 1 or 1b* | QL |
| clobetasol propionate external liquid | 1 or 1b* | QL |
| clobetasol propionate external lotion | 1 or 1b* | QL |
| clobetasol propionate external ointment | 1 or 1b* | QL |
| clobetasol propionate external shampoo | 1 or 1b* | QL |
| clobetasol propionate external solution | 1 or 1b* | QL |
| clodan external shampoo | 1 or 1b* | QL |
| desonide external cream | 1 or 1b* | QL |
| desonide external gel | 1 or 1b* | QL |
| desonide external lotion | 1 or 1b* | QL |
| desonide external ointment | 1 or 1b* | QL |
| fluocinolone acetonide body external oil | 1 or 1b* | QL |
| fluocinolone acetonide external cream | 1 or 1b* | QL |
| fluocinolone acetonide external ointment | 1 or 1b* | QL |
| fluocinolone acetonide external solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| fluocinolone acetonide scalp external oil | 1 or 1b* | QL |
| fluocinonide emulsified base external cream | 1 or 1b* | QL |
| fluocinonide external cream | 1 or 1b* | QL |
| fluocinonide external gel | 1 or 1b* | QL |
| fluocinonide external ointment | 1 or 1b* | QL |
| fluocinonide external solution | 1 or 1b* | QL |
| fluticasone propionate external cream | 1 or 1b* | QL |
| fluticasone propionate external lotion | 1 or 1b* | QL |
| fluticasone propionate external ointment | 1 or 1b* | QL |
| halobetasol propionate external cream | 1 or 1b* | QL |
| halobetasol propionate external ointment | 1 or 1b* | QL |
| hydrocortisone external cream 2.5 % | 1 or 1a* | QL |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | QL |
| hydrocortisone external ointment 2.5 % | 1 or 1a* | QL |
| mometasone furoate external cream | 1 or 1b* | QL |
| mometasone furoate external ointment | 1 or 1b* | QL |
| mometasone furoate external solution | 1 or 1b* | QL |
| tovet external foam | 1 or 1b* | QL |
| triamcinolone acetonide external cream | 1 or 1a* | QL |
| triamcinolone acetonide external lotion | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | QL |
| triderm external cream 0.5 % | 1 or 1a* | QL |
| DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-Injector | 3 | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 3 | PA; SP |
| EMOLIENTES | | |
| ammonium lactate external cream | 1 or 1b* | QL |
| ESCABICIDAS Y PEDICULICIDAS | | |
| crotan external lotion | 2 | QL |
| malathion external lotion | 1 or 1b* | QL |
| permethrin external cream | 1 or 1b* | QL |
| spinosad external suspension | 1 or 1b* | QL |
| IMIDAZOQUINOLINAMINAS INMUNOMODULADORA S TÓPICAS | | |
| imiquimod external cream | 1 or 1b* | QL |
| imiquimod pump external cream | 1 or 1b* | QL |
| INHIBIDORES DE LA 5-ALFA REDUCTASA TIPO II | | |
| finasteride oral tablet 1 mg | 1 or 1b* | |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) TÓPICOS | | |
| EUCRISA EXTERNAL OINTMENT | 3 | ST; QL |
| INMUNODEPRESORES MACRÓLIDOS - TÓPICOS | | |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| PRODUCTOS ANTISEBORREICOS | | |
| selenium sulfide external lotion | 1 or 1a* | QL |
| PRODUCTOS DE ALQUITRÁN | | |
| coal tar external solution | 1 or 1b* | |
| PRODUCTOS DE QUEMA | | |
| mafenide acetate external packet | 2 | |
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| PRODUCTOS PARA EL ACNÉ | | |
| accutane oral capsule | 2 | PA |
| adapalene external cream | 1 or 1b* | PA; QL |
| adapalene external gel 0.3 % | 1 or 1b* | PA; QL |
| adapalene external pad | 1 or 1b* | PA; QL |
| amnesteem oral capsule | 2 | PA |
| claravis oral capsule | 2 | PA |
| isotretinoin oral capsule | 2 | PA |
| tretinooin external cream | 1 or 1b* | PA; QL |
| tretinooin external gel | 1 or 1b* | PA; QL |
| tretinooin microsphere external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| tretinooin microsphere pump external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| zenatane oral capsule | 2 | PA |
| AGENTES DIARRÉICOS/PROBIÓTICOS | | |
| AGENTES ANTIAPERISTÁLTICOS | | |
| diphenoxylate-atropine oral liquid | 1 or 1b* | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| loperamide hcl oral capsule | 1 or 1b* | QL |
| AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS | | |
| ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA | | |
| mifepristone oral tablet 200 mg | 1 or 1b* | |
| AGENTES CALCIOMIMÉTICOS | | |
| cinacalcet hcl oral tablet | 3 | PA; QL |
| AGENTES DE SOMATOSTATINA | | |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
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| AGENTES PARA LA HIPOFOSFATASIA (HPP) | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 3 | PA |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA | | |
| cabergoline oral tablet | 1 or 1b* | QL |
| ANTAGONISTAS DEL GNRH/LHRH | | |
| ORILISSA ORAL TABLET | 2 | PA; QL |
| ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2 | | |
| tolvaptan oral tablet | 3 | PA; LD; QL; SP |
| BISFOSFONATOS | | |
| alendronate sodium oral solution | 1 or 1b* | QL |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 or 1b* | QL |
| FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| ibandronate sodium oral tablet | 1 or 1b* | QL |
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 or 1b* | QL |
| risedronate sodium oral tablet delayed release | 1 or 1b* | QL |
| CALCITONINAS | | |
| calcitonin (salmon) injection solution | 3 | |
| calcitonin (salmon) nasal solution | 2 | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|--|----------|----------------|
| ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS | | | HUMATROPE INJECTION CARTRIDGE | 3 | PA; QL; SP |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | | | NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | | | NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | | | SKYTROFA SUBCUTANEOUS CARTRIDGE | 3 | PA; LD; QL; SP |
| ESTIMULANTES DE OVULACIÓN - SINTÉTICOS | | | INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH | | |
| CLOMID ORAL TABLET | 1 or 1b* | PA | SYNAREL NASAL SOLUTION | 3 | PA; QL; SP |
| HORMONA PARATIROIDEA Y DERIVADOS | | | INHIBIDORES DEL LIGANDO RANK (RANKL) | | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | | | PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml | 3 | QL; SP | MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM) | | |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | | | raloxifene hcl oral tablet | 1 or 1b* | \$0; QL |
| teriparatide subcutaneous solution pen-injector | 3 | QL; SP | REFORZADOR DE LA CARNITINA - AGENTES | | |
| HORMONAS DEL CRECIMIENTO | | | levocarnitine intravenous solution | 2 | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | | | levocarnitine oral solution | 2 | |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | | | levocarnitine oral tablet | 2 | |
| | | | levocarnitine sf oral solution | 2 | |
| TRASTORNOS EN EL CICLO DE LA UREA - AGENTES | | | | | |
| | | | sodium phenylbutyrate oral powder 3 gm/tsp | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| sodium phenylbutyrate oral tablet | 3 | PA; LD; QL; SP |
| TRATAMIENTO CON FENILBUTAZONAS - AGENTES | | |
| JAVYGTOR ORAL PACKET | 3 | PA; LD |
| JAVYGTOR ORAL TABLET | 3 | PA; LD |
| sapropterin dihydrochloride oral packet | 3 | PA; LD; SP |
| sapropterin dihydrochloride oral tablet | 3 | PA; LD; SP |
| TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES | | |
| carglumic acid oral tablet soluble | 3 | PA |
| TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES | | |
| betaine oral powder | 3 | |
| TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES | | |
| nitisinone oral capsule 10 mg, 2 mg, 5 mg | 3 | PA; SP |
| nitisinone oral capsule 20 mg | 3 | PA |
| ORFADIN ORAL CAPSULE 20 MG | 3 | PA |
| TRATAMIENTO DEL HIPERPARATIROIDISM O - ANÁLOGOS DE VITAMINA D | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA |
| calcitriol oral capsule | 1 or 1b* | PA |
| calcitriol oral solution | 2 | PA |
| doxercalciferol intravenous solution | 2 | PA |
| doxercalciferol oral capsule | 2 | PA |
| paricalcitol oral capsule | 2 | PA |
| VASOPRESINA | | |
| desmopressin ace spray refrigerated nasal solution | 1 or 1b* | |
| desmopressin acetate injection solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| desmopressin acetate oral tablet 0.1 mg | 1 or 1b* | DO |
| desmopressin acetate oral tablet 0.2 mg | 1 or 1b* | QL |
| desmopressin acetate pf injection solution | 1 or 1b* | |
| desmopressin acetate spray nasal solution | 1 or 1b* | |
| vasopressin +rfid intravenous solution | 2 | |
| vasopressin intravenous solution | 2 | |
| AGENTES GASTROINTESTINALES VARIOS | | |
| ACIDULANTES INTESTINALES | | |
| enulose oral solution | 1 or 1b* | QL |
| generlac oral solution | 1 or 1b* | QL |
| lactulose encephalopathy oral solution 10 gm/15ml | 1 or 1b* | QL |
| ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES | | |
| lubiprostone oral capsule | 2 | QL |
| AGENTES AGLUTINANTES DEL FOSFATO | | |
| calcium acetate (phos binder) oral capsule | 2 | QL |
| calcium acetate oral tablet 667 mg | 2 | QL |
| lanthanum carbonate oral tablet chewable | 2 | QL |
| sevelamer carbonate oral packet | 2 | QL |
| sevelamer carbonate oral tablet | 2 | QL |
| sevelamer hcl oral tablet | 2 | QL |
| AGENTES ANTIALERGÉNICOS GASTROINTESTINALES | | |
| cromolyn sodium oral concentrate | 1 or 1b* | |
| AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3 | | |
| alosetron hcl oral tablet | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas | | |
|---|----------|----------------|---|----------|----------------|--|--|
| AGENTES PARA EL SÍNDROME DEL INTESTINO IRRITABLE (IBS) - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C) | | | | | | | |
| LINZEZZ ORAL CAPSULE | 2 | QL | ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS | | | | |
| AGENTES PARA LA INFLAMACIÓN INTESTINAL | | | | | | | |
| balsalazide disodium oral capsule | 1 or 1b* | QL | ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP | | |
| mesalamine er oral capsule extended release | 2 | QL | ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO | | | | |
| mesalamine er oral capsule extended release 24 hour | 2 | QL | alvimopan oral capsule | 1 or 1b* | | | |
| mesalamine oral capsule delayed release | 2 | QL | BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL | | | | |
| mesalamine oral tablet delayed release | 2 | QL | AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | |
| mesalamine rectal enema | 2 | QL | INFILXIMAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | |
| mesalamine rectal suppository | 2 | QL | REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | |
| mesalamine-cleanser rectal kit | 2 | QL | ESTIMULANTES GASTROINTESTINALES | | | | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 2 | QL | metoclopramide hcl injection solution | 1 or 1a* | | | |
| sulfasalazine oral tablet | 1 or 1b* | QL | metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 or 1a* | QL | | |
| sulfasalazine oral tablet delayed release | 1 or 1b* | QL | metoclopramide hcl oral tablet | 1 or 1a* | QL | | |
| AGENTES SOLUBILIZANTES DE CÁLCULOS BILIARES | | | | | | | |
| ursodiol oral capsule 300 mg | 2 | | metoclopramide hcl oral tablet dispersible 5 mg | 1 or 1a* | ST; QL | | |
| ursodiol oral tablet | 2 | | AGENTES GENITOURINARIOS VARIOS | | | | |
| ANTAGONISTAS DE LA INTERLEUCINA | | | | | | | |
| SKYRIZI INTRAVENOUS SOLUTION | 3 | PA; QL; SP | AGENTES ANTIINFECCIOSOS - IRRIGANTES GENITOURINARIOS | | | | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP | neomycin-polymyxin b gu irrigation solution | 2 | | | |
| STELARA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP | AGENTES PARA CÁLCULOS URINARIOS | | | | |
| | | | tiopronin oral tablet | 3 | PA; QL | | |
| | | | tiopronin oral tablet delayed release | 2 | PA; QL | | |

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| ANTAGONISTAS DE ADRENORECEPTORES ALFA 1 | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| silodosin oral capsule | 2 | QL |
| tamsulosin hcl oral capsule | 1 or 1b* | QL |
| CITRATOS | | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA | | |
| dutasteride-tamsulosin hcl oral capsule | 1 or 1b* | QL |
| INHIBIDORES DE LA 5-ALFA REDUCTASA | | |
| dutasteride oral capsule | 1 or 1b* | QL |
| finasteride oral tablet 5 mg | 1 or 1b* | QL |
| IRRIGANTES GENITOURINARIOS | | |
| acetic acid irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 2 | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| sodium chloride irrigation solution 0.9 % | 2 | |
| AGENTES HEMATOLÓGICOS VARIOS | | |
| AGENTES DE QUINAZOLINA | | |
| anagrelide hcl oral capsule | 1 or 1b* | QL |
| AGENTES HEMORREOLÓGICOS | | |
| pentoxifylline er oral tablet extended release | 1 or 1b* | |
| ANTAGONISTAS DE LOS RECEPTORES B2 DE LA BRADICININA | | |
| icatibant acetate subcutaneous solution prefilled syringe | 3 | PA; LD; QL; SP |
| sajazir subcutaneous solution prefilled syringe | 3 | PA; LD; QL |

| Nombre del Medicamento | Nivel | Notas |
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| COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | QL |
| DERIVADOS DE LA CICLO-PENTIL-TRIAZOLO-PIRIMIDINA (CPTP) | | |
| BRILINTA ORAL TABLET | 2 | QL |
| DERIVADOS DE LA TIENOPIRIDINA | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | QL |
| prasugrel hcl oral tablet | 2 | QL |
| EXPANSORES PLASMÁTICOS | | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| dipyridamole oral tablet | 2 | |
| INHIBIDORES DE C1 | | |
| BERINERT INTRAVENOUS KIT | 3 | PA; LD; QL; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLONALES | | |
| TAKHYRO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |

