



# Lista de medicamentos esenciales

## Lista de medicamentos — Plan de medicamentos de tres niveles California DMHC fully inasegurado

Tu beneficio para medicamentos recetados viene con una lista de medicamentos también conocida como formulario. Esta lista contiene medicamentos recetados de marca y genéricos aprobados por la Administración de Alimentos y Medicamentos (FDA) de los EE. UU.

**Estamos a tu disposición. Si eres un miembro actual de Anthem y tienes preguntas sobre tus beneficios de farmacia, podemos ayudarte. Solo tienes que llamar al número de Servicios de Farmacia para Miembros que figura en tu tarjeta de identificación.**

Los nombres de los productos que aparecen en este formulario se indican debajo.

### Nombres de los planes de la lista de medicamentos esenciales de 2024

Anthem Advantage HMO 20 or 40/500 3 day/250 OP	Anthem EPO 1000/20/40/20	Anthem Premier HMO 10/100% Vivity
Anthem Classic Choice HMO 10/30	Anthem EPO 1000/20/40/20 Blue Connection	Anthem Premier HMO 20/100%
Anthem Classic Choice HMO 10/30 Priority Select HMO	Anthem EPO 2000/25/50/20	Anthem Premier HMO 20/100% Priority Select HMO
Anthem Classic Choice HMO 10/30 Select HMO	Anthem EPO 2000/25/50/20 Blue Connection	Anthem Premier HMO 20/100% Select HMO
Anthem Classic HMO 10/30/250 admit/125 OP	Anthem EPO 250/20/40/20	Anthem Premier HMO 20/100% Vivity
Anthem Classic HMO 10/30/250 admit/125 OP Priority Select HMO	Anthem EPO 250/20/40/20 Blue Connection	Anthem Value Ded HMO 1000/25/40/25%
Anthem Classic HMO 10/30/250 admit/125 OP Select HMO	Anthem EPO 3000/25/50/20	Anthem Value Ded HMO 1000/25/40/25% Priority Select HMO
Anthem Classic HMO 10/30/250 admit/125 OP Vivity	Anthem EPO 3000/25/50/20 Blue Connection	Anthem Value Ded HMO 1000/25/40/25% Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP	Anthem EPO 750/20/40/20	Anthem Value Ded HMO 1500/25/50/25%
Anthem Classic HMO 20/40/250 admit/125 OP Priority Select HMO	Anthem EPO 750/20/40/20 Blue Connection	Anthem Value Ded HMO 1500/25/50/25% Priority Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP Select HMO	Anthem Exclusive Classic PPO 20/250 3 day/125 OP	Anthem Value Ded HMO 1500/25/50/25% Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP Vivity	Anthem Exclusive Classic PPO 20/250 admit/125 OP	Anthem Value Ded HMO 2000/30/60/25%
Anthem Classic HMO 20/40/500 admit/250 OP	Anthem Exclusive Value PPO 30/30	Anthem Value Ded HMO 2000/30/60/25% Priority Select HMO
Anthem Classic HMO 20/40/500 admit/250 OP Priority Select HMO	Anthem High Performance EPO 1000/35/70/4000	Anthem Value Ded HMO 2000/30/60/25% Select HMO
Anthem Classic HMO 20/40/500 admit/250 OP Select HMO	Anthem High Performance EPO 2000/40/80/6000	Anthem Value Ded HMO 250/20/40/10%
Anthem Classic HMO 20/40/500 admit/250 OP Vivity	Anthem High Performance EPO 25/50/3000	Anthem Value Ded HMO 250/20/40/10% Priority Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP	Anthem High Performance EPO 35/70/5000	Anthem Value Ded HMO 250/20/40/10% Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP Priority Select HMO	Anthem High Performance EPO 40/80/7000	Anthem Value Ded HMO 500/20/40/20%
Anthem Classic HMO 30/50/500 admit/250 OP Select HMO	Anthem High Performance EPO 500/25/50/2500	Anthem Value Ded HMO 500/20/40/20% Priority Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP Vivity	Anthem High Performance EPO HSA 3200/25/75/5000	Anthem Value Ded HMO 500/20/40/20% Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP	Anthem High Performance EPO HSA 4000/25/75/6500	Anthem Value Ded HMO 750/25/40/25%

Anthem Classic HMO 40/60/750 admit/375 OP Priority Select HMO	Anthem PPO HIA Plus 3000/0	Anthem Value Ded HMO 750/25/40/25% Priority Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP Select HMO	Anthem PPO HIA Plus 3000/0 Select PPO	Anthem Value Ded HMO 750/25/40/25% Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP Vivity	Anthem PPO HIA Plus Copay 1000/30/20	Anthem Value HMO 20/40/20%
Anthem Classic PPO 1000/35/55/20	Anthem PPO HIA Plus Copay 1000/30/20 Select PPO	Anthem Value HMO 20/40/20% Priority Select HMO
Anthem Classic PPO 1000/35/55/20 Select PPO	Anthem PPO HIA Plus Copay 2000/30/20	Anthem Value HMO 20/40/20% Select HMO
Anthem Classic PPO 1500/40/60/20	Anthem PPO HIA Plus Copay 2000/30/20 Select PPO	Anthem Value HMO 20/40/250 3 day
Anthem Classic PPO 1500/40/60/20 Select PPO	Anthem PPO HRA 3000/0	Anthem Value HMO 20/40/250 3 day Priority Select HMO
Anthem Classic PPO 250/20/40/10	Anthem PPO HRA 3000/0 Select PPO	Anthem Value HMO 20/40/250 3 day Select HMO
Anthem Classic PPO 250/20/40/10 Select PPO	Anthem PPO HRA Copay 2000/30/20	Anthem Value HMO 20/40/250 3 day Vivity
Anthem Classic PPO 250/20/40/20	Anthem PPO HRA Copay 2000/30/20 Select PPO	Anthem Value HMO 20/40/250 3 day/20%
Anthem Classic PPO 250/20/40/20 Select PPO	Anthem PPO HSA 3200/0	Anthem Value HMO 20/40/250 3 day/20% Priority Select HMO
Anthem Classic PPO 500/20/40/10	Anthem PPO HSA 3200/0 Select PPO	Anthem Value HMO 20/40/250 3 day/20% Select HMO
Anthem Classic PPO 500/20/40/10 Select PPO	Anthem PPO HSA 3200/20	Anthem Value HMO 30/50/30%
Anthem Classic PPO 500/20/40/20	Anthem PPO HSA 3200/20 Select PPO	Anthem Value HMO 30/50/30% Priority Select HMO
Anthem Classic PPO 500/20/40/20 Select PPO	Anthem PPO HSA 3500/20	Anthem Value HMO 30/50/30% Select HMO
Anthem Classic PPO 500/30/50/20	Anthem PPO HSA 3500/20 Select PPO	Anthem Value HMO 30/50/500 3 day
Anthem Classic PPO 500/30/50/20 Select PPO	Anthem PPO HSA 4000/20	Anthem Value HMO 30/50/500 3 day Priority Select HMO