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|---|----------|----------------|
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA | | |
| KALBITOR SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA FOSFODIESTERASA III | | |
| cilostazol oral tablet | 2 | |
| INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA | | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 2 | |
| tirofiban hcl in nacl intravenous solution | 2 | |
| PROTAMINA | | |
| protamine sulfate intravenous solution | 1 or 1b* | |
| AGENTES HEMATOPOYÉTICOS | | |
| ÁCIDO FÓLICO/FOLATO | | |
| cvs folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| fa-8 oral capsule | 1 or 1b* | \$0 |
| folate oral tablet | 1 or 1a* | \$0 |
| folic acid injection solution | 1 or 1a* | |
| folic acid oral capsule 0.8 mg | 1 or 1b* | \$0 |
| folic acid oral tablet 400 mcg, 800 mcg | 1 or 1a* | \$0 |
| ft folic acid oral tablet | 1 or 1a* | \$0 |
| gnp folic acid oral tablet | 1 or 1a* | \$0 |
| kp folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| qc folic acid oral tablet | 1 or 1a* | \$0 |
| ra folic acid oral tablet | 1 or 1a* | \$0 |
| sm folic acid oral tablet | 1 or 1a* | \$0 |
| true folic acid oral tablet 400 mcg | 1 or 1a* | \$0 |
| yl folic acid oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES CITOTÓXICOS | | |
| DROXIA ORAL CAPSULE | 2 | |
| AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA) | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; QL; SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| PROCRIT INJECTION SOLUTION | 3 | PA; QL; SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | PA; QL; SP |
| AGENTES PARA LA ENFERMEDAD DE GAUCHER | | |
| CERDELGA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| miglustat oral capsule | 2 | PA; QL; SP |
| YARGESA ORAL CAPSULE | 2 | PA; QL; SP |
| AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO) | | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 3 | PA; LD; DO; SP |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 3 | PA; LD; QL; SP |
| AMINOÁCIDOS | | |
| l-glutamine oral packet | 3 | PA; LD; SP |
| COBALAMINAS | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| dodex injection solution | 1 or 1a* | |
| hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| COMBINACIONES DE ÁCIDO FÓLICO/FOLATO | | |
| foltabs 800 oral tablet | 1 or 1b* | \$0 |
| FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF) | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| HIERRO | | |
| FERAHHEME INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| FERRLECIT INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| ferumoxytol intravenous solution | 3 | PA; QL; SP |
| na ferric gluc cplx in sucrose intravenous solution | 3 | PA; QL; SP |
| VENOFER INTRAVENOUS SOLUTION | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
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| AGENTES HEMOSTÁTICOS | | |
| AGENTES HEMOSTÁTICOS SISTÉMICOS | | |
| aminocaproic acid intravenous solution | 1 or 1b* | |
| aminocaproic acid oral solution | 2 | QL |
| aminocaproic acid oral tablet 1000 mg | 2 | |
| aminocaproic acid oral tablet 500 mg | 2 | QL |
| tranexamic acid intravenous solution 1000 mg/10ml | 2 | |
| tranexamic acid oral tablet | 1 or 1b* | QL |
| AGENTES NASALES - SISTÉMICOS Y TÓPICOS | | |
| ANTICOLINÉRGICOS NASALES | | |
| ipratropium bromide nasal solution | 1 or 1b* | QL |
| ANTIHISTAMÍNICOS ESTEROIDES | | |
| azelastine-fluticasone nasal suspension | 3 | QL |
| ANTIHISTAMÍNICOS NASALES | | |
| azelastine hcl nasal solution | 1 or 1b* | QL |
| olopatadine hcl nasal solution | 1 or 1b* | QL |
| ESTEROIDES NASALES | | |
| fluticasone propionate nasal suspension | 1 or 1a* | QL |
| AGENTES NEUROMUSCULARES | | |
| BENZOTIAZOLES | | |
| riluzole oral tablet | 3 | PA; QL; SP |
| RELAJANTES MUSCULARES NO DESPOLARIZANTES | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|---|----------|------------|
| cisatracurium besylate intravenous solution 20 mg/10ml | 1 or 1b* | | ANESTÉSICOS LOCALES OFTÁLMICOS | | |
| rocuronium bromide intravenous solution | 1 or 1b* | | proparacaine hcl ophthalmic solution | 1 or 1b* | |
| vecuronium bromide intravenous solution reconstituted | 1 or 1b* | | tetracaine hcl ophthalmic solution | 1 or 1b* | |
| AGENTES OFTÁLMICOS | | | ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1) | | |
| *OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** | | | XIIDRA OPHTHALMIC SOLUTION | 2 | PA; QL |
| VABYSMO INTRAVITREAL SOLUTION | 3 | PA; LD; SP | ANTAGONISTAS DEL FACTOR DE CRECIMIENTO ENDOTELIAL VASCULAR (VEGF) | | |
| VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA | BYOOVIZ INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS | | | CIMERLI INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| bromfenac sodium (once-daily) ophthalmic solution | 2 | QL | EYLEA HD INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 2 | QL | EYLEA INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| diclofenac sodium ophthalmic solution | 1 or 1b* | QL | EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | QL | LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| ILEVRO OPHTHALMIC SUSPENSION | 2 | QL | ANTIALÉRGICOS OFTÁLMICOS | | |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | QL | azelastine hcl ophthalmic solution | 1 or 1b* | QL |
| AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS | | | cromolyn sodium ophthalmic solution | 1 or 1a* | QL |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | QL | epinastine hcl ophthalmic solution | 1 or 1b* | QL |
| apraclonidine hcl ophthalmic solution | 1 or 1b* | | ANTIBIÓTICOS OFTÁLMICOS | | |
| brimonidine tartrate ophthalmic solution 0.1 % | 2 | QL | bacitracin ophthalmic ointment | 1 or 1b* | QL |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | 1 or 1b* | QL | ciprofloxacin hcl ophthalmic solution | 1 or 1a* | QL |
| | | | gatifloxacin ophthalmic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| gentamicin sulfate ophthalmic solution | 1 or 1a* | QL |
| levofloxacin ophthalmic solution 1.5 % | 1 or 1b* | QL |
| moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | QL |
| moxifloxacin hcl ophthalmic solution | 2 | QL |
| ofloxacin ophthalmic solution | 1 or 1a* | QL |
| tobramycin ophthalmic solution | 1 or 1a* | QL |
| ANTIVIRALES OFTÁLMICOS | | |
| trifluridine ophthalmic solution | 1 or 1b* | QL |
| BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS | | |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal ophthalmic solution | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | 1 or 1b* | QL |
| BETABLOQUEADORES - OFTÁLMICOS | | |
| betaxolol hcl ophthalmic solution | 1 or 1b* | QL |
| BETOPTIC-S OPHTHALMIC SUSPENSION | | |
| carteolol hcl ophthalmic solution | 1 or 1a* | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 or 1b* | |
| timolol maleate (once-daily) ophthalmic solution | 1 or 1b* | QL |
| timolol maleate ocudose ophthalmic solution | 1 or 1b* | QL |
| timolol maleate ophthalmic gel forming solution | 1 or 1b* | QL |
| timolol maleate ophthalmic solution | 1 or 1b* | QL |
| timolol maleate pf ophthalmic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | QL |
| COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS | | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 or 1a* | QL |
| neomycin-bacitracin zn-polymyx ophthalmic ointment | 1 or 1b* | QL |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 or 1b* | QL |
| neo-polycin ophthalmic ointment | 1 or 1b* | QL |
| polycin ophthalmic ointment | 1 or 1a* | QL |
| polymyxin b-trimethoprim ophthalmic solution | 1 or 1a* | QL |
| COMBINACIONES DE ESTEROIDES OFTÁLMICOS | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | 1 or 1b* | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 or 1a* | QL |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 or 1a* | QL |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 or 1b* | |
| neo-polycin hc ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | QL |
| TOBRADEX OPHTHALMIC OINTMENT | | |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|---|----------|--------|
| ZYLET OPHTHALMIC SUSPENSION | 2 | QL | MIÓTICOS - ACTUACIÓN DIRECTA | | |
| ESTEROIDES OFTÁLMICOS | | | pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 or 1b* | |
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | | OFTÁLMICOS - AGENTES DE CISTINOSIS | | |
| difluprednate ophthalmic emulsion | 1 or 1b* | QL | CYSTARAN OPHTHALMIC SOLUTION | 3 | PA; QL |
| fluorometholone ophthalmic suspension | 1 or 1b* | | PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO | | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | QL | ak-fluor intravenous solution 10 % | 1 or 1b* | |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL | altafluor benox ophthalmic solution | 1 or 1b* | |
| loteprednol etabonate ophthalmic suspension 0.5 % | 1 or 1b* | QL | fluorescein intravenous solution | 1 or 1b* | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL | fluorescein-benoxyinate ophthalmic solution | 1 or 1b* | |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS | | | PROSTAGLANDINAS - OFTÁLMICAS | | |
| brinzolamide ophthalmic suspension | 1 or 1b* | QL | bimatoprost ophthalmic solution | 2 | |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | QL | latanoprost ophthalmic solution | 1 or 1b* | QL |
| INMUNOMODULADORES OFTÁLMICOS | | | LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| cyclosporine ophthalmic emulsion | 1 or 1b* | PA; QL | tafluprost (pf) ophthalmic solution | 2 | QL |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | PA; QL | travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |
| RESTASIS OPHTHALMIC EMULSION | 2 | PA; QL | SULFONAMIDAS OFTÁLMICAS | | |
| MIDRIÁTICOS CICLOPLÉJICOS | | | sulfacetamide sodium ophthalmic ointment | 1 or 1b* | QL |
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL | sulfacetamide sodium ophthalmic solution | 1 or 1b* | QL |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | | AGENTES ÓTICOS | | |
| tropicamide ophthalmic solution | 1 or 1b* | | AGENTES ÓTICOS VARIOS | | |
| | | | acetic acid otic solution | 1 or 1b* | |
| | | | ANTIINFECCIOSOS ÓTICOS | | |
| | | | ciprofloxacin hcl otic solution | 1 or 1b* | QL |
| | | | ofloxacin otic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS | | |
| ciprofloxacin-dexamethasone otic suspension | 1 or 1b* | QL |
| ciprofloxacin-fluocinolone pf otic solution | 1 or 1b* | QL |
| neomycin-polymyxin-hc otic solution | 1 or 1b* | |
| neomycin-polymyxin-hc otic suspension | 1 or 1b* | QL |
| ESTEROIDES ÓTICOS | | |
| flac otic oil | 1 or 1b* | |
| fluocinolone acetonide otic oil | 1 or 1b* | |
| AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES | | |
| AGENTES ANTIINFECCIOSOS - GARGANTA | | |
| clotrimazole mouth/throat troche | 1 or 1b* | QL |
| ANESTÉSICOS TÓPICOS ORALES | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | QL |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | QL |
| ANTISÉPTICOS - BOCA/GARGANTA | | |
| chlorhexidine gluconate mouth/throat solution | 1 or 1a* | QL |
| periogard mouth/throat solution | 1 or 1a* | QL |
| ESTEROIDES - BOCA/GARGANTA | | |
| KOURZEQ MOUTH/THROAT PASTE | | |
| oralone mouth/throat paste | 1 or 1b* | |
| triamcinolone acetonide mouth/throat paste | 1 or 1b* | |
| ESTIMULANTES DE SALIVA | | |
| cevimeline hcl oral capsule | 2 | |
| pilocarpine hcl oral tablet | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PRODUCTOS DENTALES - COMBINACIONES | | |
| sodium fluoride 5000 enamel dental gel | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental gel | 1 or 1b* | |
| PRODUCTOS DENTALES CON FLUORURO | | |
| clinpro 5000 dental paste | 1 or 1b* | QL |
| denta 5000 plus dental cream | 1 or 1b* | QL |
| dentagel dental gel | 1 or 1a* | QL |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | QL |
| fluoridex enhanced whitening dental paste | 1 or 1b* | QL |
| sf 5000 plus dental cream | 1 or 1b* | QL |
| sf dental gel | 1 or 1a* | QL |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental gel | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | QL |
| sodium fluoride dental cream | 1 or 1b* | QL |
| sodium fluoride mouth/throat solution | 1 or 1a* | |
| AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR | | |
| COMBINACIONES DE RELAJANTES MUSCULARES | | |
| norgesic oral tablet | 1 or 1b* | ST; QL |
| ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG | 1 or 1b* | ST; QL |
| orphengesic forte oral tablet 50-770-60 mg | 1 or 1b* | ST; QL |
| RELAJANTES MUSCULARES CENTRALES | | |
| baclofen intrathecal solution 40000 mcg/20ml | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| carisoprodol oral tablet | 1 or 1b* | QL |
| chlorzoxazone oral tablet 375 mg, 750 mg | 1 or 1b* | ST; QL |
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | QL |
| lorzone oral tablet | 1 or 1b* | ST; QL |
| metaxalone oral tablet | 1 or 1b* | ST; QL |
| methocarbamol injection solution 1000 mg/10ml | 1 or 1b* | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 or 1b* | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | 1 or 1b* | QL |
| orphenadrine citrate injection solution | 1 or 1b* | |
| tizanidine hcl oral capsule 6 mg | 1 or 1b* | QL |
| tizanidine hcl oral tablet | 1 or 1b* | QL |
| RELAJANTES MUSCULARES DIRECTOS | | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |
| dantrolene sodium oral capsule | 2 | |
| revonto intravenous solution reconstituted | 1 or 1b* | |
| VISCOSUPLEMENTOS | | |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |

| Nombre del Medicamento | Nivel | Notas |
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| AGENTES PARA LA GOTA | | |
| AGENTES PARA LA GOTA | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 or 1a* | QL |
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| colchicine oral tablet | 2 | QL |
| febuxostat oral tablet | 2 | ST; QL |
| COMBINACIONES DE AGENTES PARA LA GOTA | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| URICOSÚRICO | | |
| probenecid oral tablet | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| AGENTES DE NEURALGIA POSTHERPÉTICA (PHN) | | |
| gabapentin (once-daily) oral tablet | 2 | PA; DO |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | 2 | PA; DO |
| pregabalin er oral tablet extended release 24 hour 330 mg | 2 | PA; QL |
| AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| teriflunomide oral tablet | 1 or 1b* | PA; LD; QL; SP |
| AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
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| AGENTES PARA LA ABSTINENCIA DE ESTUPEFACIENTES | | |
| lofexidine hcl oral tablet | 2 | QL |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2 | | |
| dimethyl fumarate oral capsule delayed release | 1 or 1b* | PA; LD; QL; SP |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | 1 or 1b* | PA; LD; QL; SP |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO | | |
| dalfampridine er oral tablet extended release 12 hour | 1 or 1b* | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| BETASERON SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| glatiramer acetate subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| glatopa subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| AGENTES PARA SÍNTOMAS VASOMOTORES - ISRS | | |
| paroxetine mesylate oral capsule | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| ergoloid mesylates oral tablet | 2 | QL |
| pimozide oral tablet | 1 or 1b* | AL; QL |
| ANTAGONISTAS DEL RECEPTOR NMDA | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 2 | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 2 | QL |
| memantine hcl oral solution 2 mg/ml | 2 | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 2 | QL |
| memantine hcl oral tablet 5 mg | 2 | DO |
| BENZODIACEPINAS Y ISRS | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 or 1b* | AL; QL |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 or 1b* | DO; AL |
| BENZODIAZEPINAS Y AGENTES TRICÍCLICOS | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERAS A (ACHE) | | |
| donepezil hcl oral tablet 10 mg, 23 mg | 1 or 1b* | QL |
| donepezil hcl oral tablet 5 mg | 1 or 1b* | DO |
| donepezil hcl oral tablet dispersible | 1 or 1b* | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | 2 | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 2 | DO |
| galantamine hydrobromide oral solution | 2 | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 2 | QL |
| galantamine hydrobromide oral tablet 4 mg | 2 | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 2 | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 2 | QL |
| rivastigmine transdermal patch 24 hour | 2 | QL |
| FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO | | |
| AUSTEDO ORAL TABLET | 3 | PA; QL; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE 40 MG | 3 | PA; LD; DO; SP |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 3 | PA; LD; QL; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 3 | PA; DO; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|----------------|
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| tetrabenazine oral tablet | 3 | PA; LD; QL; SP |
| FENOTIAZINAS Y AGENTES TRICÍCLICOS | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | AL |
| MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P) | | |
| fingolimod hcl oral capsule | 3 | PA; QL; SP |
| MAYZENT ORAL TABLET | 3 | PA; LD; QL; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| ZEPOSIA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) | 3 | PA; LD; QL; SP |
| PRODUCTOS PARA DEJAR DE BEBER ALCOHOL | | |
| acamprosate calcium oral tablet delayed release | 2 | QL |
| disulfiram oral tablet | 1 or 1b* | |
| PRODUCTOS PARA DEJAR DE FUMAR | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 or 1b* | \$0; QL |
| cvs nicotine mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| cvs nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| eq nicotine mouth/throat gum 4 mg | 1 or 1b* | \$0 |
| eq nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| eq nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| eq nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| eq nicotine step 3 transdermal patch 24 hour | 1 or 1b* | \$0 |
| eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| ft nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| ft nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ft nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine mouth/throat gum | 1 or 1b* | \$0 |
| gnp nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| gnp nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| goodsense nicotine mouth/throat gum | 1 or 1b* | \$0 |
| goodsense nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| habitrol transdermal patch 24 hour | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat lozenge 2 mg | 1 or 1b* | \$0 |
| kls quit2 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit2 mouth/throat lozenge | 1 or 1b* | \$0 |
| kls quit4 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit4 mouth/throat lozenge | 1 or 1b* | \$0 |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| NICORETTE MINI MOUTH/THROAT LOZENGE | 2 | \$0 |
| NICORETTE MOUTH/THROAT GUM | 2 | \$0 |
| NICORETTE MOUTH/THROAT LOZENGE | 2 | \$0 |
| NICORETTE STARTER KIT MOUTH/THROAT GUM | 2 | \$0 |
| nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine step 1 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 2 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 3 transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTINE TRANSDERMAL KIT | 2 | \$0 |
| nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTROL INHALATION INHALER | 2 | \$0; QL |
| NICOTROL NS NASAL SOLUTION | 2 | \$0; QL |
| qc nicotine transdermal system transdermal patch 24 hour | 1 or 1b* | \$0 |
| ra mini nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg | 1 or 1b* | \$0 |
| ra nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ra nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| sm nicotine mouth/throat gum | 1 or 1b* | \$0 |
| sm nicotine mouth/throat lozenge | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|----------------|
| sm nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| sm nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| sm nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| thrive mouth/throat gum 2 mg | 1 or 1b* | \$0 |
| varenicline tartrate (starter) oral tablet therapy pack | 2 | \$0; QL |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | 2 | \$0; QL |
| varenicline tartrate(continue) oral tablet | 2 | \$0; QL |
| AGENTES RESPIRATORIOS VARIOS | | |
| AGENTE PARA LA FIBROSIS QUÍSTICA - COMBINACIONES | | |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; QL |
| TRIKAFTA ORAL THERAPY PACK | 3 | PA; QL |
| AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA | | |
| OFEV ORAL CAPSULE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA FIBROSIS PULMONAR | | |
| pirfenidone oral capsule | 3 | PA; LD; QL; SP |
| pirfenidone oral tablet 267 mg, 801 mg | 3 | PA; LD; QL; SP |
| pirfenidone oral tablet 534 mg | 3 | PA; QL |
| ENZIMAS HIDROLÍTICAS | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 3 | PA; LD; QL; SP |
| AGENTES TIROIDEOS | | |
| AGENTES ANTITIROIDEOS | | |
| methimazole oral tablet | 1 or 1a* | |
| propylthiouracil oral tablet | 1 or 1b* | |
| HORMONAS TIROIDEAS | | |
| euthyrox oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| levo-t oral tablet | 1 or 1b* | |
| levothyroxine sodium oral capsule | 2 | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |
| liothyronine sodium intravenous solution | 1 or 1b* | |
| liothyronine sodium oral tablet | 1 or 1b* | |
| unithroid oral tablet | 1 or 1a* | |
| AMINOGLUCÓSIDOS | | |
| AMINOGLUCÓSIDOS | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 2 | |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 2 | |
| gentamicin sulfate injection solution | 2 | |
| neomycin sulfate oral tablet | 1 or 1a* | |
| streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |
| tobramycin inhalation nebulization solution | 3 | LD; QL; SP |
| tobramycin sulfate injection solution | 2 | QL |
| tobramycin sulfate injection solution reconstituted | 2 | QL |
| ANALGÉSICOS - ANTIINFLAMATORIOS | | |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE) | | |
| diclofenac potassium oral tablet 50 mg | 1 or 1b* | QL |
| diclofenac sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| diclofenac sodium oral tablet delayed release | 1 or 1b* | QL |
| ec-naproxen oral tablet delayed release | 1 or 1b* | |
| etodolac er oral tablet extended release 24 hour | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| etodolac oral capsule | 1 or 1b* | QL |
| etodolac oral tablet | 1 or 1b* | QL |
| flurbiprofen oral tablet | 1 or 1b* | QL |
| ibu oral tablet | 1 or 1a* | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 or 1a* | QL |
| indomethacin er oral capsule extended release | 1 or 1b* | QL |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | QL |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | QL |
| ketorolac tromethamine injection solution 15 mg/ml | 2 | QL |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML | | |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 2 | QL |
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |
| meclofenamate sodium oral capsule | 1 or 1b* | QL |
| mefenamic acid oral capsule | 1 or 1b* | QL |
| meloxicam oral tablet | 1 or 1b* | QL |
| nabumetone oral tablet | 1 or 1b* | QL |
| naproxen dr oral tablet delayed release 500 mg | 1 or 1b* | |
| naproxen oral tablet | 1 or 1b* | QL |
| naproxen oral tablet delayed release | 1 or 1b* | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 or 1b* | QL |
| oxaprozin oral tablet | 1 or 1b* | QL |
| piroxicam oral capsule | 1 or 1b* | QL |
| sulindac oral tablet | 1 or 1b* | QL |
| tolmetin sodium oral capsule | 2 | QL |
| AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|---|--------------|--------------|
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | PA; QL; SP | adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit | 3 | PA; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL; SP | HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 3 | PA; QL; SP |
| ANTIMETABOLITOS ANTIRREUMÁTICOS | | | HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 3 | PA; QL; SP |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; QL; SP | HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK) | | | SIMPONI ARIA INTRAVENOUS SOLUTION | 3 | PA; SP |
| RINVOQ LQ ORAL SOLUTION | 3 | PA; QL; SP | SIMPONI SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL; SP |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| XELJANZ ORAL SOLUTION | 3 | PA; QL; SP | COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES | | |
| XELJANZ ORAL TABLET | 3 | PA; QL; SP | diclofenac-misoprostol oral tablet delayed release | 2 | QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP | COMPUESTOS DE ORO | | |
| ANTITNF ALFA - ANTICUERPOS MONOCLONALES | | | RIDAURA ORAL CAPSULE | 2 | QL |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit | 3 | PA; QL | INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2) | | |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL | celecoxib oral capsule | 2 | QL |
| adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit | 3 | PA; QL | INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) | | |
| | | | OTEZLA ORAL TABLET | 3 | PA; QL; SP |
| | | | OTEZLA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| leflunomide oral tablet | 2 | QL |
| ANALGÉSICOS - NO NARCÓTICOS | | |
| ANALGÉSICOS - OTROS | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| ANALGÉSICOS - SEDATIVOS | | |
| bac oral tablet | 1 or 1b* | QL |
| butalbital-acetaminophen oral capsule | 1 or 1b* | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | QL |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | QL |
| tencon oral tablet 50-325 mg | 1 or 1b* | QL |
| SALICILATOS | | |
| aspirin 81 oral tablet chewable | 1 or 1a* | \$0 |
| aspirin 81 oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin childrens oral tablet chewable | 1 or 1a* | \$0 |
| aspirin ec adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin oral tablet chewable | 1 or 1a* | \$0 |
| aspirin oral tablet delayed release 81 mg | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| aspirin regimen oral tablet delayed release | 1 or 1a* | \$0 |
| bayer aspirin ec low dose oral tablet delayed release | 1 or 1a* | \$0 |
| bayer low dose oral tablet chewable | 1 or 1a* | \$0 |
| bayer low dose oral tablet delayed release | 1 or 1a* | \$0 |
| childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| cvs aspirin adult low dose oral tablet chewable | 1 or 1a* | \$0 |
| cvs aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| cvs aspirin ec oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| cvs aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| cvs aspirin low strength oral tablet delayed release | 1 or 1a* | \$0 |
| diflunisal oral tablet | 1 or 1b* | |
| ecotrin low strength oral tablet delayed release | 1 or 1a* | \$0 |
| eq aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| eq aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin oral tablet chewable | 1 or 1a* | \$0 |
| gnp adult aspirin low strength oral tablet chewable | 1 or 1a* | \$0 |
| gnp aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| gnp aspirin oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| goodsense aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense aspirin oral tablet chewable | 1 or 1a* | \$0 |
| h-e-b aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| kls aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| kp aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| mm aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| qc aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| qc aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| qc childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin adult low dose oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin adult low strength oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin childrens oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin ec adult low st oral tablet delayed release | 1 or 1a* | \$0 |
| ra aspirin ec oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| sb childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| sb low dose asa ec oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| sm childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| st joseph aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| st joseph low dose oral tablet chewable | 1 or 1a* | \$0 |
| st joseph low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ANALGÉSICOS - OPIOIDES | | |
| AGONISTAS OPIÁCEOS PARCIALES | | |
| buprenorphine hcl injection solution 0.3 mg/ml | 2 | |
| buprenorphine hcl sublingual tablet sublingual | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| buprenorphine hcl-naloxone hcl sublingual film | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine transdermal patch weekly | 2 | PA; QL |
| butorphanol tartrate injection solution | 2 | |
| butorphanol tartrate nasal solution | 1 or 1b* | QL |
| nalbuphine hcl injection solution | 2 | QL |
| pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| AGONISTAS OPIÁCEOS | | |
| codeine sulfate oral tablet 30 mg | 2 | AL; QL |
| duramorph injection solution | 1 or 1b* | |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML | 1 or 1b* | |
| fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml | 1 or 1b* | |
| fentanyl citrate buccal lozenge on a handle | 2 | PA; QL |
| fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg | 2 | PA; QL |
| fentanyl transdermal patch 72 hour | 2 | PA; QL |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant | 1 or 1b* | PA; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | 2 | PA; QL |
| hydromorphone hcl injection solution 4 mg/ml | 1 or 1b* | |
| hydromorphone hcl oral liquid | 1 or 1b* | QL |
| hydromorphone hcl oral tablet | 1 or 1b* | QL |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| levorphanol tartrate oral tablet | 2 | PA; QL |
| meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 or 1b* | |
| meperidine hcl oral solution | 1 or 1b* | QL |
| meperidine hcl oral tablet 50 mg | 1 or 1b* | QL |
| methadone hcl intensol oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral solution | 1 or 1b* | PA; QL |
| methadone hcl oral tablet | 1 or 1b* | PA; QL |
| methadone hcl oral tablet soluble | 1 or 1b* | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL |
| mitigo injection solution | 2 | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 or 1b* | QL |
| morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml | 1 or 1b* | |
| morphine sulfate er beads oral capsule extended release 24 hour | 2 | PA; QL |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 2 | PA; QL |
| morphine sulfate er oral tablet extended release | 2 | PA; QL |
| morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml | 1 or 1b* | |
| morphine sulfate oral solution | 1 or 1b* | QL |
| morphine sulfate oral tablet | 1 or 1b* | QL |
| oxycodone hcl oral capsule | 2 | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 2 | QL |
| oxycodone hcl oral solution | 2 | QL |
| oxycodone hcl oral tablet | 2 | QL |
| oxycodone hcl oral tablet abuse-deterrant | 2 | QL |
| oxymorphone hcl er oral tablet extended release 12 hour | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| oxymorphone hcl oral tablet | 2 | QL |
| remifentanil hcl intravenous solution reconstituted | 1 or 1b* | |
| SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 1 or 1b* | |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | 2 | PA; QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 2 | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 2 | PA; QL |
| tramadol hcl oral tablet 100 mg, 50 mg | 1 or 1b* | AL; QL |
| tramadol hcl oral tablet 25 mg | 2 | AL; QL |
| COMBINACIONES DE CODEÍNA | | |
| acetaminophen-codeine oral solution | 1 or 1a* | AL; QL |
| acetaminophen-codeine oral tablet | 1 or 1a* | AL; QL |
| ascomp-codeine oral capsule | 1 or 1b* | AL; QL |
| butalbital-apap-caff-cod oral capsule | 1 or 1b* | AL; QL |
| butalbital-asa-caff-codeine oral capsule | 1 or 1b* | AL; QL |
| COMBINACIONES DE DIHIDROCODEÍNA | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |
| trezix oral capsule 320.5-30-16 mg | 1 or 1b* | QL |
| COMBINACIONES DE HIDROCODONA | | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 or 1b* | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 or 1b* | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| COMBINACIONES DE OPIÁCEOS | | |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | 1 or 1b* | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| COMBINACIONES DE TRAMADOL | | |
| tramadol-acetaminophen oral tablet | 1 or 1b* | AL; QL |
| ANDRÓGENOS-ANABÓLICOS | | |
| ANDRÓGENOS | | |
| danazol oral capsule | 2 | QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 1 or 1b* | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 or 1b* | PA |
| testosterone enanthate intramuscular solution | 1 or 1b* | PA |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 2 | PA; QL |
| testosterone transdermal solution | 2 | PA; QL |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| ANESTÉSICOS GENERALES | | |
| ANESTÉSICOS VARIOS | | |
| etomidate intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| ketamine hcl injection solution 100 mg/ml, 50 mg/ml | 1 or 1b* | |
| propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| propofol-lipuro intravenous emulsion | 1 or 1b* | |
| ANESTÉSICOS VOLÁTILES | | |
| desflurane inhalation solution | 1 or 1b* | |
| isoflurane inhalation solution | 1 or 1b* | |
| sevoflurane inhalation solution | 1 or 1b* | |
| terrell inhalation solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES - PARENTERALES | | |
| ANESTÉSICOS LOCALES - AMIDAS | | |
| bupivacaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl injection solution 0.5 % | 1 or 1b* | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |
| ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 or 1b* | |
| sensorcaine injection solution | 1 or 1b* | |
| sensorcaine-mpf injection solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES - ÉSTERES | | |
| chloroprocaine hcl (pf) injection solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS | | |
| bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% - 1:200000 | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |
| lidocaine-epinephrine injection solution 0.5 % - 1:200000, 1.5 %-1:200000, 2 %-1:100000 | 1 or 1b* | |
| sensorcaine/epinephrine injection solution | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000 | 1 or 1b* | |
| ANTIARRÍTMICOS | | |
| ANTIARRÍTMICOS DE CLASE I-A | | |
| disopyramide phosphate oral capsule | 2 | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 2 | |
| procainamide hcl injection solution | 2 | |
| quinidine gluconate er oral tablet extended release | 2 | |
| quinidine sulfate oral tablet | 1 or 1a* | |
| ANTIARRÍTMICOS DE CLASE I-B | | |
| lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml | 1 or 1b* | |
| lidocaine hcl (cardiac) pf intravenous solution prefilled syringe | 1 or 1b* | |
| lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-% | 1 or 1b* | |
| mexiletine hcl oral capsule | 2 | |
| ANTIARRÍTMICOS DE CLASE I-C | | |
| flecainide acetate oral tablet | 2 | QL |
| propafenone hcl er oral capsule extended release 12 hour | 2 | |
| propafenone hcl oral tablet | 2 | |
| ANTIARRÍTMICOS DE CLASE III | | |
| amiodarone hcl intravenous solution | 1 or 1b* | |
| amiodarone hcl oral tablet 100 mg, 400 mg | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| amiodarone hcl oral tablet 200 mg | 1 or 1b* | QL |
| dofetilide oral capsule | 3 | |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| pacerone oral tablet 100 mg, 400 mg | 1 or 1b* | |
| pacerone oral tablet 200 mg | 1 or 1b* | QL |
| ANTIARRÍTMICOS VARIOS | | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 or 1b* | |
| ANTICOAGULANTES | | |
| AGENTES TIPO HEPARINA SINTÉTICOS | | |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |
| ANTICOAGULANTES DERIVADOS DE LA CUMARINA | | |
| jantoven oral tablet | 1 or 1a* | |
| warfarin sodium oral tablet | 1 or 1a* | |
| HEPARINA Y AGENTES TIPO HEPARINA | | |
| bd heparin posiflush intravenous solution | 2 | |
| heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% | 2 | |
| heparin na (pork) lock flush pf intravenous solution | 2 | |
| heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml | 2 | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 2 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 2 | |
| HEPARINAS DE BAJO PESO MOLECULAR | | |
| enoxaparin sodium injection solution 300 mg/3ml | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | 3 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| INHIBIDORES DIRECTOS DEL FACTOR XA | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| ELIQUIS ORAL TABLET | 2 | QL |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| XARELTO ORAL TABLET | 2 | QL |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| ANTICONCEPTIVOS | | |
| ANTICONCEPTIVOS BIFÁSICOS ORALES | | |
| azurette oral tablet | 1 or 1b* | \$0 |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | 1 or 1b* | \$0 |
| kariva oral tablet | 1 or 1b* | \$0 |
| LO LOESTRIN FE ORAL TABLET | 2 | \$0 |
| pimtrea oral tablet | 1 or 1b* | \$0 |
| simliya oral tablet | 1 or 1b* | \$0 |
| viorele oral tablet | 1 or 1b* | \$0 |
| volnea oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS CONTINUOS ORALES | | |
| amethyst oral tablet | 1 or 1b* | \$0 |
| dolishale oral tablet | 1 or 1b* | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE CICLO EXTENDIDO ORALES | | |
| ashlyna oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| camrese lo oral tablet | 1 or 1b* | \$0 |
| camrese oral tablet | 1 or 1b* | \$0 |
| daysee oral tablet | 1 or 1b* | \$0 |
| iclevia oral tablet | 1 or 1b* | \$0 |
| introvale oral tablet | 1 or 1b* | \$0 |
| jaimiess oral tablet | 1 or 1b* | \$0 |
| jolessa oral tablet | 1 or 1b* | \$0 |
| levonorgest-eth est & eth est oral tablet | 1 or 1b* | \$0 |
| levonorgest-eth estrad 91-day oral tablet | 1 or 1b* | \$0 |
| lojaimiess oral tablet | 1 or 1b* | \$0 |
| rivilsa oral tablet | 1 or 1b* | \$0 |
| setlakin oral tablet | 1 or 1b* | \$0 |
| simpesse oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE EMERGENCIA | | |
| aftera oral tablet | 1 or 1b* | \$0 |
| afterpill oral tablet | 1 or 1b* | \$0 |
| CURAE ORAL TABLET | 1 or 1b* | \$0 |
| econtra one-step oral tablet | 1 or 1b* | \$0 |
| ELLA ORAL TABLET | 2 | \$0 |
| HER STYLE ORAL TABLET | 1 or 1b* | \$0 |
| levonorgestrel oral tablet 1.5 mg | 1 or 1b* | \$0 |
| my choice oral tablet | 1 or 1b* | \$0 |
| my way oral tablet | 1 or 1b* | \$0 |
| new day oral tablet | 1 or 1b* | \$0 |
| opcicon one-step oral tablet | 1 or 1b* | \$0 |
| option 2 oral tablet | 1 or 1b* | \$0 |
| react oral tablet | 1 or 1b* | \$0 |
| take action oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| medroxyprogesterone acetate intramuscular suspension | 1 or 1b* | \$0 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ANTICONCEPTIVOS DE PROGESTINA - ORALES | | |
| camila oral tablet | 1 or 1b* | \$0 |
| deblitane oral tablet | 1 or 1b* | \$0 |
| EMZAHH ORAL TABLET | 1 or 1b* | \$0 |
| errin oral tablet | 1 or 1b* | \$0 |
| heather oral tablet | 1 or 1b* | \$0 |
| incassia oral tablet | 1 or 1b* | \$0 |
| jencycla oral tablet | 1 or 1b* | \$0 |
| lyleq oral tablet | 1 or 1b* | \$0 |
| lyza oral tablet | 1 or 1b* | \$0 |
| nora-be oral tablet | 1 or 1b* | \$0 |
| norethindrone oral tablet | 1 or 1b* | \$0 |
| NORLYDA ORAL TABLET | 1 or 1b* | |
| norlyroc oral tablet | 1 or 1b* | \$0 |
| OPILL ORAL TABLET | 2 | \$0 |
| sharobel oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS TRIFÁSICOS ORALES | | |
| alyacen 7/7/7 oral tablet | 1 or 1a* | \$0 |
| aranelle oral tablet | 1 or 1a* | \$0 |
| dasetta 7/7/7 oral tablet | 1 or 1a* | \$0 |
| empresse-28 oral tablet | 1 or 1a* | \$0 |
| leena oral tablet | 1 or 1a* | \$0 |
| levonest oral tablet | 1 or 1a* | \$0 |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | 1 or 1a* | \$0 |
| norethindron-ethinyl estrad-fe oral tablet | 1 or 1b* | \$0 |
| norgestim-eth estrad triphasic oral tablet | 1 or 1b* | \$0 |
| nortrel 7/7/7 oral tablet | 1 or 1a* | \$0 |
| nylia 7/7/7 oral tablet | 1 or 1a* | \$0 |
| pirmella 7/7/7 oral tablet | 1 or 1a* | \$0 |
| tilia fe oral tablet | 1 or 1b* | \$0 |
| TRI FEMYNOR ORAL TABLET | 1 or 1b* | |
| tri-estarrylla oral tablet | 1 or 1b* | \$0 |
| tri-legest fe oral tablet | 1 or 1b* | \$0 |
| tri-linyah oral tablet | 1 or 1b* | \$0 |
| tri-lo-estarrylla oral tablet | 1 or 1b* | \$0 |
| tri-lo-marzia oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| tri-lo-mili oral tablet | 1 or 1b* | \$0 |
| tri-lo-sprintec oral tablet | 1 or 1b* | \$0 |
| tri-mili oral tablet | 1 or 1b* | \$0 |
| tri-sprintec oral tablet | 1 or 1b* | \$0 |
| trivora (28) oral tablet | 1 or 1a* | \$0 |
| tri-vylibra lo oral tablet | 1 or 1b* | \$0 |
| tri-vylibra oral tablet | 1 or 1b* | \$0 |
| velivet oral tablet | 1 or 1a* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS ORALES | | |
| afirmelle oral tablet | 1 or 1a* | \$0 |
| altavera oral tablet | 1 or 1a* | \$0 |
| alyacen 1/35 oral tablet | 1 or 1a* | \$0 |
| apri oral tablet | 1 or 1a* | \$0 |
| aubra eq oral tablet | 1 or 1a* | \$0 |
| aurovela 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela 1/20 oral tablet | 1 or 1a* | \$0 |
| aurovela 24 fe oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1/20 oral tablet | 1 or 1a* | \$0 |
| aviane oral tablet | 1 or 1a* | \$0 |
| ayuna oral tablet | 1 or 1a* | \$0 |
| balziva oral tablet | 1 or 1a* | \$0 |
| blisovi 24 fe oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1/20 oral tablet | 1 or 1a* | \$0 |
| briellyn oral tablet | 1 or 1a* | \$0 |
| charlotte 24 fe oral tablet chewable | 1 or 1a* | \$0 |
| chateal eq oral tablet | 1 or 1a* | \$0 |
| cryselle-28 oral tablet | 1 or 1a* | \$0 |
| cyred eq oral tablet | 1 or 1a* | \$0 |
| dasetta 1/35 oral tablet | 1 or 1a* | \$0 |
| delyla oral tablet | 1 or 1a* | \$0 |
| drospirenil-eth estrad-levomefol oral tablet | 1 or 1b* | \$0 |
| drospirenone-ethinyl estradiol oral tablet | 1 or 1b* | \$0 |
| elinest oral tablet | 1 or 1a* | \$0 |
| enskyce oral tablet 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| estarrylla oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ethynodiol diac-eth estradiol oral tablet | 1 or 1a* | \$0 |
| falmina oral tablet | 1 or 1a* | \$0 |
| FINZALA ORAL TABLET CHEWABLE | 1 or 1a* | \$0 |
| gemmily oral capsule | 1 or 1b* | \$0 |
| hailey 1.5/30 oral tablet | 1 or 1a* | \$0 |
| hailey 24 fe oral tablet | 1 or 1a* | \$0 |
| hailey fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| hailey fe 1/20 oral tablet | 1 or 1a* | \$0 |
| isibloom oral tablet | 1 or 1a* | \$0 |
| jasmiel oral tablet | 1 or 1b* | \$0 |
| JOYEAUX ORAL TABLET | 1 or 1b* | \$0 |
| juleber oral tablet | 1 or 1a* | \$0 |
| junel 1.5/30 oral tablet | 1 or 1a* | \$0 |
| junel 1/20 oral tablet | 1 or 1a* | \$0 |
| junel fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| junel fe 1/20 oral tablet | 1 or 1a* | \$0 |
| junel fe 24 oral tablet | 1 or 1a* | \$0 |
| kaitlib fe oral tablet chewable | 1 or 1b* | \$0 |
| kalliga oral tablet | 1 or 1a* | \$0 |
| kelnor 1/35 oral tablet | 1 or 1a* | \$0 |
| kelnor 1/50 oral tablet | 1 or 1a* | \$0 |
| kurvelo oral tablet | 1 or 1a* | \$0 |
| larin 1.5/30 oral tablet | 1 or 1a* | \$0 |
| larin 1/20 oral tablet | 1 or 1a* | \$0 |
| larin 24 fe oral tablet | 1 or 1a* | \$0 |
| larin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| larin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| layolis fe oral tablet chewable | 1 or 1b* | \$0 |
| lessina oral tablet | 1 or 1a* | \$0 |
| levonorgest-eth estradiol-iron oral tablet | 1 or 1b* | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| levora 0.15/30 (28) oral tablet | 1 or 1a* | \$0 |
| loestrin 1.5/30 (21) oral tablet | 1 or 1a* | \$0 |
| loestrin 1/20 (21) oral tablet | 1 or 1a* | \$0 |
| loestrin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| loestrin fe 1/20 oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| loryna oral tablet | 1 or 1b* | \$0 |
| low-ogestrel oral tablet | 1 or 1a* | \$0 |
| lo-zumandimine oral tablet | 1 or 1b* | \$0 |
| lutera oral tablet | 1 or 1a* | \$0 |
| marlissa oral tablet | 1 or 1a* | \$0 |
| merzee oral capsule | 1 or 1b* | \$0 |
| MIBELAS 24 FE ORAL TABLET CHEWABLE | 1 or 1a* | \$0 |
| microgestin 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin 1/20 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| mili oral tablet | 1 or 1a* | \$0 |
| mono-linyah oral tablet | 1 or 1a* | \$0 |
| necon 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| nikki oral tablet | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral capsule | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | 1 or 1a* | \$0 |
| norethin ace-eth estrad-fe oral tablet chewable | 1 or 1a* | \$0 |
| norethindrone acet-ethinyl est oral tablet | 1 or 1a* | \$0 |
| norethin-eth estradiol-fe oral tablet chewable | 1 or 1b* | \$0 |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 or 1a* | \$0 |
| nortrel 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (21) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| nylia 1/35 oral tablet | 1 or 1a* | \$0 |
| ocella oral tablet | 1 or 1b* | \$0 |
| ORSYTHIA ORAL TABLET | 1 or 1a* | |
| philith oral tablet | 1 or 1a* | \$0 |
| portia-28 oral tablet | 1 or 1a* | \$0 |
| reclipsen oral tablet | 1 or 1a* | \$0 |
| sprintec 28 oral tablet | 1 or 1a* | \$0 |
| sronyx oral tablet | 1 or 1a* | \$0 |
| syeda oral tablet | 1 or 1b* | \$0 |
| tarina 24 fe oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| tarina fe 1/20 eq oral tablet | 1 or 1a* | \$0 |
| taysofy oral capsule | 1 or 1b* | \$0 |
| TURQOZ ORAL TABLET | 1 or 1a* | \$0 |
| tydemy oral tablet | 1 or 1b* | \$0 |
| vestura oral tablet | 1 or 1b* | \$0 |
| vienna oral tablet | 1 or 1a* | \$0 |
| vyfemla oral tablet | 1 or 1a* | \$0 |
| vylibra oral tablet | 1 or 1a* | \$0 |
| wera oral tablet | 1 or 1a* | \$0 |
| wymzya fe oral tablet chewable | 1 or 1b* | \$0 |
| zovia 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| zumandimine oral tablet | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS | | |
| norelgestromin-eth estradiol transdermal patch weekly | 1 or 1b* | \$0 |
| xulane transdermal patch weekly | 1 or 1b* | \$0 |
| zafemy transdermal patch weekly | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS VAGINALES | | |
| eluryng vaginal ring | 1 or 1b* | \$0 |
| ENILLORING VAGINAL RING | 1 or 1b* | \$0 |
| etonogestrel-ethinyl estradiol vaginal ring | 1 or 1b* | \$0 |
| HALOETTE VAGINAL RING | 1 or 1b* | \$0 |
| ANTICONVULSIVOS | | |
| ÁCIDO VALPROICO | | |
| divalproex sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| divalproex sodium oral capsule delayed release sprinkle | 1 or 1b* | QL |
| divalproex sodium oral tablet delayed release | 1 or 1b* | QL |
| valproate sodium intravenous solution 100 mg/ml | 1 or 1b* | |
| valproic acid oral capsule | 1 or 1b* | QL |
| valproic acid oral solution 250 mg/5ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ANTICONVULSIVOS - BENZODIAZEPINAS | | |
| clobazam oral suspension | 2 | QL |
| clobazam oral tablet | 2 | QL |
| clonazepam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet dispersible | 1 or 1b* | QL |
| diazepam rectal gel | 1 or 1b* | QL |
| ANTICONVULSIVOS VARIOS | | |
| carbamazepine er oral capsule extended release 12 hour | 1 or 1b* | QL |
| carbamazepine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| carbamazepine oral suspension | 1 or 1b* | QL |
| carbamazepine oral tablet | 1 or 1b* | QL |
| carbamazepine oral tablet chewable | 1 or 1b* | QL |
| epitol oral tablet | 1 or 1b* | QL |
| gabapentin oral capsule | 1 or 1b* | DO |
| gabapentin oral solution | 2 | QL |
| gabapentin oral tablet 600 mg, 800 mg | 1 or 1b* | QL |
| lacosamide intravenous solution | 2 | |
| lacosamide oral solution | 2 | QL |
| lacosamide oral tablet | 2 | QL |
| lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg | 1 or 1b* | QL |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg | 1 or 1b* | QL |
| lamotrigine oral tablet | 1 or 1b* | DO |
| lamotrigine oral tablet chewable | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 50 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| lamotrigine starter kit-blue oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-green oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-orange oral kit | 1 or 1b* | QL |
| levetiracetam er oral tablet extended release 24 hour | 2 | QL |
| levetiracetam intravenous solution | 2 | |
| levetiracetam oral solution | 2 | QL |
| levetiracetam oral tablet 1000 mg | 2 | QL |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg | 2 | DO |
| oxcarbazepine oral suspension | 1 or 1b* | QL |
| oxcarbazepine oral tablet | 1 or 1b* | QL |
| pregabalin oral capsule | 2 | QL |
| pregabalin oral solution | 2 | QL |
| primidone oral tablet | 1 or 1b* | QL |
| roweepra oral tablet 500 mg | 2 | DO |
| rufinamide oral suspension | 2 | QL |
| rufinamide oral tablet 200 mg | 2 | DO |
| rufinamide oral tablet 400 mg | 2 | QL |
| subvenite oral tablet | 1 or 1b* | DO |
| subvenite starter kit-blue oral kit | 1 or 1b* | QL |
| subvenite starter kit-green oral kit | 1 or 1b* | QL |
| subvenite starter kit-orange oral kit | 1 or 1b* | QL |
| topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule er 24 hour sprinkle 25 mg | 1 or 1b* | DO |
| topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg | 2 | QL |
| topiramate er oral capsule extended release 24 hour 25 mg | 2 | DO |
| topiramate oral capsule sprinkle | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| topiramate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| topiramate oral tablet 200 mg | 1 or 1b* | QL |
| zonisamide oral capsule | 2 | QL |
| CARBAMATOS | | |
| felbamate oral suspension | 2 | QL |
| felbamate oral tablet | 2 | QL |
| HIDANTOÍNA | | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| fosphenytoin sodium injection solution | 2 | |
| PHENYTEK ORAL CAPSULE | 1 or 1b* | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension 125 mg/5ml | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| MODULADORES DEL ÁCIDO ?-AMINOBUTÍRICO (GABA) | | |
| tiagabine hcl oral tablet | 2 | QL |
| vigabatrin oral packet | 3 | LD; QL; SP |
| vigabatrin oral tablet | 3 | LD; QL; SP |
| vigadrona oral packet | 3 | LD; QL |
| VIGADRONE ORAL TABLET | 3 | LD; QL; SP |
| VIGPODER ORAL PACKET | 3 | LD; QL |
| SUCCINIMIDAS | | |
| ethosuximide oral capsule | 1 or 1b* | QL |
| ethosuximide oral solution | 1 or 1b* | QL |
| methsuximide oral capsule | 2 | QL |
| ANTIDEPRESIVOS | | |
| AGENTES TRICÍCLICOS | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1a* | DO |
| amitriptyline hcl oral tablet 100 mg, 150 mg | 1 or 1a* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas | |
|---|----------|-------|---|----------|-------|--|
| amoxapine oral tablet 100 mg, 150 mg | 1 or 1b* | QL | bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | 1 or 1b* | QL | |
| amoxapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO | bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | 1 or 1b* | DO | |
| clomipramine hcl oral capsule 25 mg | 1 or 1b* | DO | bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg | 1 or 1b* | QL | |
| clomipramine hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL | bupropion hcl oral tablet 100 mg | 1 or 1b* | QL | |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 2 | DO | bupropion hcl oral tablet 75 mg | 1 or 1b* | DO | |
| desipramine hcl oral tablet 100 mg, 150 mg | 2 | QL | CÍCLICOS MODIFICADOS | | | |
| doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO | nefazodone hcl oral tablet 100 mg, 50 mg | 1 or 1b* | DO | |
| doxepin hcl oral capsule 100 mg, 150 mg | 1 or 1b* | QL | nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg | 1 or 1b* | QL | |
| doxepin hcl oral concentrate | 1 or 1b* | QL | trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 or 1a* | DO | |
| imipramine hcl oral tablet 10 mg, 25 mg | 1 or 1b* | DO | trazodone hcl oral tablet 300 mg | 1 or 1a* | QL | |
| imipramine hcl oral tablet 50 mg | 1 or 1b* | QL | TRINTELLIX ORAL TABLET 10 MG, 5 MG | | | |
| imipramine pamoate oral capsule 100 mg, 75 mg | 1 or 1b* | DO | 3 | DO | | |
| imipramine pamoate oral capsule 125 mg, 150 mg | 1 or 1b* | QL | TRINTELLIX ORAL TABLET 20 MG | | | |
| nortriptyline hcl oral capsule 10 mg, 25 mg | 1 or 1b* | DO | 3 | QL | | |
| nortriptyline hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL | vilazodone hcl oral tablet 10 mg, 20 mg | 1 or 1b* | DO | |
| nortriptyline hcl oral solution | 1 or 1b* | QL | vilazodone hcl oral tablet 40 mg | 1 or 1b* | QL | |
| protriptyline hcl oral tablet 10 mg | 2 | QL | INHIBIDORES DE LA MONOAMINO OXIDASA (IMAO) | | | |
| protriptyline hcl oral tablet 5 mg | 2 | DO | phenelzine sulfate oral tablet | 1 or 1b* | QL | |
| trimipramine maleate oral capsule | 1 or 1b* | QL | tranylcypromine sulfate oral tablet | 1 or 1b* | QL | |
| ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS) | | | INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS) | | | |
| mirtazapine oral tablet | 1 or 1b* | | citalopram hydrobromide oral solution | 1 or 1b* | | |
| mirtazapine oral tablet dispersible | 1 or 1b* | | citalopram hydrobromide oral tablet | 1 or 1b* | | |
| ANTIDEPRESIVOS VARIOS | | | escitalopram oxalate oral solution | 1 or 1b* | | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg | 1 or 1b* | DO | escitalopram oxalate oral tablet | 1 or 1b* | | |
| | | | fluoxetine hcl oral capsule | 1 or 1b* | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|---|-------|--------|
| fluoxetine hcl oral capsule delayed release | 1 or 1b* | | *SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** | | |
| fluoxetine hcl oral solution | 1 or 1b* | | TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| fluoxetine hcl oral tablet 10 mg, 20 mg | 1 or 1b* | | AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1) | | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 or 1b* | | liraglutide subcutaneous solution pen-injector | 2 | PA; QL |
| fluvoxamine maleate oral tablet | 1 or 1b* | | OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | PA; QL |
| paroxetine hcl er oral tablet extended release 24 hour | 1 or 1b* | | OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | PA; QL |
| paroxetine hcl oral suspension | 2 | | OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| paroxetine hcl oral tablet | 1 or 1b* | | RYBELSUS ORAL TABLET | 2 | PA; QL |
| sertraline hcl oral concentrate | 1 or 1b* | | TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| sertraline hcl oral tablet | 1 or 1b* | | VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN) | | | ANÁLOGOS DE MEGLITINIDAS | | |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | 1 or 1b* | QL | nateglinide oral tablet | 2 | QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg | 1 or 1b* | DO | repaglinide oral tablet | 2 | QL |
| duloxetine hcl oral capsule delayed release particles | 2 | QL | ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA | | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 or 1b* | QL | mifepristone oral tablet 300 mg | 3 | PA; QL |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 1 or 1b* | QL | ANTIDIABÉTICOS - ANÁLOGOS DE AMILINA | | |
| venlafaxine hcl oral tablet | 1 or 1b* | QL | SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| ANTIDIABÉTICOS | | | | | |
| *INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** | | | | | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL | | | |

| Nombre del Medicamento | Nivel | Notas |
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| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| BIGUANIDAS | | |
| metformin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| metformin hcl oral solution | 3 | PA; QL |
| metformin hcl oral tablet 1000 mg, 500 mg | 1 or 1b* | QL |
| metformin hcl oral tablet 850 mg | 1 or 1b* | \$0; QL |
| COMBINACIONES DE INHIBidores DE LA DIPEPTIDIL PEPTIDASA-4 Y BIGUANIDA | | |
| alogliptin-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| JANUMET ORAL TABLET | 2 | ST; QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| COMBINACIONES DE INSULINA Y MIMÉTICOS DE LA INCRETINA | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| COMBINACIONES DE SULFONILUREAS-BIGUANIDA | | |
| glipizide-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| glyburide-metformin oral tablet | 1 or 1b* | ST; QL |
| COMBINACIONES DE SULFONILUREAS-TIAZOLIDINEDIONAS | | |
| pioglitazone hcl-glimepiride oral tablet | 1 or 1b* | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
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| INHIBidor DE COTRANSportador DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA | | |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour | 2 | ST; QL |
| SYNJARDY ORAL TABLET | | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| INHIBidor DE DPP-4 - COMBINACIÓN DE TIAZOLIDINEDIONAS | | |
| alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg | 1 or 1b* | ST; QL |
| INHIBidor DE SGLT2 - COMBINACIONES DE INHIBidores DE DPP-4 | | |
| GLYXAMBI ORAL TABLET | 2 | ST; QL |
| INHIBidores DE COTRANSportador DE SODIO-GLUCOSA TIPO 2 (SGLT2) | | |
| dapagliflozin propanediol oral tablet | 2 | ST; QL |
| FARXIGA ORAL TABLET | 2 | ST; QL |
| JARDIANC ORAL TABLET | 2 | ST; QL |
| INHIBidores DE LA ALFA-GLUCOSIDASA | | |
| acarbose oral tablet | 1 or 1b* | QL |
| miglitol oral tablet | 1 or 1b* | QL |
| INHIBidores DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4) | | |
| alogliptin benzoate oral tablet | 1 or 1b* | ST; QL |
| JANUVIA ORAL TABLET | 2 | ST; QL |
| INSULINA HUMANA | | |
| HUMALOG INJECTION SOLUTION | 2 | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|---|-------|--------|
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL | HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | QL | INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | INSULIN LISPRO INJECTION SOLUTION | 2 | ST; QL |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | QL | INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | QL | LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | QL | LANTUS SUBCUTANEOUS SOLUTION | 2 | QL |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | LYUMJEV INJECTION SOLUTION | 2 | QL |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | QL | LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | QL | TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMULIN R INJECTION SOLUTION | 2 | QL | TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | PA; QL | TRESIBA SUBCUTANEOUS SOLUTION | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| OTROS AGENTES PARA LA DIABETES | | |
| BAQSIMI ONE PACK NASAL POWDER | 3 | QL |
| BAQSIMI TWO PACK NASAL POWDER | 3 | QL |
| diazoxide oral suspension | 2 | |
| GLUCAGON EMERGENCY INJECTION KIT | 1 or 1b* | QL |
| GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED | 3 | QL |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | QL |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | QL |
| GVOKE KIT SUBCUTANEOUS SOLUTION | 3 | QL |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| SULFONILUREAS | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 or 1b* | ST; QL |
| glipizide er oral tablet extended release 24 hour | 1 or 1a* | ST; QL |
| glipizide oral tablet | 1 or 1a* | ST; QL |
| glipizide xl oral tablet extended release 24 hour | 1 or 1a* | ST; QL |
| glyburide micronized oral tablet | 1 or 1b* | ST; QL |
| glyburide oral tablet | 1 or 1b* | ST; QL |
| TIAZOLIDINEDIONAS | | |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| TIAZOLIDINEDIONAS- COMBINACIONES DE BIGUANIDA | | |
| pioglitazone hcl-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| ANTÍDOTOS | | |
| ANTAGONISTAS DE LAS BENZODIAZEPINAS | | |
| flumazenil intravenous solution | 1 or 1b* | |
| ANTAGONISTAS OPIÁCEOS | | |
| KLOXXADO NASAL LIQUID | 2 | QL |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1b* | QL |
| naloxone hcl injection solution cartridge | 1 or 1b* | QL |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml | 1 or 1b* | ST; QL |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | 1 or 1b* | QL |
| naloxone hcl nasal liquid | 1 or 1b* | QL |
| naltrexone hcl oral tablet | 1 or 1b* | |
| OPVEE NASAL SOLUTION | 2 | QL |
| REXTOVY NASAL LIQUID | 2 | QL |
| RIVIVE NASAL LIQUID | 2 | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |
| ANTÍDOTOS - AGENTES QUELANTES | | |
| deferasirox granules oral packet | 3 | PA; LD; SP |
| deferasirox oral packet | 3 | PA; LD; SP |
| deferasirox oral tablet | 3 | PA; LD; SP |
| deferasirox oral tablet soluble | 3 | PA; LD; SP |
| deferiprone oral tablet | 3 | PA; LD |
| ANTÍDOTOS | | |
| acetylcysteine intravenous solution | 2 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| methylene blue (antidote) intravenous solution | 1 or 1b* | |
| methylene blue intravenous solution 50 mg/10ml | 1 or 1b* | |
| SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML | 1 or 1b* | |
| ANTIEMÉTICOS | | |
| ANTAGONISTAS DEL RECEPTOR 5-HT3 | | |
| gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 2 | |
| gransetron hcl oral tablet | 2 | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 2 | |
| ondansetron hcl injection solution prefilled syringe | 2 | |
| ondansetron hcl oral solution | 2 | QL |
| ondansetron hcl oral tablet | 2 | QL |
| ondansetron oral tablet dispersible | 2 | QL |
| palonosetron hcl intravenous solution 0.25 mg/5ml | 2 | PA |
| palonosetron hcl intravenous solution prefilled syringe | 2 | PA |
| ANTIEMÉTICOS - AGENTE ANTICOLINÉRGICO | | |
| meclizine hcl oral tablet 50 mg | 1 or 1b* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| ANTIEMÉTICOS VARIOS | | |
| dronabinol oral capsule | 2 | QL |
| COMBINACIONES DE ANTIEMÉTICOS | | |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |
| SUSTANCIA PARA ANTAGONISTAS DEL RECEPTOR NK1 | | |
| aprepitant oral | 2 | QL |
| aprepitant oral capsule | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| fosaprepitant dimeglumine intravenous solution reconstituted | 2 | PA; QL |
| ANTIESPASMÓDICOS URINARIOS | | |
| AGONISTAS DEL RECEPTOR ADRENÉRGICO BETA 3 | | |
| mirabegron er oral tablet extended release 24 hour | 2 | QL |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 3 | QL |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| ANTIESPASMÓDICOS URINARIOS - AGONISTAS COLINÉRGICOS | | |
| bethanechol chloride oral tablet | 2 | |
| ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS) | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 2 | QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | 2 | QL |
| oxybutynin chloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| oxybutynin chloride oral solution | 1 or 1b* | QL |
| oxybutynin chloride oral tablet | 1 or 1b* | QL |
| solifenacina succinate oral tablet | 2 | QL |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tolterodine tartrate oral tablet | 1 or 1b* | QL |
| trospium chloride er oral capsule extended release 24 hour | 2 | QL |
| trospium chloride oral tablet | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
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| ANTIESPASMÓDICOS | | |
| URINARIOS - RELAJANTES | | |
| MUSCULARES DIRECTOS | | |
| flavoxate hcl oral tablet | 1 or 1b* | |
| ANTIHELMÍNTICOS | | |
| ANTIHELMÍNTICOS | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| ivermectin oral tablet | 1 or 1b* | QL |
| praziquantel oral tablet | 2 | |
| ANTIHIPERLIPIDÉMICOS | | |
| ANTIHIPERLIPIDÉMICOS VARIOS | | |
| icosapent ethyl oral capsule | 2 | PA; QL |
| omega-3-acid ethyl esters oral capsule | 1 or 1b* | PA; QL |
| VASCEPA ORAL CAPSULE | 2 | PA; QL |
| COMBINACIÓN DE INHIBidores DE LA HMG COA REDUCTASA- INHIBidores DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe-simvastatin oral tablet | 2 | ST; QL |
| DERIVADOS DEL ÁCIDO FÍBRICO | | |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | 1 or 1b* | QL |
| fenofibrate oral capsule | 1 or 1b* | QL |
| fenofibrate oral tablet 120 mg, 40 mg | 3 | ST; QL |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 or 1b* | QL |
| fenofibric acid oral capsule delayed release | 1 or 1b* | QL |
| fenofibric acid oral tablet | 1 or 1b* | QL |
| gemfibrozil oral tablet | 1 or 1b* | QL |
| DERIVADOS DEL ÁCIDO NICOTÍNICO | | |
| niacin (antihyperlipidemic) oral tablet | 1 or 1b* | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
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| niacin er (antihyperlipidemic) oral tablet extended release | 1 or 1b* | ST; QL |
| niacor oral tablet | 1 or 1b* | ST; QL |
| INHIBidores DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe oral tablet | 2 | QL |
| INHIBidores DE LA HMG COA REDUCTASA | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| atorvastatin calcium oral tablet 40 mg | 1 or 1b* | DO |
| atorvastatin calcium oral tablet 80 mg | 1 or 1b* | QL |
| fluvastatin sodium oral capsule | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | 1 or 1b* | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | 1 or 1b* | \$0; QL |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 2 | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | 2 | DO |
| rosuvastatin calcium oral tablet 40 mg | 2 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO; \$0 |
| simvastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| simvastatin oral tablet 80 mg | 1 or 1b* | PA; QL |
| INHIBidores DE PCSK9 | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas | |
|---|----------|--------|--|----------|--------|--|
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL | telmisartan oral tablet 80 mg | 1 or 1b* | QL | |
| SECUESTRADORES DEL ÁCIDO BILIAR | | | VALSARTAN ORAL SOLUTION | 2 | PA; QL | |
| cholestyramine light oral packet | 2 | QL | valsartan oral tablet 160 mg, 320 mg | 1 or 1b* | QL | |
| cholestyramine light oral powder | 2 | QL | valsartan oral tablet 40 mg, 80 mg | 1 or 1b* | DO | |
| cholestyramine oral packet | 2 | QL | ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II- BLOQUEADORES DE CANALES DE CALCIO-DIURÉTICOS TIAZÍDICOS | | | |
| cholestyramine oral powder | 2 | QL | amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | QL | |
| colesevelam hcl oral packet | 3 | QL | amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg | 1 or 1b* | DO | |
| colesevelam hcl oral tablet | 2 | QL | olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg | 1 or 1b* | DO | |
| colestipol hcl oral granules | 1 or 1b* | QL | olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | 1 or 1b* | QL | |
| colestipol hcl oral packet | 1 or 1b* | QL | ANTAGONISTAS DEL RECEPTOR SELECTIVO DE ALDOSTERONA (SARA) | | | |
| colestipol hcl oral tablet | 1 or 1b* | QL | eplerenone oral tablet | 2 | | |
| prevalite oral packet | 2 | QL | ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL | | | |
| prevalite oral powder | 2 | QL | clonidine hcl oral tablet 0.1 mg, 0.2 mg | 1 or 1a* | DO | |
| ANTIHIPERTENSIVOS | | | clonidine hcl oral tablet 0.3 mg | 1 or 1a* | QL | |
| AGENTES PARA FEOCROMOCITOMAS | | | clonidine transdermal patch weekly | 2 | QL | |
| metyrosine oral capsule | 1 or 1b* | PA; QL | guanfacine hcl oral tablet | 1 or 1b* | | |
| phenoxybenzamine hcl oral capsule | 2 | PA; QL | methyldopa oral tablet 250 mg | 1 or 1b* | DO | |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | | methyldopa oral tablet 500 mg | 1 or 1b* | QL | |
| ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | | ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA | | | |
| candesartan cilexetil oral tablet 16 mg, 32 mg | 1 or 1b* | QL | doxazosin mesylate oral tablet | 1 or 1b* | QL | |
| candesartan cilexetil oral tablet 4 mg, 8 mg | 1 or 1b* | DO | prazosin hcl oral capsule | 1 or 1b* | | |
| irbesartan oral tablet 150 mg, 75 mg | 1 or 1b* | DO | | | | |
| irbesartan oral tablet 300 mg | 1 or 1b* | QL | | | | |
| losartan potassium oral tablet 100 mg, 50 mg | 1 or 1b* | QL | | | | |
| losartan potassium oral tablet 25 mg | 1 or 1b* | DO | | | | |
| olmesartan medoxomil oral tablet 20 mg, 5 mg | 1 or 1b* | DO | | | | |
| olmesartan medoxomil oral tablet 40 mg | 1 or 1b* | QL | | | | |
| telmisartan oral tablet 20 mg, 40 mg | 1 or 1b* | DO | | | | |