Anthem Classic PPO 750/30/50/20	Anthem PPO HSA 4000/20 Select PPO	Anthem Value HMO 30/50/500 3 day Select HMO
Anthem Classic PPO 750/30/50/20 Select PPO	Anthem PPO HSA 4500/20	Anthem Value HMO 30/50/500 3 day Vivity
Anthem Elements Choice HMO 1500	Anthem PPO HSA 4500/20 Select PPO	Anthem Value HMO 30/50/500 3 day/20%
Anthem Elements Choice HMO 1500 Priority Select HMO	Anthem PPO HSA 5000/20	Anthem Value HMO 30/50/500 3 day/20% Priority Select HMO
Anthem Elements Choice HMO 1500 Select HMO	Anthem PPO HSA 5000/20 Select PPO	Anthem Value HMO 30/50/500 3 day/20% Select HMO
Anthem Elements Choice HMO 3000	Anthem PPO HSA/H 1600/3200/4000 10/30	Anthem Value HMO 35/55/750 3 day
Anthem Elements Choice HMO 3000 Priority Select HMO	Anthem PPO HSA/H 1600/3200/4000 10/30 Select PPO	Anthem Value HMO 35/55/750 3 day Priority Select HMO
Anthem Elements Choice HMO 3000 Select HMO	Anthem PPO HSA/H 1600/3200/4000 20/40	Anthem Value HMO 35/55/750 3 day Select HMO
Anthem Elements Choice HMO 5900	Anthem PPO HSA/H 1600/3200/4000 20/40 Select PPO	Anthem Value HMO 35/55/750 3 day Vivity
Anthem Elements Choice HMO 5900 Priority Select HMO	Anthem PPO HSA/H 2000/3200/5000 10/30	Anthem Value HMO 40/60/1000 3 day
Anthem Elements Choice HMO 5900 Select HMO	Anthem PPO HSA/H 2000/3200/5000 10/30 Select PPO	Anthem Value HMO 40/60/1000 3 day Priority Select HMO
Anthem Elements Choice HSA 6100/0	Anthem PPO HSA/H 2000/3200/5000 20/40	Anthem Value HMO 40/60/1000 3 day Select HMO
Anthem Elements Choice HSA 6100/0 Select PPO	Anthem PPO HSA/H 2000/3200/5000 20/40 Select PPO	Anthem Value HMO 40/60/1000 3 day Vivity
Anthem Elements Choice PPO 6000	Anthem Premier HMO 10/100%	Anthem Value HMO 40/60/750 3 day/20%
Anthem Elements Choice PPO 6000 Select PPO	Anthem Premier HMO 10/100% Priority Select HMO	Anthem Value HMO 40/60/750 3 day/20% Priority Select HMO
Anthem EPO 0/20/40/0	Anthem Premier HMO 10/100% Select HMO	Anthem Value HMO 40/60/750 3 day/20% Select HMO

**Nombres de los planes de la lista de medicamentos esenciales de 2025**

Anthem Blue Connection EPO 1000/20/40/20	Anthem Priority Select HMO Value Ded 1000/25/40/25%	Anthem Select HMO Value 40/60/1000 3 day
Anthem Blue Connection EPO 2000/25/50/20	Anthem Priority Select HMO Value Ded 1500/25/50/25%	Anthem Select HMO Value 40/60/750 3 day/20%
Anthem Blue Connection EPO 250/20/40/20	Anthem Priority Select HMO Value Ded 2000/30/60/25%	Anthem Select HMO Value Ded 1000/25/40/25%
Anthem Blue Connection EPO 3000/25/50/20	Anthem Priority Select HMO Value Ded 250/20/40/10%	Anthem Select HMO Value Ded 1500/25/50/25%
Anthem Blue Connection EPO 750/20/40/20	Anthem Priority Select HMO Value Ded 500/20/40/20%	Anthem Select HMO Value Ded 2000/30/60/25%
Anthem CaliforniaCare HMO Advantage 20 or 40/500 3 day/250 OP	Anthem Priority Select HMO Value Ded 750/25/40/25%	Anthem Select HMO Value Ded 250/20/40/10%
Anthem CaliforniaCare HMO Classic 10/30/250 admit/125 OP	Anthem Prudent Buyer EPO 0/20/40/0	Anthem Select HMO Value Ded 500/20/40/20%
Anthem CaliforniaCare HMO Classic 20/40/250 admit/125 OP	Anthem Prudent Buyer EPO 0/20/40/20	Anthem Select HMO Value Ded 750/25/40/25%
Anthem CaliforniaCare HMO Classic 20/40/500 admit/250 OP	Anthem Prudent Buyer EPO 1000/20/40/20	Anthem Select PPO Classic 1000/35/55/20
Anthem CaliforniaCare HMO Classic 30/50/500 admit/250 OP	Anthem Prudent Buyer EPO 2000/25/50/20	Anthem Select PPO Classic 1500/40/60/20
Anthem CaliforniaCare HMO Classic 40/60/750 admit/375 OP	Anthem Prudent Buyer EPO 250/20/40/20	Anthem Select PPO Classic 250/20/40/20
Anthem CaliforniaCare HMO Classic Choice 10/30	Anthem Prudent Buyer EPO 3000/25/50/20	Anthem Select PPO Classic 500/20/40/10
Anthem CaliforniaCare HMO Elements Choice 1500	Anthem Prudent Buyer EPO 750/20/40/20	Anthem Select PPO Classic 500/20/40/20
Anthem CaliforniaCare HMO Elements Choice 3000	Anthem Prudent Buyer PPO Classic 1000/35/55/20	Anthem Select PPO Classic 500/30/50/20
Anthem CaliforniaCare HMO Elements Choice 5900	Anthem Prudent Buyer PPO Classic 1500/40/60/20	Anthem Select PPO Classic 750/30/50/20
Anthem CaliforniaCare HMO Premier 10/100%	Anthem Prudent Buyer PPO Classic 250/20/40/10	Anthem Select PPO Classic PPO 250/20/40/10
Anthem CaliforniaCare HMO Premier 20/100%	Anthem Prudent Buyer PPO Classic 250/20/40/20	Anthem Select PPO Elements Choice 6000
Anthem CaliforniaCare HMO Value 20/40/20%	Anthem Prudent Buyer PPO Classic 500/20/40/10	Anthem Select PPO Elements Choice HSA 6100/0
Anthem CaliforniaCare HMO Value 20/40/250 3 day	Anthem Prudent Buyer PPO Classic 500/20/40/20	Anthem Select PPO HIA Plus 3000/0
Anthem CaliforniaCare HMO Value 20/40/250 3 day/20%	Anthem Prudent Buyer PPO Classic 500/30/50/20	Anthem Select PPO HIA Plus Copay 1000/30/20
Anthem CaliforniaCare HMO Value 30/50/30%	Anthem Prudent Buyer PPO Classic 750/30/50/20	Anthem Select PPO HIA Plus Copay 2000/30/20
Anthem CaliforniaCare HMO Value 30/50/500 3 day	Anthem Prudent Buyer PPO Elements Choice 6000	Anthem Select PPO HRA 3000/0
Anthem CaliforniaCare HMO Value 30/50/500 3 day/20%	Anthem Prudent Buyer PPO Elements Choice HSA 6100/0	Anthem Select PPO HRA Copay 2000/30/20
Anthem CaliforniaCare HMO Value 35/55/750 3 day	Anthem Prudent Buyer PPO Exclusive Classic 20/250 3 day/125 OP	Anthem Select PPO HSA 3300/0
Anthem CaliforniaCare HMO Value 40/60/1000 3 day	Anthem Prudent Buyer PPO Exclusive Classic 20/250 admit/125 OP	Anthem Select PPO HSA 3300/20
Anthem CaliforniaCare HMO Value 40/60/750 3 day/20%	Anthem Prudent Buyer PPO Exclusive Value 30/30	Anthem Select PPO HSA 3500/20