| Nombre del Medicamento | Nivel | Notas |
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| terazosin hcl oral capsule | 1 or 1b* | QL |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | QL |
| amlodipine besylate-valsartan oral tablet 5-160 mg | 1 or 1b* | DO |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine-olmesartan oral tablet 5-20 mg | 1 or 1b* | DO |
| telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg | 1 or 1b* | QL |
| telmisartan-amlodipine oral tablet 40-5 mg | 1 or 1b* | DO |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA | | |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | QL |
| irbesartan-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | 1 or 1b* | QL |
| losartan potassium-hctz oral tablet 50-12.5 mg | 1 or 1b* | DO |
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg | 1 or 1b* | DO |
| olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg | 1 or 1b* | QL |
| telmisartan-hctz oral tablet 40-12.5 mg | 1 or 1b* | DO |
| telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg | 1 or 1b* | QL |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | 1 or 1b* | QL |
| COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | QL |
| bisoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| metoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg | 1 or 1b* | DO |
| trandolapril-verapamil hcl er oral tablet extended release | 1 or 1b* | QL |
| INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg | 1 or 1b* | DO |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | 1 or 1b* | QL |
| captopril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | 1 or 1b* | DO |
| fosinopril sodium-hctz oral tablet 10-12.5 mg | 1 or 1b* | DO |
| fosinopril sodium-hctz oral tablet 20-12.5 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg | 1 or 1b* | DO |
| lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | 1 or 1b* | QL |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg | 1 or 1b* | DO |
| quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | 1 or 1b* | QL |
| INHIBIDORES DE LA ECA | | |
| benazepril hcl oral tablet 10 mg, 20 mg, 5 mg | 1 or 1a* | DO |
| benazepril hcl oral tablet 40 mg | 1 or 1a* | QL |
| captopril oral tablet 100 mg | 1 or 1b* | QL |
| captopril oral tablet 12.5 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| enalapril maleate oral solution | 2 | QL |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg | 1 or 1b* | DO |
| enalapril maleate oral tablet 20 mg | 1 or 1b* | QL |
| enalaprilat intravenous injectable | 1 or 1b* | |
| fosinopril sodium oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| fosinopril sodium oral tablet 40 mg | 1 or 1b* | QL |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | 1 or 1a* | DO |
| lisinopril oral tablet 30 mg, 40 mg | 1 or 1a* | QL |
| moexipril hcl oral tablet 15 mg | 1 or 1b* | QL |
| moexipril hcl oral tablet 7.5 mg | 1 or 1b* | DO |
| perindopril erbumine oral tablet 2 mg, 4 mg | 1 or 1b* | DO |
| perindopril erbumine oral tablet 8 mg | 1 or 1b* | QL |
| quinapril hcl oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO |
| quinapril hcl oral tablet 40 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg | 1 or 1b* | DO |
| ramipril oral capsule 10 mg | 1 or 1b* | QL |
| trandolapril oral tablet 1 mg, 2 mg | 1 or 1b* | DO |
| trandolapril oral tablet 4 mg | 1 or 1b* | QL |
| INHIBIDORES DIRECTOS DE LA RENINA | | |
| aliskiren fumarate oral tablet 150 mg | 2 | DO |
| aliskiren fumarate oral tablet 300 mg | 2 | QL |
| VASODILATADORES | | |
| hydralazine hcl injection solution | 2 | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| ANTIHISTAMÍNICOS | | |
| ANTIHISTAMÍNICOS - ETANOLAMINAS | | |
| carbinoxamine maleate er oral suspension extended release | 1 or 1b* | ST; QL |
| carbinoxamine maleate oral solution | 1 or 1b* | ST |
| carbinoxamine maleate oral tablet 4 mg | 1 or 1b* | ST |
| clemastine fumarate oral tablet 2.68 mg | 1 or 1b* | ST; QL |
| diphenhydramine hcl injection solution | 2 | |
| ANTIHISTAMÍNICOS - FENOTIAZINA | | |
| promethazine hcl injection solution | 1 or 1a* | |
| promethazine hcl oral solution | 1 or 1a* | QL |
| promethazine hcl oral tablet | 1 or 1a* | QL |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 2 | QL |
| promethegan rectal suppository | 2 | QL |
| ANTIHISTAMÍNICOS - NO SEDANTES | | |
| cetirizine hcl oral solution | 1 or 1b* | QL |
| desloratadine oral tablet | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| desloratadine oral tablet dispersible | 3 | QL |
| ANTIHISTAMÍNICOS - PIPERIDINAS | | |
| ciproheptadine hcl oral syrup | 1 or 1b* | |
| ciproheptadine hcl oral tablet | 1 or 1b* | |
| ANTIMICÓTICOS | | |
| ANTIMICÓTICOS | | |
| amphotericin b intravenous solution reconstituted | 2 | |
| amphotericin b liposome intravenous suspension reconstituted | 2 | |
| flucytosine oral capsule | 2 | PA |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet | 1 or 1b* | |
| nystatin oral tablet | 1 or 1b* | |
| terbinafine hcl oral tablet | 1 or 1b* | QL |
| IMIDAZOLES | | |
| ketoconazole oral tablet | 1 or 1b* | QL |
| TRIAZOLES | | |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |
| fluconazole oral suspension reconstituted | 1 or 1b* | QL |
| fluconazole oral tablet | 1 or 1b* | QL |
| itraconazole oral capsule | 2 | PA; QL |
| itraconazole oral solution | 2 | PA; QL |
| posaconazole intravenous solution | 2 | |
| posaconazole oral suspension | 2 | PA; QL |
| posaconazole oral tablet delayed release | 2 | PA; QL |
| voriconazole oral suspension reconstituted | 2 | PA; QL |
| voriconazole oral tablet | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS | | |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| ALUNBRIG ORAL TABLET | 2 | PA; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | 2 | PA; QL |
| XALKORI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | LD; SP |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL CAPSULE | 2 | PA; QL; SP |
| BOSULIF ORAL TABLET | 2 | PA; QL; SP |
| imatinib mesylate oral tablet | 1 or 1b* | PA; QL; SP |
| SPRYCEL ORAL TABLET | 2 | PA; QL; SP |
| TASIGNA ORAL CAPSULE | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; QL |
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| erlotinib hcl oral tablet | 1 or 1b* | PA; LD; QL; SP |
| gefitinib oral tablet | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| GILOTRIF ORAL TABLET | 3 | PA; QL |
| AGENTES ALQUILANTES | | |
| MYLERAN ORAL TABLET | 3 | |
| AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO | | |
| leucovorin calcium injection solution | 1 or 1b* | |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | |
| leucovorin calcium oral tablet | 2 | |
| AGENTES PROTECTORES DEL TRACTO URINARIO | | |
| mesna intravenous solution | 1 or 1b* | PA |
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS | | |
| bexarotene oral capsule | 3 | PA; QL; SP |
| ANÁLOGOS DE LHRH | | |
| leuprolide acetate injection kit | 3 | PA; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; QL; SP |
| ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH) | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA; QL; SP |
| ANTIANDRÓGENOS | | |
| bicalutamide oral tablet | 2 | QL |
| ERLEADA ORAL TABLET | 3 | PA; LD; QL; SP |
| nilutamide oral tablet | 3 | QL |
| NUBEQA ORAL TABLET | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| XTANDI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| XTANDI ORAL TABLET | 3 | PA; LD; QL; SP |
| ANTICUERPOS ANTIADRENAL | | |
| LYSODREN ORAL TABLET | 3 | QL |
| ANTIESTRÓGENOS | | |
| SOLTAMOX ORAL SOLUTION | 2 | \$0 |
| tamoxifen citrate oral tablet | 2 | \$0 |
| toremifene citrate oral tablet | 3 | QL |
| ANTIMETABOLITOS | | |
| capecitabine oral tablet | 3 | PA; LD; SP |
| mercaptopurine oral tablet | 2 | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution reconstituted | 1 or 1b* | |
| methotrexate sodium oral tablet | 2 | |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | ST |
| ANTINEOPLÁSICOS - INHIBIDORES DE CINASA MTOR | | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 3 | PA; SP |
| everolimus oral tablet soluble | 3 | PA; SP |
| TORPENZ ORAL TABLET | 3 | PA; SP |
| ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA BRAF | | |
| TAFINLAR ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZELBORAF ORAL TABLET | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|--|-------|----------------|
| ANTINEOPLÁSICOS - INHIBIDORES DE LA HISTONA DESACETILASA | | | hydroxyurea oral capsule | 2 | |
| ZOLINZA ORAL CAPSULE | 3 | PA; QL; SP | MATULANE ORAL CAPSULE | 3 | |
| ANTINEOPLÁSICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG | | | COMBINACIONES DE ANTINEOPLÁSICOS | | |
| ERIVEDGE ORAL CAPSULE | 3 | PA; LD; QL; SP | HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| ANTINEOPLÁSICOS - INHIBIDORES DE MEK | | | ESTRÓGENOS - ANTINEOPLÁSICOS | | |
| MEKINIST ORAL TABLET | 3 | PA; LD; QL; SP | EMCYT ORAL CAPSULE | 3 | PA |
| ANTINEOPLÁSICOS - INHIBIDORES MULTICINASAS | | | IMIDAZOTETRAZINA | | |
| CABOMETYX ORAL TABLET | 2 | PA; LD; QL; SP | temozolomide oral capsule | 3 | PA; QL; SP |
| CAPRELSA ORAL TABLET | 3 | PA; QL | INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS | | |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 3 | PA; LD; QL; SP | abiraterone acetate oral tablet | 3 | PA; LD; QL; SP |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 3 | PA; LD; QL; SP | INHIBIDORES DE LA AROMATASA | | |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA; LD; QL; SP | anastrozole oral tablet | 2 | \$0; QL |
| lapatinib ditosylate oral tablet | 3 | PA; LD; QL; SP | exemestane oral tablet | 2 | \$0; QL |
| pazopanib hcl oral tablet | 3 | PA; LD; QL; SP | letrozole oral tablet | 2 | \$0; QL |
| sorafenib tosylate oral tablet | 3 | PA; LD; QL; SP | INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS | | |
| STIVARGA ORAL TABLET | 3 | PA; LD; QL; SP | JAKAFI ORAL TABLET | 3 | PA; LD; QL; SP |
| sunitinib malate oral capsule | 3 | PA; LD; QL; SP | INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP) | | |
| VOTRIENT ORAL TABLET | 3 | PA; LD; QL; SP | LYNPARZA ORAL TABLET | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSICOS - INMUNOMODULADORES | | | INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK) | | |
| POMALYST ORAL CAPSULE | 3 | PA; LD; QL; SP | IBRANCE ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSICOS VARIOS | | | IBRANCE ORAL TABLET | 3 | PA; LD; QL; SP |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP | KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| | | | KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| | | | KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| VERZENIO ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA TOPOISOMERASA I | | |
| HYCAMTIN ORAL CAPSULE | 3 | PA; SP |
| INHIBIDORES DEL VEGF | | |
| AVASTIN INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| INLYTA ORAL TABLET | 2 | PA; LD; QL; SP |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| MVASI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| INHIBIDORES MIÓTICOS | | |
| etoposide oral capsule | 3 | SP |
| MOSTAZAS DE NITRÓGENO | | |
| cyclophosphamide oral capsule | 3 | SP |
| LEUKERAN ORAL TABLET | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| PROGESTINAS - ANTINEOPLÁSICOS | | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 or 1b* | |
| megestrol acetate oral tablet | 1 or 1b* | |
| RETINIODES | | |
| tretinoin oral capsule | 2 | |
| ANTIPALÚDICOS | | |
| ANTIPALÚDICOS | | |
| chloroquine phosphate oral tablet | 1 or 1a* | |
| HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG | | |
| hydroxychloroquine sulfate oral tablet 200 mg | 1 or 1b* | QL |
| mefloquine hcl oral tablet | 1 or 1b* | QL |
| pyrimethamine oral tablet | 1 or 1b* | PA; QL |
| quinine sulfate oral capsule | 1 or 1b* | PA; QL |
| COMBINACIONES DE ANTIPALÚDICOS | | |
| atovaquone-proguanil hcl oral tablet | 1 or 1b* | |
| ANTIPARKINSONIANOS | | |
| ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS | | |
| apomorphine hcl subcutaneous solution cartridge | 3 | PA; LD; QL; SP |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| pramipexole dihydrochloride oral tablet | 1 or 1b* | QL |
| ropinirole hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| ropinirole hcl oral tablet | 1 or 1b* | |
| ANTICOLINÉRGICOS | | |
| ANTIPARKINSONIANOS | | |
| benztropine mesylate injection solution | 1 or 1a* | |
| benztropine mesylate oral tablet | 1 or 1a* | |
| trihexyphenidyl hcl oral solution | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| trihexyphenidyl hcl oral tablet | 1 or 1a* | |
| COMBINACIONES DE LEVODOPA | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 2 | |
| carbidopa-levodopa oral tablet | 1 or 1b* | |
| carbidopa-levodopa oral tablet dispersible | 2 | |
| 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 | 2 | |
| DOPAMINÉRGICOS ANTIPARKINSONIANOS | | |
| amantadine hcl oral capsule | 1 or 1b* | QL |
| amantadine hcl oral solution | 1 or 1b* | QL |
| amantadine hcl oral tablet | 1 or 1b* | QL |
| bromocriptine mesylate oral capsule | 1 or 1b* | |
| bromocriptine mesylate oral tablet | 1 or 1b* | |
| INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS | | |
| tolcapone oral tablet | 2 | PA; QL |
| INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA | | |
| rasagiline mesylate oral tablet | 2 | QL |
| selegiline hcl oral capsule | 2 | |
| selegiline hcl oral tablet | 2 | |
| INHIBIDORES COMT PERIFÉRICOS | | |
| entacapone oral tablet | 2 | QL |
| INHIBIDORES DE LA DESCARBOXILASA | | |
| carbidopa oral tablet | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ANTIVIRALES | | |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | 3 | QL |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | 3 | QL |
| *MISC. ANTIVIRALS*** | | |
| LAGEVRIO ORAL CAPSULE | 3 | QL |
| AGENTES DEL CITOMEGALOVIRUS (CMV) | | |
| valganciclovir hcl oral solution reconstituted | 3 | |
| valganciclovir hcl oral tablet | 3 | |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA | | |
| acyclovir oral capsule | 1 or 1b* | |
| acyclovir oral suspension | 1 or 1b* | |
| acyclovir oral tablet | 1 or 1b* | |
| acyclovir sodium intravenous solution | 1 or 1b* | |
| valacyclovir hcl oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA | | |
| famciclovir oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS | | |
| ribavirin inhalation solution reconstituted | 2 | |
| AGENTES PARA LA HEPATITIS B | | |
| adefovir dipivoxil oral tablet | 3 | PA; QL; SP |
| BARACLUDE ORAL SOLUTION | | |
| entecavir oral tablet | 3 | PA; QL |
| VEMLIDY ORAL TABLET | | |
| EPCLUSA ORAL PACKET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C - COMBINACIONES | | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| EPCLUSA ORAL TABLET | 3 | PA; QL; SP |
| HARVONI ORAL PACKET | 3 | PA; QL; SP |
| HARVONI ORAL TABLET | 3 | PA; QL; SP |
| VOSEVI ORAL TABLET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C | | |
| ribavirin oral capsule | 3 | QL; SP |
| ribavirin oral tablet 200 mg | 3 | QL; SP |
| AGENTES PARA LA INFLUENZA | | |
| rimantadine hcl oral tablet | 1 or 1b* | |
| ANTIRRETRÓVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA) | | |
| maraviroc oral tablet | 3 | QL |
| ANTIRRETRÓVIRALES - INHIBIDORES DE FUSIÓN | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| ANTIRRETRÓVIRALES - INHIBIDORES DE LA INTEGRASA | | |
| ISENTRESS ORAL PACKET | 3 | QL |
| ISENTRESS ORAL TABLET | 3 | QL |
| ISENTRESS ORAL TABLET CHEWABLE | 3 | QL |
| TIVICAY ORAL TABLET 50 MG | 3 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | 3 | QL |
| ANTIRRETRÓVIRALES - INHIBIDORES DE LA PROTEASA | | |
| APTIVUS ORAL CAPSULE | 3 | PA; QL |
| atazanavir sulfate oral capsule | 3 | QL |
| darunavir oral tablet | 3 | QL |
| fosamprenavir calcium oral tablet | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| PREZISTA ORAL SUSPENSION | 3 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 3 | QL |
| REYATAZ ORAL PACKET | 3 | QL |
| ritonavir oral tablet | 3 | QL |
| ANTIRRETRÓVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS | | |
| EDURANT ORAL TABLET | 3 | PA; QL |
| efavirenz oral capsule | 3 | QL |
| efavirenz oral tablet | 3 | QL |
| etravirine oral tablet | 3 | PA; QL |
| INTELENCE ORAL TABLET 25 MG | 3 | PA; QL |
| nevirapine er oral tablet extended release 24 hour 400 mg | 3 | QL |
| nevirapine oral suspension | 3 | QL |
| nevirapine oral tablet | 3 | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS | | |
| tenofovir disoproxil fumarate oral tablet | 3 | \$0; QL |
| VIREAD ORAL POWDER | 3 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 3 | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS | | |
| emtricitabine oral capsule | 3 | \$0; QL |
| EMTRIVA ORAL SOLUTION | 3 | QL |
| lamivudine oral solution | 3 | PA; QL |
| lamivudine oral tablet 150 mg, 300 mg | 3 | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS | | |
| abacavir sulfate oral solution | 3 | QL |
| abacavir sulfate oral tablet | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-TIMIDINAS | | |
| zidovudine oral capsule | 3 | QL |
| zidovudine oral syrup | 3 | QL |
| zidovudine oral tablet | 3 | QL |
| COMBINACIONES DE ANTIRRETRÓVIRALES | | |
| abacavir sulfate-lamivudine oral tablet | 2 | QL |
| BIKTARVY ORAL TABLET | 3 | QL |
| CIMDUO ORAL TABLET | 3 | QL |
| DESCOVY ORAL TABLET 120-15 MG | 2 | QL |
| DESCOVY ORAL TABLET 200-25 MG | 2 | \$0; QL |
| DOVATO ORAL TABLET | 3 | QL |
| efavirenz-emtricitab-tenofo df oral tablet | 3 | QL |
| efavirenz-lamivudine-tenofovir oral tablet | 3 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 or 1b* | \$0; QL |
| GENVOYA ORAL TABLET | 3 | QL |
| lamivudine-zidovudine oral tablet | 2 | QL |
| lopinavir-ritonavir oral solution | 3 | QL |
| lopinavir-ritonavir oral tablet | 3 | QL |
| STRIBILD ORAL TABLET | 3 | QL |
| TRIUMEQ ORAL TABLET | 3 | QL |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 3 | QL |
| INHIBIDORES DE ENDONUCLEASAS PA | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |
| INHIBIDORES DE LA NEURAMINIDASA | | |
| oseltamivir phosphate oral capsule | 1 or 1b* | QL |
| oseltamivir phosphate oral suspension reconstituted | 1 or 1b* | QL |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL |
| BETABLOQUEADORES | | |
| BETABLOQUEADORES CARDIOSELECTIVOS | | |
| acebutolol hcl oral capsule | 1 or 1b* | |
| atenolol oral tablet | 1 or 1a* | |
| betaxolol hcl oral tablet | 1 or 1b* | |
| bisoprolol fumarate oral tablet | 1 or 1b* | |
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| metoprolol succinate er oral tablet extended release 24 hour | 1 or 1b* | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| nebivolol hcl oral tablet | 2 | |
| BETABLOQUEADORES NO SELECTIVOS | | |
| nadolol oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| nadolol oral tablet 80 mg | 1 or 1b* | QL |
| pindolol oral tablet 10 mg | 2 | QL |
| pindolol oral tablet 5 mg | 2 | DO |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg | 1 or 1b* | DO |
| propranolol hcl er oral capsule extended release 24 hour 160 mg | 1 or 1b* | QL |
| propranolol hcl intravenous solution | 1 or 1b* | |
| propranolol hcl oral solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg | 1 or 1b* | DO |
| propranolol hcl oral tablet 80 mg | 1 or 1b* | QL |
| sotalol hcl (af) oral tablet | 2 | |
| sotalol hcl oral tablet | 2 | QL |
| timolol maleate oral tablet 10 mg, 20 mg | 1 or 1b* | QL |
| timolol maleate oral tablet 5 mg | 1 or 1b* | DO |
| BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA | | |
| carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg | 1 or 1b* | DO |
| carvedilol oral tablet 25 mg | 1 or 1b* | QL |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg | 2 | DO |
| carvedilol phosphate er oral capsule extended release 24 hour 80 mg | 2 | QL |
| labetalol hcl oral tablet 100 mg, 200 mg | 1 or 1b* | DO |
| labetalol hcl oral tablet 300 mg | 1 or 1b* | QL |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate oral tablet 10 mg | 1 or 1b* | QL |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg | 1 or 1b* | QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| diltiazem hcl er oral tablet extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl intravenous solution | 1 or 1b* | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule 2.5 mg | 1 or 1b* | DO |
| isradipine oral capsule 5 mg | 1 or 1b* | QL |
| levamlodipine maleate oral tablet 2.5 mg | 1 or 1b* | ST; DO |
| levamlodipine maleate oral tablet 5 mg | 1 or 1b* | ST; QL |
| matzim la oral tablet extended release 24 hour | 1 or 1b* | QL |
| nicardipine hcl intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| nicardipine hcl oral capsule | 1 or 1b* | QL |
| nifedipine er oral tablet extended release 24 hour | 2 | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 2 | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 2 | QL |
| nifedipine oral capsule 10 mg | 2 | DO |
| nifedipine oral capsule 20 mg | 2 | QL |
| nimodipine oral capsule | 2 | QL |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | 1 or 1b* | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | 1 or 1b* | QL |
| tiadylt er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| verapamil hcl er oral tablet extended release 120 mg | 1 or 1b* | DO |
| verapamil hcl er oral tablet extended release 180 mg, 240 mg | 1 or 1b* | QL |
| verapamil hcl intravenous solution | 1 or 1b* | |
| verapamil hcl oral tablet 120 mg | 1 or 1b* | QL |
| verapamil hcl oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| CARDIOTÓNICOS | | |
| *INOTROPES*** | | |
| dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml | 1 or 1b* | |
| milrinone lactate in dextrose intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 or 1b* | |
| GLUCÓSIDOS CARDÍACOS | | |
| DIGOX ORAL TABLET 125 MCG | 1 or 1b* | DO |
| DIGOX ORAL TABLET 250 MCG | 1 or 1b* | QL |
| digoxin injection solution | 1 or 1b* | |
| digoxin oral solution | 1 or 1b* | QL |
| digoxin oral tablet 125 mcg, 62.5 mcg | 1 or 1b* | DO |
| digoxin oral tablet 250 mcg | 1 or 1b* | QL |
| LANOXIN PEDIATRIC INJECTION SOLUTION | 2 | |
| CEFALOSPORINAS | | |
| CEFALOSPORINAS - 1.^a GENERACIÓN | | |
| cefadroxil oral capsule | 1 or 1b* | |
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg | 2 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 2 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |
| CEFALOSPORINAS - 2.^a GENERACIÓN | | |
| CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 2 | |
| cefaclor oral capsule | 1 or 1b* | |
| cefaclor oral suspension reconstituted 250 mg/5ml | 1 or 1b* | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| cefoxitin sodium intravenous solution reconstituted | 2 | |
| cefprozil oral suspension reconstituted | 1 or 1b* | |
| cefprozil oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| cefuroxime axetil oral tablet | 1 or 1b* | |
| cefuroxime sodium injection solution reconstituted 750 mg | 2 | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | 2 | |
| CEFALOSPORINAS - 3.^a GENERACIÓN | | |
| cefdinir oral capsule | 1 or 1b* | |
| cefdinir oral suspension reconstituted | 1 or 1b* | |
| cefixime oral capsule | 2 | |
| cefixime oral suspension reconstituted | 2 | |
| cefpodoxime proxetil oral suspension reconstituted | 2 | |
| cefpodoxime proxetil oral tablet | 2 | |
| ceftazidime injection solution reconstituted 1 gm, 6 gm | 2 | |
| ceftazidime intravenous solution reconstituted | 2 | |
| ceftriaxone sodium in dextrose intravenous solution | 2 | QL |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 2 | QL |
| ceftriaxone sodium intravenous solution reconstituted | 2 | QL |
| tazicef injection solution reconstituted 1 gm | 2 | |
| tazicef intravenous solution reconstituted | 2 | |
| CEFALOSPORINAS - 4.^a GENERACIÓN | | |
| cefepime hcl injection solution reconstituted 1 gm | 2 | |
| cefepime hcl intravenous solution reconstituted 2 gm | 2 | |
| CLASES TERAPÉUTICAS VARIAS | | |
| AGENTES LIBERADORES DE POTASIO | | |
| KIONEX ORAL SUSPENSION | 2 | |