Anthem CaliforniaCare HMO Value Ded 1000/25/40/25%	Anthem Prudent Buyer PPO HIA Plus 3000/0	Anthem Select PPO HSA 4000/20
Anthem CaliforniaCare HMO Value Ded 1500/25/50/25%	Anthem Prudent Buyer PPO HIA Plus Copay 1000/30/20	Anthem Select PPO HSA 4500/20
Anthem CaliforniaCare HMO Value Ded 2000/30/60/25%	Anthem Prudent Buyer PPO HIA Plus Copay 2000/30/20	Anthem Select PPO HSA 5000/20
Anthem CaliforniaCare HMO Value Ded 250/20/40/10%	Anthem Prudent Buyer PPO HRA 3000/0	Anthem Select PPO HSA/H 1650/3300/4100 10/30
Anthem CaliforniaCare HMO Value Ded 500/20/40/20%	Anthem Prudent Buyer PPO HRA Copay 2000/30/20	Anthem Select PPO HSA/H 1650/3300/4100 10/30
Anthem CaliforniaCare HMO Value Ded 750/25/40/25%	Anthem Prudent Buyer PPO HSA 3300/0	Anthem Select PPO HSA/H 1650/3300/4100 20/40
Anthem High Performance EPO 1000/35/70/4000	Anthem Prudent Buyer PPO HSA 3300/20	Anthem Select PPO HSA/H 1650/3300/4100 20/40
Anthem High Performance EPO 2000/40/80/6000	Anthem Prudent Buyer PPO HSA 3500/20	Anthem Select PPO HSA/H 2000/3300/5000 10/30
Anthem High Performance EPO 25/50/3000	Anthem Prudent Buyer PPO HSA 4000/20	Anthem Select PPO HSA/H 2000/3300/5000 10/30
Anthem High Performance EPO 35/70/5000	Anthem Prudent Buyer PPO HSA 4500/20	Anthem Select PPO HSA/H 2000/3300/5000 20/40
Anthem High Performance EPO 40/80/7000	Anthem Prudent Buyer PPO HSA 5000/20	Anthem Select PPO HSA/H 2000/3300/5000 20/40
Anthem High Performance EPO 500/25/50/2500	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 10/30	Anthem Vivity HMO Classic 10/30/250 admit/125 OP
Anthem High Performance EPO HSA 3300/25/75/5000	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 10/30	Anthem Vivity HMO Classic 20/40/250 admit/125 OP
Anthem High Performance EPO HSA 4000/25/75/6500	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 20/40	Anthem Vivity HMO Classic 20/40/500 admit/250 OP
Anthem Link Virtual First High Performance EPO 2000/50/75/5000	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 20/40	Anthem Vivity HMO Classic 30/50/500 admit/250 OP
Anthem Link Virtual First High Performance EPO 3500/50/75/6500	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 10/30	Anthem Vivity HMO Classic 40/60/750 admit/375 OP
Anthem Link Virtual First High Performance EPO 6000/50/75/9100	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 10/30	Anthem Vivity HMO Elements Choice 1500
Anthem Priority Select HMO Classic 10/30/250 admit/125 OP	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 20/40	Anthem Vivity HMO Elements Choice 3000
Anthem Priority Select HMO Classic 20/40/250 admit/125 OP	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 20/40	Anthem Vivity HMO Elements Choice 5900
Anthem Priority Select HMO Classic 20/40/500 admit/250 OP	Anthem Select HMO Classic 10/30/250 admit/125 OP	Anthem Vivity HMO Premier 10/100%
Anthem Priority Select HMO Classic 30/50/500 admit/250 OP	Anthem Select HMO Classic 20/40/250 admit/125 OP	Anthem Vivity HMO Premier 20/100%
Anthem Priority Select HMO Classic 40/60/750 admit/375 OP	Anthem Select HMO Classic 20/40/500 admit/250 OP	Anthem Vivity HMO Value 20/40/20%
Anthem Priority Select HMO Classic Choice 10/30	Anthem Select HMO Classic 30/50/500 admit/250 OP	Anthem Vivity HMO Value 20/40/250 3 day
Anthem Priority Select HMO Elements Choice 1500	Anthem Select HMO Classic 40/60/750 admit/375 OP	Anthem Vivity HMO Value 20/40/250 3 day/20%
Anthem Priority Select HMO Elements Choice 3000	Anthem Select HMO Classic Choice 10/30	Anthem Vivity HMO Value 30/50/30%
Anthem Priority Select HMO Elements Choice 5900	Anthem Select HMO Elements Choice 1500	Anthem Vivity HMO Value 30/50/500 3 day
Anthem Priority Select HMO Premier 10/100%	Anthem Select HMO Elements Choice 3000	Anthem Vivity HMO Value 30/50/500 3 day/20%
Anthem Priority Select HMO Premier 20/100%	Anthem Select HMO Elements Choice 5900	Anthem Vivity HMO Value 35/55/750 3 day