| Nombre del Medicamento | Nivel | Notas |
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| LOKELMA ORAL PACKET | 3 | QL |
| sodium polystyrene sulfonate oral powder | 2 | |
| sps oral suspension | 2 | |
| AGENTES PARA LA ESCLEROSIS | | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 1 or 1b* | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| AGENTES QUELANTES | | |
| penicillamine oral tablet | 3 | PA; QL; SP |
| trientine hcl oral capsule 250 mg | 3 | PA; QL; SP |
| ANÁLOGOS DE LA CICLOSPORINA | | |
| cyclosporine modified oral capsule | 3 | |
| cyclosporine modified oral solution | 3 | |
| cyclosporine oral capsule | 3 | |
| gengraf oral capsule 100 mg, 25 mg | 3 | |
| gengraf oral solution | 3 | |
| ANÁLOGOS DE LA PURINA | | |
| azasan oral tablet | 1 or 1b* | |
| azathioprine oral tablet | 1 or 1b* | |
| ANTILEPROSOS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA | | |
| mycophenolate mofetil oral capsule | 3 | |
| mycophenolate mofetil oral suspension reconstituted | 3 | |
| mycophenolate mofetil oral tablet | 3 | |
| mycophenolate sodium oral tablet delayed release | 3 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|---|----------|-------|
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 3 | | dexamethasone sod phosphate pf injection solution | 1 or 1b* | |
| INMUNODEPRESORES MACRÓLIDOS | | | DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 3 | | dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | 1 or 1b* | |
| sirolimus oral solution | 3 | | DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| sirolimus oral tablet | 3 | | hidex 6-day oral tablet therapy pack | 1 or 1b* | |
| tacrolimus oral capsule | 3 | | hydrocortisone oral tablet | 1 or 1b* | |
| INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS | | | methylprednisolone oral tablet | 1 or 1a* | |
| lenalidomide oral capsule | 3 | PA; LD; QL; SP | methylprednisolone oral tablet therapy pack | 1 or 1a* | |
| REVLIMID ORAL CAPSULE | 3 | PA; LD; QL; SP | methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg | 1 or 1b* | |
| SOLUCIONES DE IRRIGACIÓN | | | prednisolone oral solution | 1 or 1a* | |
| lactated ringers irrigation solution | 1 or 1b* | | prednisolone oral tablet | 2 | |
| physiolyte irrigation solution | 1 or 1b* | | prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 or 1a* | |
| physiosol irrigation irrigation solution | 1 or 1b* | | prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg | 1 or 1a* | QL |
| ringers irrigation irrigation solution | 1 or 1b* | | prednisolone sodium phosphate oral tablet dispersible 15 mg | 1 or 1a* | DO |
| sterile water for irrigation irrigation solution | 1 or 1b* | | prednisone oral solution | 1 or 1a* | |
| tis-u-sol irrigation solution | 1 or 1b* | | prednisone oral tablet | 1 or 1a* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | | prednisone oral tablet therapy pack | 1 or 1a* | |
| CORTICOESTEROIDES | | | SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED | 3 | |
| GLUCOCORTICOIDES | | | taperdex 12-day oral tablet therapy pack | 1 or 1b* | |
| budesonide er oral tablet extended release 24 hour | 2 | QL | taperdex 6-day oral tablet therapy pack | 1 or 1b* | |
| budesonide oral capsule delayed release particles | 2 | QL | | | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | | | | |
| dexamethasone oral elixir | 1 or 1a* | | | | |
| dexamethasone oral solution | 1 or 1a* | | | | |
| dexamethasone oral tablet | 1 or 1a* | | | | |
| dexamethasone oral tablet therapy pack | 1 or 1b* | | | | |
| dexamethasone sod phos +rfid injection solution prefilled syringe | 1 or 1b* | | | | |

| Nombre del Medicamento | Nivel | Notas |
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| taperdex 7-day oral tablet therapy pack 1.5 mg (27) | 1 or 1b* | |
| MINERALCORTICOIDES | | |
| fludrocortisone acetate oral tablet | 1 or 1b* | |
| DISPOSITIVOS MÉDICOS | | |
| AGUJAS Y JERINGAS | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLE | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLES | 3 | ST; QL |
| ADVOCATE INSULIN SYRINGE | 3 | ST; QL |
| aq insulin syringe | 3 | ST; QL |
| aqinject pen needle | 3 | ST; QL |
| ASSURE ID DUO PRO PEN NEEDLES | 3 | ST; QL |
| ASSURE ID PRO PEN NEEDLES | 3 | QL |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 3 | ST; QL |
| aum insulin safety pen needle | 3 | ST; QL |
| AUM MINI INSULIN PEN NEEDLE | 3 | ST; QL |
| aum pen needle | 3 | ST; QL |
| AUM READYGARD DUO PEN NEEDLE | 3 | ST; QL |
| AUM SAFETY PEN NEEDLE | 3 | ST; QL |
| AURORA PEN NEEDLES | 3 | ST; QL |
| BD AUTOSHIELD DUO | 2 | QL |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | QL |
| BD INSULIN SYRINGE HALF-UNIT | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL |
| BD INSULIN SYRINGE U/F | 2 | QL |
| BD INSULIN SYRINGE U/F 1/2UNIT | 2 | QL |
| BD INSULIN SYRINGE U-500 | 2 | QL |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD PEN NEEDLE MICRO U/F | 2 | QL |
| BD PEN NEEDLE MINI U/F | 2 | QL |
| BD PEN NEEDLE NANO 2ND GEN | 2 | QL |
| BD PEN NEEDLE NANO U/F | 2 | QL |
| BD PEN NEEDLE ORIGINAL U/F | 2 | QL |
| BD PEN NEEDLE SHORT U/F | 2 | QL |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | QL |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | QL |
| BD VEO INSULIN SYRINGE U/F | 2 | QL |
| CAREFINE PEN NEEDLES | 3 | ST; QL |
| CAREONE INSULIN SYRINGE | 3 | ST; QL |
| CAREONE UNIFINE PENTIPS PLUS | 3 | ST; QL |
| CARETOUCH INSULIN SYRINGE | 3 | ST; QL |
| CARETOUCH PEN NEEDLES | 3 | ST; QL |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | 3 | ST; QL |
| CLICKFINE PEN NEEDLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|---|-------|--------|
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | 3 | ST; QL | DROPLET PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | DROPSAFE SAFETY PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 3 | QL | DROPSAFE SAFETY SYRINGE/NEEDLE | 3 | ST; QL |
| COMFORT EZ MICRO PEN NEEDLES | 3 | ST; QL | DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL |
| COMFORT EZ PEN NEEDLES | 3 | ST; QL | DRUG MART UNIFINE PENTIPS PLUS | 3 | ST; QL |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM | 3 | ST; QL | EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3 | ST; QL |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 3 | QL | easy comfort insulin syringe 31g x 1/2" 0.3 ml | 3 | QL |
| COMFORT EZ SHORT PEN NEEDLES | 3 | ST; QL | easy comfort insulin syringe 31g x 5/16" 0.3 ml | 3 | ST; QL |
| COMFORT TOUCH INSULIN PEN NEED | 3 | ST; QL | EASY COMFORT PEN NEEDLES | 3 | ST; QL |
| DIATHRIVE PEN NEEDLE | 3 | ST; QL | EASY GLIDE PEN NEEDLES | 3 | ST; QL |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | EASY TOUCH FLIPLOCK INSULIN SY | 3 | ST; QL |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 3 | QL | EASY TOUCH INSULIN SAFETY SYR | 3 | ST; QL |
| DROPLET MICRON | 3 | QL | EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 3 | ST; QL |
| | | | EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 3 | QL |
| | | | EASY TOUCH PEN NEEDLES | 3 | ST; QL |
| | | | EASY TOUCH SAFETY PEN NEEDLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|--|-------|--------|
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 3 | ST; QL | GNP ULTICARE PEN NEEDLES | 3 | ST; QL |
| EMBRACE PEN NEEDLES | 3 | ST; QL | GNP ULTIGUARD SAFEPACK NEEDLE | 3 | ST; QL |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML | 3 | ST; QL |
| FIFTY50 PEN NEEDLES | 3 | ST; QL | GOODSENSE CLICKFINE PEN NEEDLE | 3 | ST; QL |
| FIFTY50 SUPERIOR COMFORT SYR | 3 | ST; QL | GOODSENSE PEN NEEDLE PENFINE | 3 | ST; QL |
| GLOBAL EASE INJECT PEN NEEDLES | 3 | ST; QL | HEALTHWISE INSULIN SYR/NEEDLE | 3 | ST; QL |
| GLOBAL EASY GLIDE INSULIN SYR | 3 | ST; QL | HEALTHWISE MICRON PEN NEEDLES | 3 | ST; QL |
| GLOBAL EASY GLIDE PEN NEEDLES | 3 | ST; QL | HEALTHWISE SHORT PEN NEEDLES | 3 | ST; QL |
| GLOBAL INJECT EASE INSULIN SYR | 3 | ST; QL | H-E-B INCONTROL PEN NEEDLES | 3 | ST; QL |
| GLOBAL INSULIN SYRINGES | 3 | ST; QL | H-E-B INCONTROL UNIFINE PENTIP | 3 | ST; QL |
| GLUCOPRO INSULIN SYRINGE | 3 | ST; QL | HM ULTICARE INSULIN SYRINGE | 3 | ST; QL |
| GNP CLICKFINE PEN NEEDLES | 3 | ST; QL | HM ULTICARE MINI PEN NEEDLES | 3 | ST; QL |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | HM ULTICARE SHORT PEN NEEDLES | 3 | ST; QL |
| GNP INSULIN SYRINGES | 3 | ST; QL | INCONTROL ULTICARE PEN NEEDLES | 3 | ST; QL |
| GNP INSULIN SYRINGES 28GX1/2" | 3 | ST; QL | INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| GNP INSULIN SYRINGES 29GX1/2" | 3 | ST; QL | insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml | 3 | ST; QL |
| GNP INSULIN SYRINGES 30GX5/16" | 3 | ST; QL | | | |
| GNP INSULIN SYRINGES 31GX5/16" | 3 | ST; QL | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|--|-------|--------|
| INSULIN SYRINGE- NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | MAXI-COMFORT SAFETY PEN NEEDLE | 3 | ST; QL |
| INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL | MAXICOMFORT SYR 27G X 1/2" | 3 | ST; QL |
| KINRAY INSULIN SYRINGE | 3 | ST; QL | MEDIC INSULIN SYRINGE | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 29G | 3 | ST; QL | MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 30G | 3 | ST; QL | MEIJER PEN NEEDLES | 3 | ST; QL |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | MICRODOT PEN NEEDLE | 3 | ST; QL |
| KROGER PEN NEEDLES | 3 | ST; QL | MM INSULIN SYRINGE/NEEDLE | 3 | ST; QL |
| LEADER INSULIN SYRINGE | 3 | ST; QL | MM PEN NEEDLES | 3 | ST; QL |
| LEADER UNIFINE PENTIPS | 3 | ST; QL | MONOJECT INSULIN SYRINGE | 3 | ST; QL |
| LEADER UNIFINE PENTIPS PLUS | 3 | ST; QL | MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 3 | ST; QL |
| LITETOUCH INSULIN SYRINGE | 3 | ST; QL | MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| LITETOUCH PEN NEEDLES | 3 | ST; QL | NOVOFINE PEN NEEDLE | 3 | ST; QL |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 3 | ST; QL | NOVOFINE PLUS PEN NEEDLE | 3 | ST; QL |
| MAGELLAN INSULIN SAFETY SYR | 3 | ST; QL | PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL |
| MARATHON MEDICAL PENTIPS | 3 | ST; QL | PEN NEEDLES | 3 | ST; QL |
| MAXICOMFORT II PEN NEEDLE | 3 | ST; QL | PEN NEEDLES 5/16" 31G X 8 MM | 3 | ST; QL |
| MAXI-COMFORT INSULIN SYRINGE | 3 | ST; QL | PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |

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|---|-------|--------|---|-------|--------|
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 3 | ST; QL | SECURESAFE SAFETY PEN NEEDLES | 3 | ST; QL |
| PREVENT DROPSAFE PEN NEEDLES | 3 | ST; QL | SURE COMFORT INSULIN SYRINGE | 3 | ST; QL |
| PREVENT SAFETY PEN NEEDLES | 3 | ST; QL | SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| PRO COMFORT INSULIN SYRINGE | 3 | ST; QL | sure comfort pen needles 31g x 6 mm | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 3 | ST; QL | TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| PRODIGY INSULIN SYRINGE | 3 | ST; QL | TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM | 3 | |
| PURE COMFORT PEN NEEDLE | 3 | ST; QL | TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 6 MM | 3 | ST; QL |
| pure comfort safety pen needle | 3 | QL | TECHLITE PLUS PEN NEEDLES | 3 | ST; QL |
| PX EXTRA SHORT PEN NEEDLES | 3 | ST; QL | TODAYS HEALTH PEN NEEDLES | 3 | ST; QL |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | 3 | ST; QL | TODAYS HEALTH SHORT PEN NEEDLE | 3 | ST; QL |
| PX MINI PEN NEEDLES | 3 | ST; QL | TOPCARE CLICKFINE PEN NEEDLES | 3 | ST; QL |
| PX PEN NEEDLE | 3 | ST; QL | TOPCARE ULTRA COMFORT INS SYR | 3 | ST; QL |
| QC PEN NEEDLES | 3 | ST; QL | true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml | 3 | ST; QL |
| QC UNIFINE PENTIPS | 3 | ST; QL | TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| RA INSULIN SYRINGE | 3 | ST; QL | TRUE COMFORT PEN NEEDLES | 3 | ST; QL |
| RA PEN NEEDLES | 3 | ST; QL | TRUE COMFORT PRO INSULIN SYR | 3 | ST; QL |
| raya sure pen needle | 3 | ST; QL | TRUE COMFORT PRO PEN NEEDLES | 3 | ST; QL |
| REALITY INSULIN SYRINGE | 3 | ST; QL | TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 3 | QL |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | | | |
| RELION MINI PEN NEEDLES | 3 | ST; QL | | | |
| RELION PEN NEEDLES | 3 | ST; QL | | | |
| RELION SHORT PEN NEEDLES | 3 | ST; QL | | | |
| safety pen needles | 3 | ST; QL | | | |
| SB INSULIN SYRINGE | 3 | ST; QL | | | |
| SECURESAFE INSULIN SYRINGE | 3 | ST; QL | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|--|-------|--------|
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL | ULTRA-THIN II PEN NEEDLE SHORT | 3 | ST; QL |
| TRUEPLUS INSULIN SYRINGE | 3 | ST; QL | ULTRA-THIN II PEN NEEDLES | 3 | ST; QL |
| TRUEPLUS PEN NEEDLES | 3 | ST; QL | UNIFINE PENTIPS | 3 | ST; QL |
| ULTICARE INSULIN SAFETY SYR | 3 | ST; QL | UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ULTICARE INSULIN SYR 1/2 UNIT | 3 | ST; QL | UNIFINE PROTECT PEN NEEDLE 30G X 5 MM | 3 | QL |
| ULTICARE INSULIN SYRINGE | 3 | ST; QL | UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| ULTICARE MICRO PEN NEEDLES | 3 | ST; QL | UNIFINE SAFECONTROL PEN NEEDLE | 3 | ST; QL |
| ULTICARE MINI PEN NEEDLES | 3 | ST; QL | UNIFINE ULTRA PEN NEEDLE | 3 | ST; QL |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 3 | ST; QL | VALUE HEALTH INSULIN SYRINGE | 3 | ST; QL |
| ULTICARE SHORT PEN NEEDLES | 3 | ST; QL | VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 3 | ST; QL |
| ULTIGUARD SAFEPACK PEN NEEDLE | 3 | ST; QL | VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | 3 | QL |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 3 | ST; QL | VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| ULTILET PEN NEEDLE | 3 | ST; QL | VERIFINE INSULIN PEN NEEDLE 31G X 5 MM | 3 | QL |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL | VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| ULTRA FLO INSULIN PEN NEEDLES | 3 | ST; QL | VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| ULTRA FLO INSULIN SYR 1/2 UNIT | 3 | ST; QL | VERIFINE PLUS PEN NEEDLE 31G X 5 MM | 3 | QL |
| ULTRA FLO INSULIN SYRINGE | 3 | ST; QL | VERIFINE PLUS PEN NEEDLE 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| ULTRA THIN PEN NEEDLES | 3 | ST; QL | VP INSULIN SYRINGE | 3 | ST; QL |
| ULTRACARE INSULIN SYRINGE | 3 | ST; QL | WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ULTRACARE PEN NEEDLES | 3 | ST; QL | ZEVRX INSULIN SYRINGE | 3 | ST; QL |
| ULTRA-THIN II INS SYR SHORT | 3 | ST; QL | ZEVRX PEN NEEDLES | 3 | ST; QL |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL | | | |
| ULTRA-THIN II MINI PEN NEEDLE | 3 | ST; QL | | | |

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|---|-------|---------|
| CAPUCHONES CERVICALES | | |
| FEMCAP VAGINAL DEVICE | 2 | \$0 |
| DIAFRAGMAS | | |
| CAYA VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | 2 | \$0 |
| PRESERVATIVOS (FEMENINOS) | | |
| FC2 FEMALE CONDOM | 2 | \$0; QL |
| SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA | | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL |
| COAGUCHEK LANCETS | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| DEXCOM G7 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | 2 | PA; QL |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL |
| SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA | | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 2 | PA; QL |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | PA; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| DIURÉTICOS | | |
| COMBINACIONES DE DIURÉTICOS | | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| spironolactone-hctz oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |
| DIURÉTICOS AHORRADORES DE POTASIO | | |
| amiloride hcl oral tablet | 2 | |
| spironolactone oral suspension | 1 or 1b* | |
| spironolactone oral tablet | 1 or 1a* | |
| triamterene oral capsule | 2 | |
| DIURÉTICOS DEL ASA | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| ethacrynic acid oral tablet | 2 | |
| furosemide injection solution 10 mg/ml | 1 or 1a* | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| torsemide oral tablet | 1 or 1b* | |
| DIURÉTICOS OSMÓTICOS | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 20 % | 1 or 1b* | |
| DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS | | |
| chlorothiazide sodium intravenous solution reconstituted | 1 or 1b* | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 or 1a* | |
| hydrochlorothiazide oral capsule | 1 or 1a* | |
| hydrochlorothiazide oral tablet | 1 or 1a* | |
| indapamide oral tablet | 1 or 1b* | |
| metolazone oral tablet | 1 or 1b* | |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| dichlorphenamide oral tablet | 3 | PA; QL |
| methazolamide oral tablet | 2 | |
| ORMALVI ORAL TABLET | | |
| ESTRÓGENOS | | |
| ESTRÓGENO Y PROGESTINA | | |
| BIJUVA ORAL CAPSULE | 2 | QL |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | QL |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | QL |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |
| ESTRÓGENOS | | |
| dotti transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal gel | 2 | QL |
| estradiol transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol transdermal patch weekly | 1 or 1b* | QL |
| estradiol valerate intramuscular oil | 1 or 1b* | |
| EVAMIST TRANSDERMAL SOLUTION | 2 | QL |
| lyllana transdermal patch twice weekly | 1 or 1b* | QL |
| MENEST ORAL TABLET | 2 | |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PREMARIN ORAL TABLET | 2 | QL |
| FLUOROQUINOLONAS | | |
| FLUOROQUINOLONAS | | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | |
| ciprofloxacin in d5w intravenous solution | 2 | |
| levofloxacin in d5w intravenous solution | 2 | |
| levofloxacin intravenous solution | 2 | QL |
| levofloxacin oral solution | 2 | |
| levofloxacin oral tablet | 1 or 1b* | |
| moxifloxacin hcl oral tablet | 2 | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 or 1b* | |
| HIPNÓTICOS | | |
| AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO | | |
| ramelteon oral tablet | 2 | QL |
| tasimelteon oral capsule | 3 | PA; QL |
| HIPNÓTICOS - AGENTES TRICÍCLICOS | | |
| doxepin hcl oral tablet | 2 | ST; QL |
| HIPNÓTICOS BARBITÚRICOS | | |
| pentobarbital sodium injection solution | 1 or 1b* | |
| phenobarbital oral elixir | 1 or 1b* | QL |
| phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg | 1 or 1b* | QL |
| phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg | 1 or 1b* | DO |
| phenobarbital sodium injection solution | 1 or 1b* | |
| HIPNÓTICOS DE LA BENZODIAZEPINA | | |
| estazolam oral tablet | 1 or 1b* | QL |
| flurazepam hcl oral capsule | 1 or 1b* | QL |
| midazolam hcl (pf) injection solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml | 1 or 1b* | |
| midazolam hcl oral syrup | 1 or 1b* | QL |
| quazepam oral tablet | 1 or 1b* | QL |
| temazepam oral capsule | 1 or 1b* | QL |
| triazolam oral tablet | 1 or 1b* | QL |
| MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA | | |
| eszopiclone oral tablet 1 mg, 2 mg | 1 or 1b* | QL |
| eszopiclone oral tablet 3 mg | 1 or 1b* | AL; QL |
| zaleplon oral capsule | 1 or 1b* | QL |
| zolpidem tartrate er oral tablet extended release | 1 or 1b* | QL |
| zolpidem tartrate oral tablet | 1 or 1b* | QL |
| zolpidem tartrate sublingual tablet sublingual | 2 | ST; QL |
| SEDATIVOS AGONISTAS DEL RECEPTOR ADRENÉRGICO ALFA 2 SELECTIVO | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| LAXANTES | | |
| COMBINACIONES DE LAXANTES | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| gavilyte-g oral solution reconstituted | 1 or 1a* | \$0; QL |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | 1 or 1b* | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | 1 or 1a* | \$0; QL |
| peg-3350/electrolytes oral solution reconstituted | 1 or 1a* | \$0; QL |
| peg-3350/electrolytes/ascorbat oral solution reconstituted | 1 or 1b* | \$0; QL |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | 1 or 1b* | \$0; QL |
| SUTAB ORAL TABLET | 2 | QL |
| LAXANTES ESTIMULANTES | | |
| alophen oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| cvs c-lax laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| eq gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ex-lax ultra oral tablet delayed release | 1 or 1a* | \$0 |
| ft laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp womens gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense bisacodyl laxative oral tablet delayed release | 1 or 1a* | \$0 |
| kp bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| laxative oral tablet delayed release | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|-----------------|--------------|
| qc gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| qc gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| qc laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| sb bisacodyl laxative ec oral tablet delayed release | 1 or 1a* | \$0 |
| sb gentle lax-women oral tablet delayed release | 1 or 1a* | \$0 |
| sm gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womans laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| LAXANTES SALINOS | | |
| citrate of magnesia oral solution | 1 or 1a* | \$0 |
| citroma oral solution | 1 or 1a* | \$0 |
| cvs magnesium citrate oral solution | 1 or 1a* | \$0 |
| cvs milk of magnesia oral suspension 1200 mg/15ml | 1 or 1b* | \$0 |
| dulcolax milk of magnesia oral suspension | 1 or 1b* | \$0 |
| dulcolax oral suspension | 1 or 1b* | \$0 |
| eq magnesium citrate oral solution | 1 or 1a* | \$0 |
| eql magnesium citrate oral solution | 1 or 1a* | \$0 |
| FRESKARO MAGNESIUM CITRATE ORAL SOLUTION | 1 or 1a* | \$0 |
| ft magnesium citrate oral solution | 1 or 1a* | \$0 |
| ft milk of magnesia oral suspension | 1 or 1b* | \$0 |
| gentle laxative oral suspension | 1 or 1b* | \$0 |
| gnp magnesium citrate oral solution | 1 or 1a* | \$0 |
| gnp milk of magnesia oral suspension | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| goodsense magnesium citrate oral solution | 1 or 1a* | \$0 |
| goodsense milk of magnesia oral suspension | 1 or 1b* | \$0 |
| hm milk of magnesia oral suspension | 1 or 1b* | \$0 |
| magnesium citrate oral solution 1.745 gm/30ml | 1 or 1a* | \$0 |
| milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | 1 or 1a* | \$0 |
| phillips milk of magnesia oral suspension 400 mg/5ml | 1 or 1b* | \$0 |
| qc magnesium citrate oral solution | 1 or 1a* | \$0 |
| qc milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ra magnesium citrate oral solution | 1 or 1a* | \$0 |
| ra milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sb magnesium citrate oral solution | 1 or 1a* | \$0 |
| sb milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sm milk of magnesia oral suspension 1200 mg/15ml | 1 or 1b* | \$0 |
| LAXANTES VARIOS | | |
| clearlax oral powder | 1 or 1b* | \$0 |
| constulose oral solution | 1 or 1b* | QL |
| cvs purelax oral packet | 1 or 1b* | \$0 |
| cvs purelax oral powder | 1 or 1b* | \$0 |
| eq clearlax oral powder | 1 or 1b* | \$0 |
| eq laxative oral packet | 1 or 1b* | \$0 |
| eql clearlax oral powder | 1 or 1b* | \$0 |
| ft clearlax oral powder | 1 or 1b* | \$0 |
| gavilax oral powder | 1 or 1b* | \$0 |
| gentlelax oral powder | 1 or 1b* | \$0 |
| glycolax oral powder | 1 or 1b* | \$0 |
| gnp clearlax oral packet | 1 or 1b* | \$0 |
| gnp clearlax oral powder | 1 or 1b* | \$0 |
| goodsense clearlax oral powder | 1 or 1b* | \$0 |
| healthylax oral packet | 1 or 1b* | \$0 |
| hm clearlax oral powder | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| kls laxaclear oral powder | 1 or 1b* | \$0 |
| lactulose oral solution | 1 or 1b* | QL |
| mm clearlax oral powder | 1 or 1b* | \$0 |
| peg 3350 oral packet | 1 or 1b* | \$0 |
| peg 3350 oral powder | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral packet 17 gm | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| qc natura-lax oral powder | 1 or 1b* | \$0 |
| ra laxative oral powder | 1 or 1b* | \$0 |
| sb polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| sm clearlax oral powder | 1 or 1b* | \$0 |
| smooth lax oral packet | 1 or 1b* | \$0 |
| smooth lax oral powder | 1 or 1b* | \$0 |
| true laxative oral powder | 1 or 1b* | \$0 |
| MACRÓLIDOS | | |
| AZITROMICINA | | |
| azithromycin intravenous solution reconstituted 500 mg | 2 | |
| azithromycin oral packet | 1 or 1b* | |
| azithromycin oral suspension reconstituted | 1 or 1b* | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 or 1b* | |
| CLARITROMICINA | | |
| clarithromycin er oral tablet extended release 24 hour | 1 or 1b* | |
| clarithromycin oral suspension reconstituted | 1 or 1b* | |
| clarithromycin oral tablet | 1 or 1b* | |
| ERITROMICINAS | | |
| e.e.s. 400 oral tablet | 1 or 1b* | |
| ery-tab oral tablet delayed release | 1 or 1b* | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| erythromycin ethylsuccinate oral tablet | 1 or 1b* | |
| erythromycin lactobionate intravenous solution reconstituted | 2 | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA | | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS | | |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | AL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS | | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | 1 or 1b* | AL; QL |
| promethazine-codeine oral solution | 1 or 1a* | AL; QL |
| ANTITUSIVOS - EXPECTORANTES | | |
| g tussin ac oral solution | 1 or 1a* | AL |
| guaiatussin ac oral syrup | 1 or 1a* | AL; QL |
| guaifenesin-codeine oral solution 100-10 mg/5ml | 1 or 1a* | AL |
| guaifenesin-codeine oral solution 200-20 mg/10ml | 1 or 1a* | AL; QL |
| maxi-tuss ac oral solution | 1 or 1a* | AL |
| virtussin a/c oral solution | 1 or 1a* | AL; QL |
| ANTITUSIVOS - NO NARCÓTICOS | | |
| benzonatate oral capsule | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTITUSIVOS - OPIOIDES | | |
| hydrocodone bit-homatrop mbr oral solution | 1 or 1a* | AL |
| hydrocodone bit-homatrop mbr oral tablet | 1 or 1a* | PA |
| hydromet oral solution | 1 or 1a* | AL |
| DESCONGESTIVO Y ANTIHISTAMÍNICO | | |
| promethazine vc oral syrup | 1 or 1b* | QL |
| promethazine-phenylephrine oral syrup | 1 or 1b* | QL |
| INHALANTES RESPIRATORIOS VARIOS | | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 2 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | 1 or 1b* | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 2 | |
| MUCOLÍTICOS | | |
| acetylcysteine inhalation solution | 2 | |
| MEDICAMENTOS PARA ÚLCERAS | | |
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO | | |
| bis subcit-metronid-tetracyc oral capsule | 2 | ST; QL |
| bismuth/metronidaz/tetracycl in oral capsule | 2 | ST; QL |
| ANTAGONISTAS H2 | | |
| cimetidine hcl oral solution 300 mg/5ml | 1 or 1b* | QL |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 or 1b* | QL |
| famotidine (pf) intravenous solution | 1 or 1b* | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| famotidine oral suspension reconstituted | 1 or 1b* | QL |
| famotidine oral tablet 40 mg | 1 or 1b* | QL |
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | QL |
| ANTICOLINÉRGICOS | | |
| NASALES | | |
| CUATERNARIOS | | |
| glycopyrrolate injection solution | 1 or 1b* | |
| glycopyrrolate oral solution | 2 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML | | |
| methscopolamine bromide oral tablet | 1 or 1b* | |
| ANTIESPASMÓDICOS | | |
| dicyclomine hcl intramuscular solution | 2 | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution | 1 or 1a* | |
| dicyclomine hcl oral tablet | 1 or 1a* | |
| ANTIULCEROSOS | | |
| VARIOS | | |
| sucralfate oral suspension | 2 | |
| sucralfate oral tablet | 1 or 1b* | |
| COMBINACIONES DE ANTICOLINÉRGICOS | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| INHIBIDORES DE LA BOMBA DE PROTONES | | |
| esomeprazole magnesium oral capsule delayed release | 1 or 1b* | |
| esomeprazole magnesium oral packet | 1 or 1b* | |
| lansoprazole oral capsule delayed release 30 mg | 1 or 1b* | |
| omeprazole oral capsule delayed release | 1 or 1b* | |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS | | |
| misoprostol oral tablet | 1 or 1a* | |
| MINERALES Y ELECTROLITOS | | |
| BICARBONATOS | | |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 % | 2 | |
| COMBINACIONES DE CALCIO | | |
| calcium 600-vitamin d3 oral tablet | 1 or 1b* | |
| ELECTROLITOS PARENTERALES | | |
| KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-% | 1 or 1b* | |
| kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-% | 1 or 1b* | |
| KCL (0.298%) IN NACL INTRAVENOUS SOLUTION | 1 or 1b* | |
| lactated ringers intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 5.5 intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 7.4 intravenous solution | 1 or 1b* | |
| ringers intravenous solution | 1 or 1b* | |
| ELECTROLITOS Y DEXTROSA | | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |
| dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 or 1b* | |
| FLUORURO | | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | 1 or 1a* | \$0 |
| sodium fluoride oral tablet | 1 or 1a* | \$0 |
| sodium fluoride oral tablet chewable | 1 or 1a* | \$0 |
| FOSFATO | | |
| K-PHOS ORAL TABLET | 2 | |
| phospha 250 neutral oral tablet | 1 or 1b* | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin k500 oral tablet | 1 or 1b* | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |
| potassium phosphates(66 meq k) intravenous solution | 1 or 1b* | |
| sodium phosphates intravenous solution | 1 or 1b* | |
| MAGNESIO | | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 2 | |
| MAGNESIUM SULFATE INTRAVENOUS SOLUTION 40 GM/1000ML | 2 | |
| MANGANESO | | |
| manganese chloride intravenous solution | 1 or 1b* | |
| OLIGOELEMENTOS | | |
| chromic chloride intravenous solution | 1 or 1b* | |
| cupric chloride intravenous solution | 1 or 1b* | |
| SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML | 1 or 1b* | |
| POTASIO | | |
| klor-con 10 oral tablet extended release | 1 or 1b* | |
| klor-con m10 oral tablet extended release | 1 or 1a* | |
| klor-con m15 oral tablet extended release | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| klor-con m20 oral tablet extended release | 1 or 1a* | |
| klor-con oral packet 20 meq | 1 or 1b* | |
| klor-con oral tablet extended release | 1 or 1b* | |
| potassium chloride crys er oral tablet extended release | 1 or 1a* | |
| potassium chloride er oral capsule extended release | 1 or 1b* | |
| potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq | 1 or 1b* | |
| potassium chloride er oral tablet extended release 15 meq | 1 or 1a* | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |
| SODIO | | |
| aquastat intravenous solution | 2 | |
| AQUASTAT SFR INTRAVENOUS SOLUTION | 2 | |
| bd posiflush intravenous solution | 2 | |
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION | 2 | |
| monoject flush syringe intravenous solution | 2 | |
| monoject sodium chloride flush intravenous solution | 2 | |
| normal saline flush intravenous solution | 2 | |
| sodium chloride (pf) injection solution | 2 | |
| sodium chloride flush intravenous solution | 2 | |
| sodium chloride injection solution 2.5 meq/ml | 2 | |
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 % | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| MULTIVITAMINAS | | |
| VITAMINAS CON LIPOTRÓPICOS | | |
| b complex formula 1 (lipotrop) oral tablet | 1 or 1b* | \$0 |
| balance b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-50 complex oral tablet | 1 or 1b* | \$0 |
| VITAMINAS DEL COMPLEJO B | | |
| allbee/c oral tablet | 1 or 1b* | \$0 |
| b complex 100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b complex formula 1 (w/ fa) oral tablet | 1 or 1b* | \$0 |
| b complex-b12 oral tablet | 1 or 1b* | \$0 |
| b complex-c oral tablet | 1 or 1b* | \$0 |
| B COMPLEX-C-BIOTIN-E-FA ORAL TABLET | 2 | \$0 |
| b complex-c-folic acid oral tablet | 1 or 1b* | \$0 |
| b-100 b-complex oral tablet | 1 or 1b* | \$0 |
| b-100 complex cr oral tablet extended release | 1 or 1b* | \$0 |
| b-100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b-50 complex oral tablet | 1 or 1b* | \$0 |
| balance b-50 oral tablet | 1 or 1b* | \$0 |
| balanced b complex oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet extended release | 1 or 1b* | \$0 |
| balanced b-50/fa oral tablet | 1 or 1b* | \$0 |
| b-compleet-100 oral tablet | 1 or 1b* | \$0 |
| b-compleet-50 oral tablet | 1 or 1b* | \$0 |
| b-complex (folic acid) oral tablet | 1 or 1b* | \$0 |
| b-complex balanced oral tablet | 1 or 1b* | \$0 |
| b-complex oral tablet | 1 or 1b* | \$0 |
| b-complex plus b-12 oral tablet | 1 or 1b* | \$0 |
| b-complex/b-12 oral tablet | 1 or 1b* | \$0 |
| b-complex/electrolytes oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| b-complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| b-complex-c (w/folic acid) oral tablet | 1 or 1b* | \$0 |
| b-complex-c oral tablet | 1 or 1b* | \$0 |
| better b complex oral tablet | 1 or 1b* | \$0 |
| big 100 (biotin) oral tablet | 1 or 1b* | \$0 |
| big 100 oral tablet | 1 or 1b* | \$0 |
| complex b-100 oral tablet extended release | 1 or 1b* | \$0 |
| complex b-50 prolonged release oral tablet extended release | 1 or 1b* | \$0 |
| cvs b complex plus c oral tablet | 1 or 1b* | \$0 |
| cvs super b complex/c oral tablet | 1 or 1b* | \$0 |
| dialyvite 800 oral tablet | 1 or 1b* | \$0 |
| endur-b oral tablet extended release | 1 or 1b* | \$0 |
| eql b complex 50 oral tablet | 1 or 1b* | \$0 |
| eql b-100 complex oral tablet extended release | 1 or 1b* | \$0 |
| eql super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| FULL SPECTRUM B/VITAMIN C ORAL TABLET | 1 or 1b* | \$0 |
| gnp b-100 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-50 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-complex plus vitamin c oral tablet | 1 or 1b* | \$0 |
| kobee oral tablet | 1 or 1b* | \$0 |
| kp b complex-c oral tablet | 1 or 1b* | \$0 |
| nephro vitamins oral tablet | 1 or 1b* | \$0 |
| NEPHRO-VITE ORAL TABLET | 1 or 1b* | \$0 |
| qc b50 prolonged release oral tablet extended release | 1 or 1b* | \$0 |
| qc b-complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| quin b strong b-25 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-100 cr oral tablet extended release | 1 or 1b* | \$0 |
| ra balanced b-100 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-50 oral tablet | 1 or 1b* | \$0 |

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| ra balanced b-50 tr oral tablet extended release | 1 or 1b* | \$0 |
| ra b-complex oral tablet | 1 or 1b* | \$0 |
| ra b-complex with b-12 oral tablet | 1 or 1b* | \$0 |
| renal vitamin oral tablet | 1 or 1b* | \$0 |
| rena-vite oral tablet | 1 or 1b* | \$0 |
| sm b super vitamin complex oral tablet | 1 or 1b* | \$0 |
| sm b100 complex oral tablet | 1 or 1b* | \$0 |
| sm balanced b-100 oral tablet | 1 or 1b* | \$0 |
| sm balanced b-50 oral tablet | 1 or 1b* | \$0 |
| sm b-complex oral tablet | 1 or 1b* | \$0 |
| SM B-COMPLEX/VITAMIN C ORAL TABLET | 2 | \$0 |
| sm super b complex/c oral tablet | 1 or 1b* | \$0 |
| sm vitamin b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| stress formula (folic acid) oral tablet | 1 or 1b* | \$0 |
| super b complex/fa/vit c oral tablet | 1 or 1b* | \$0 |
| super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex + vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex oral tablet | 1 or 1b* | \$0 |
| super b-complex/vit c/fa oral tablet | 1 or 1b* | \$0 |
| super dec b-100 oral tablet | 1 or 1b* | \$0 |
| super quints b-50 oral tablet | 1 or 1b* | \$0 |
| vitamin b complex oral tablet | 1 or 1b* | \$0 |
| vitamin b complex w/b-12 oral tablet | 1 or 1b* | \$0 |
| vitamin-b complex oral tablet | 1 or 1b* | \$0 |
| yl balanced b-100 oral tablet | 1 or 1b* | \$0 |
| VITAMINAS PEDIÁTRICAS | | |
| multivitamin w/fluoride oral tablet chewable | 1 or 1b* | \$0 |
| multi-vitamin/fluoride oral solution | 1 or 1b* | \$0 |
| multi-vitamin/fluoride/iron oral solution | 1 or 1b* | |
| tri-vite/fluoride oral solution | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|----------------|
| vitamins acd-fluoride oral solution 0.5 mg/ml | 1 or 1b* | \$0 |
| VITAMINAS PRENATALES | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | 2 | QL |
| ATABEX OB ORAL TABLET | 2 | QL |
| CITRANATAL B-CALM ORAL | 2 | QL |
| CLASSIC PRENATAL ORAL TABLET | 2 | \$0; QL |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |
| CO-NATAL FA ORAL TABLET | 2 | QL |
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | QL |
| elite-ob oral tablet | 1 or 1b* | QL |
| ENFAMIL EXPECTA ORAL | 2 | \$0; QL |
| EQL PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| GNP PRENATAL ORAL TABLET | 2 | \$0; QL |
| inalat gt oral tablet | 1 or 1b* | QL |
| M-NATAL PLUS ORAL TABLET | 2 | QL |
| NATALVIT ORAL TABLET | 2 | QL |
| NIVA-PLUS ORAL TABLET | 2 | QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | QL |
| pnv prenatal plus multivit+dha oral | 2 | QL |
| pnv-dha oral capsule | 1 or 1b* | QL |
| pnv-select oral tablet | 1 or 1b* | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------------|
| PRENATAL (W/IRON & FA) ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL 19 ORAL TABLET 29-1 MG | 2 | QL |
| prenatal 19 oral tablet chewable | 1 or 1a* | QL |
| PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| PRENATAL COMPLETE ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | 2 | \$0; QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL PLUS ORAL TABLET | 2 | QL |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET | 2 | \$0; QL |
| PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL-U ORAL CAPSULE | 2 | QL |
| PROVIDA OB ORAL CAPSULE | 2 | QL |
| QC PRENATAL ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL ORAL TABLET | 2 | \$0; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| SE-NATAL 19 ORAL TABLET | 2 | QL |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 2 | QL |
| SM PRENATAL VITAMINS ORAL TABLET | 2 | \$0; QL |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 2 | QL |
| THRIVITE RX ORAL TABLET | 2 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| TRICARE ORAL TABLET | 2 | QL |
| TRINATAL RX 1 ORAL TABLET | 2 | QL |
| trinate oral tablet | 1 or 1a* | QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 2 | QL |
| VITAFOL STRIPS ORAL FILM | 2 | ST; QL |
| wesnatal dha complete oral | 2 | QL |
| WESTAB PLUS ORAL TABLET | 2 | QL |
| NUTRIENTES | | |
| CARBOHIDRATOS | | |
| dextrose intravenous solution 10 %, 5 %, 70 % | 1 or 1b* | |
| MEZCLAS DE AMINOÁCIDOS | | |
| aminosyn ii intravenous solution 15 % | 1 or 1b* | |
| clinisol sf intravenous solution | 1 or 1b* | |
| plenamine intravenous solution | 1 or 1b* | |
| OXITÓCICOS | | |
| ABORTIFACIENTES/MA DURACIÓN CERVICAL - PROSTAGLANDINAS | | |
| carboprost tromethamine intramuscular solution | 1 or 1b* | |
| OXITÓCICOS | | |
| methergine oral tablet | 1 or 1b* | |
| methylergonovine maleate injection solution | 1 or 1b* | |
| methylergonovine maleate oral tablet | 1 or 1b* | |
| oxytocin injection solution | 1 or 1b* | |
| PENICILINAS | | |
| AMINOPENICILINAS | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml | 1 or 1a* | |
| amoxicillin oral tablet | 1 or 1a* | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ampicillin oral capsule 500 mg | 1 or 1a* | |
| ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg | 2 | |
| ampicillin sodium intravenous solution reconstituted | 2 | |
| COMBINACIONES DE PENICILINA | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 or 1b* | |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet chewable 400-57 mg | 1 or 1b* | |
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 2 | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | 2 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2 | |
| piperacillin sod-tazobactam so intravenous solution reconstituted | 2 | |
| PENICILINAS NATURALES | | |
| penicillin g potassium injection solution reconstituted | 2 | |
| penicillin g sodium injection solution reconstituted | 2 | |
| penicillin v potassium oral solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral tablet | 1 or 1b* | |
| pfiberpen injection solution reconstituted | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| PENICILINAS RESISTENTES A LA PENICILINASA | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| nafcillin sodium intravenous solution reconstituted 10 gm | 2 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| oxacillin sodium intravenous solution reconstituted | 2 | |
| PRODUCTOS DE DIAGNÓSTICO | | |
| ANÁLISIS DE DIAGNÓSTICO | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | 2 | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | 2 | QL |
| PRODUCTOS DIETARIOS/PRODUCTOS DE CONTROL DIETARIO | | |
| SUPLEMENTOS NUTRICIONALES | | |
| BOOST ORIGINAL ORAL LIQUID | 2 | |
| KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID | 2 | |
| KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID | 2 | |
| NEOCATE SYNEO JUNIOR ORAL POWDER | 2 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|---|----------|--------|
| PRODUCTOS DIGESTIVOS | | | sumatriptan succinate refill subcutaneous solution cartridge | 2 | QL |
| COMBINACIONES DE ENZIMAS DIGESTIVAS | | | sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 2 | QL |
| lipase concentrate-hp oral capsule 55.5 mg | 2 | | sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 2 | QL |
| ENZIMAS DIGESTIVAS | | | zolmitriptan nasal solution 5 mg | 1 or 1b* | ST; QL |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | QL | zolmitriptan oral tablet | 1 or 1b* | QL |
| VIOKACE ORAL TABLET | 3 | QL | zolmitriptan oral tablet dispersible | 1 or 1b* | QL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 2 | QL | ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP) | | |
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | | AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | | AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | PA; QL | AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| QULIPTA ORAL TABLET | 2 | PA; QL | EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| UBRELVY ORAL TABLET | 2 | ST; QL | EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AGONISTAS SELECTIVOS DE SEROTONINA 5-HT(1) | | | EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| almotriptan malate oral tablet | 1 or 1b* | QL | COMBINACIONES DE ERGOTAMINA | | |
| eletriptan hydrobromide oral tablet | 1 or 1b* | QL | ergotamine-caffeine oral tablet | 1 or 1b* | |
| frovatriptan succinate oral tablet | 1 or 1b* | ST; QL | migergot rectal suppository | 1 or 1b* | |
| naratriptan hcl oral tablet | 1 or 1b* | QL | | | |
| rizatriptan benzoate oral tablet | 1 or 1b* | QL | | | |
| rizatriptan benzoate oral tablet dispersible | 1 or 1b* | QL | | | |
| sumatriptan nasal solution | 1 or 1b* | QL | | | |
| sumatriptan succinate oral tablet | 1 or 1b* | QL | | | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | |
| dihydroergotamine mesylate injection solution | 1 or 1b* | PA; QL |
| PRODUCTOS VAGINALES | | |
| ANTIINFECCIOSOS VAGINALES | | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |
| metronidazole vaginal gel | 1 or 1b* | |
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL | | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | QL |
| terconazole vaginal suppository | 1 or 1b* | QL |
| ESPERMICIDAS | | |
| ENCARE VAGINAL SUPPOSITORY | 2 | \$0 |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL | 2 | \$0 |
| TODAY SPONGE VAGINAL | 2 | \$0 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 2 | \$0 |
| ESTRÓGENOS Vaginales | | |
| estradiol vaginal cream | 1 or 1b* | QL |
| estradiol vaginal tablet | 1 or 1b* | QL |
| PREMARIN VAGINAL CREAM | 2 | QL |
| yuvafem vaginal tablet | 1 or 1b* | QL |
| PROGESTINAS Vaginales | | |
| ENDOMETRIN VAGINAL INSERT | 2 | PA |
| PROGESTINAS | | |
| medroxyprogesterone acetate oral tablet | 1 or 1a* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| megestrol acetate oral suspension 625 mg/5ml | 1 or 1b* | |
| norethindrone acetate oral tablet | 1 or 1b* | |
| progesterone intramuscular oil | 1 or 1b* | |
| progesterone oral capsule | 1 or 1b* | QL |
| SULFONAMIDAS | | |
| SULFONAMIDAS | | |
| sulfadiazine oral tablet | 2 | |
| TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANOREXÍGENOS | | |
| *ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX ORAL TABLET 17.8 MG | 3 | PA; LD; QL; SP |
| WAKIX ORAL TABLET 4.45 MG | 3 | PA; LD; DO; SP |
| AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA | | |
| atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg | 1 or 1b* | PA; DO |
| atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg | 1 or 1b* | PA |
| AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg | 1 or 1b* | PA; DO |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg | 1 or 1b* | PA |
| ANALÉPTICOS | | |
| caffeine citrate oral solution | 2 | |
| ANFETAMINAS | | |
| amphetamine sulfate oral tablet 10 mg | 1 or 1b* | QL |
| amphetamine sulfate oral tablet 5 mg | 1 or 1b* | DO |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 1 or 1b* | PA; DO |
| dextroamphetamine sulfate oral solution | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg | 2 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg | 2 | PA; QL |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg | 2 | PA; DO |
| lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg | 2 | PA; QL |
| procentra oral solution | 1 or 1b* | PA; QL |
| zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| zenzedi oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| ANOREXÍGENOS NO ANFETAMÍNICOS | | |
| benzphetamine hcl oral tablet 50 mg | 1 or 1b* | PA; BE; QL |
| diethylpropion hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; BE; QL |
| diethylpropion hcl oral tablet | 1 or 1b* | PA; BE; QL |
| phendimetrazine tartrate oral tablet | 1 or 1b* | PA; BE; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| phentermine hcl oral capsule | 1 or 1b* | PA; BE; QL |
| phentermine hcl oral tablet | 1 or 1b* | PA; BE; QL |
| ANTIOBÉSICOS - AGONISTAS DEL RECEPTOR DE GLP-1 | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; BE; QL |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| ESTIMULANTES VARIOS | | |
| armodafinil oral tablet | 2 | PA; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg | 1 or 1b* | ST; DO |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg | 1 or 1b* | ST; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg | 1 or 1b* | PA; DO |
| dexmethylphenidate hcl oral tablet 10 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg | 1 or 1b* | PA; DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg | 1 or 1b* | ST; QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG | 1 or 1b* | PA; QL |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 10 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er oral tablet extended release 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; DO |
| methylphenidate hcl oral solution | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl oral tablet 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 10 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 2.5 mg | 1 or 1b* | ST; DO |
| methylphenidate hcl oral tablet chewable 5 mg | 1 or 1b* | PA; DO |
| methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr | 2 | ST; DO |
| methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr | 2 | ST; QL |
| modafinil oral tablet 100 mg | 2 | PA; DO |
| modafinil oral tablet 200 mg | 2 | PA; QL |
| INHIBIDORES DE LA LIPASA | | |
| orlistat oral capsule | 2 | PA; BE; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| MEZCLAS DE ANFETAMINAS | | |
| amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg | 1 or 1b* | PA; QL |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | 1 or 1b* | PA; QL |
| amphet-dextroamphet 3-bead oral capsule extended release 24 hour | 2 | PA; QL |
| TETRACICLINAS | | |
| TETRACICLINAS | | |
| demeclocycline hcl oral tablet | 2 | |
| doxy 100 intravenous solution reconstituted | 2 | QL |
| doxycycline hyclate intravenous solution reconstituted | 2 | QL |
| doxycycline hyclate oral capsule 100 mg | 1 or 1b* | QL |
| doxycycline hyclate oral capsule 50 mg | 1 or 1b* | |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral capsule 150 mg | 3 | ST |
| doxycycline monohydrate oral suspension reconstituted | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 150 mg | 1 or 1b* | |
| minocycline hcl oral capsule | 1 or 1b* | QL |
| minocycline hcl oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| mondoxyne nl oral capsule 100 mg | 1 or 1b* | QL |
| targadox oral tablet | 1 or 1b* | QL |
| tetracycline hcl oral capsule | 1 or 1b* | QL |
| TOXOIDES | | |
| COMBINACIONES DE TOXOIDES | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 2 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 2 | \$0 |
| INFANRIX INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TDVAX INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | 2 | \$0 |
| TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| VAXELIS INTRAMUSCULAR SUSPENSION | 2 | |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| VACUNAS | | |
| COMBINACIONES DE VACUNAS VIRALES | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 2 | \$0 |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | \$0 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | \$0 |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| VACUNAS BACTERIANAS | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | \$0 |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED | 2 | \$0 |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 2 | |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0 |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | 2 | \$0 |
| MENQUADFI INTRAMUSCULAR SOLUTION | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|--|-------|-----------------|
| MENVEO INTRAMUSCULAR SOLUTION | 2 | \$0 | AFLURIA INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | \$0 | AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 2 | \$0 | AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | PA; AL; \$0; QL |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | \$0 | COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| PNEUMOVAX 23 INJECTION INJECTABLE | 2 | \$0 | DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 2 | | ERVEBO INTRAMUSCULAR SUSPENSION | 2 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | | FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 2 | | FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0; QL |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | | FLUCELVAX INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| VACUNAS VIRALES | | | FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | \$0; QL | FLULALVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED | 2 | \$0 | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|-------------|---|-------|-------|
| FLUMIST NASAL LIQUID | 2 | \$0; QL | PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML | 2 | \$0 |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | pfiizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml | 2 | \$0 |
| FLUZONE INTRAMUSCULAR SUSPENSION | 2 | \$0; QL | PREHEVBRIA INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 2 | \$0 | RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 2 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 2 | \$0 | ROTARIX ORAL SUSPENSION | 2 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0 | ROTATEQ ORAL SOLUTION | 2 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | | SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 2 | \$0 |
| IPOV INJECTION INJECTABLE | 2 | \$0 | SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | | STAMARIL INJECTION SUSPENSION RECONSTITUTED | 2 | |
| IXIARO INTRAMUSCULAR SUSPENSION | 2 | | TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| JYNNEOS SUBCUTANEOUS SUSPENSION | 2 | \$0 | VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 2 | \$0 |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | VARIVAX SUBCUTANEOUS INJECTABLE | 2 | \$0 |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | AL; \$0; QL | | | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| YF-VAX SUBCUTANEOUS INJECTABLE | 2 | |
| VASOPRESORES | | |
| AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA | | |
| epinephrine (anaphylaxis) injection solution | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | QL |
| HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES | | |
| droxidopa oral capsule | 3 | PA; LD; QL; SP |
| VASOPRESORES | | |
| midodrine hcl oral tablet | 2 | |
| VITAMINAS | | |
| VITAMINA B | | |
| thiamine hcl injection solution | 1 or 1b* | |
| VITAMINA C | | |
| c extra strength oral tablet | 1 or 1b* | |
| VITAMINA D | | |
| d3 oral capsule | 1 or 1b* | |
| ergocalciferol oral capsule | 1 or 1a* | |
| ft vitamin d3 oral capsule 25 mcg | 1 or 1b* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 or 1a* | |
| VITAMINA K | | |
| phytonadione injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |
| phytonadione oral tablet | 2 | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

**Para obtener información sobre tu beneficio de farmacia,
inicia sesión en anthem.com/ca.**

Encontrarás la lista de medicamentos y los detalles más actualizados sobre tus beneficios. Si tienes alguna pregunta, estamos aquí para ayudarte.

Llámanos al número de Servicios para Afiliados que aparece en tu tarjeta de identificación.

Usuarios con problemas de habla o audición (TDD/TTY):

Llamar al 1-800-221-6915, de lunes a viernes, de 8:30 a. m. a 5 p. m., hora del Este.



Anthem Blue Cross es el nombre comercial de Blue Cross of California. Anthem Blue Cross y Anthem Blue Cross Life and Health Insurance Company son licenciatarios independientes de Blue Cross Association. ANTHEM es una marca comercial registrada de Anthem Insurance Companies, Inc.

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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помочь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يمكن لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(711 :TDD/TTY)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն։
Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված
համարով։ (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت
کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده
است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiama il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahóótí' t'áá ni nizaad k'ehjí niká a'doowoít'áá jiik'e. Naaltsoos bee atah nílinígíí bee néého'dólzingo nanitínígíí bccésh bee hane'i bikáá' áají' hodíílnih. Naaltsoos bee atah nílinígíí bee néého'dólzingo nanitínígíí bccésh bee hane'i bikáá' áají' hodíílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.