Anthem Priority Select HMO Value 20/40/20%	Anthem Select HMO Premier 10/100%	Anthem Vivity HMO Value 40/60/1000 3 day
Anthem Priority Select HMO Value 20/40/250 3 day	Anthem Select HMO Premier 20/100%	Anthem Vivity HMO Value 40/60/750 3 day/20%
Anthem Priority Select HMO Value 20/40/250 3 day/20%	Anthem Select HMO Value 20/40/20%	Anthem Vivity HMO Value Ded 1000/25/40/25%
Anthem Priority Select HMO Value 30/50/30%	Anthem Select HMO Value 20/40/250 3 day	Anthem Vivity HMO Value Ded 1500/25/50/25%
Anthem Priority Select HMO Value 30/50/500 3 day	Anthem Select HMO Value 20/40/250 3 day/20%	Anthem Vivity HMO Value Ded 2000/30/60/25%
Anthem Priority Select HMO Value 30/50/500 3 day/20%	Anthem Select HMO Value 30/50/30%	Anthem Vivity HMO Value Ded 250/20/40/10%
Anthem Priority Select HMO Value 35/55/750 3 day	Anthem Select HMO Value 30/50/500 3 day	Anthem Vivity HMO Value Ded 500/20/40/20%
Anthem Priority Select HMO Value 40/60/1000 3 day	Anthem Select HMO Value 30/50/500 3 day/20%	Anthem Vivity HMO Value Ded 750/25/40/25%
Anthem Priority Select HMO Value 40/60/750 3 day/20%	Anthem Select HMO Value 35/55/750 3 day	

Algunas cosas para recordar:

- Puedes ver y buscar en nuestra lista de medicamentos actual en el sitio [anthem.com/ca](http://anthem.com/ca) and choose Prescription Benefits. Ten en cuenta lo siguiente: El formulario está sujeto a cambios y todas las versiones anteriores del formulario no son válidas.
- Los miembros actuales de Anthem tienen a disposición herramientas y recursos adicionales para ver la lista de medicamentos más actualizada del plan, así como los medicamentos que se agregaron, los genéricos y más, al iniciar sesión en [anthem.com/ca](http://anthem.com/ca).
- Tu cobertura tiene limitaciones y exclusiones, lo cual significa que hay ciertas normas sobre lo que cubre tu plan y lo que no cubre. ¿Ya eres miembro? Puedes ver tu Certificado/Evidencia de cobertura o tu Descripción resumida del plan si inicias sesión en [anthem.com](http://anthem.com) y accedes a **My Plan ->Benefits-> Plan Documents (Mi plan ->Beneficios-> Documentos del plan)**.
- Tú y tu médico pueden usar esta lista como guía para elegir los medicamentos adecuados para ti. Es posible que tu plan no cubra los medicamentos que no están en esta lista y pueden costarte más como gasto de bolsillo. Para ayudarte a comprender cómo funciona la lista con tu beneficio para medicamentos, hemos incluido algunas preguntas frecuentes (FAQ) en este documento sobre cómo se organiza la lista y qué hacer si un medicamento no se encuentra en ella.

# Lista de Medicamentos Esenciales

## Tres Niveles

### Tabla de contenido

<b>INFORMATIONAL SECTION</b> .....	8
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	17
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b> .....	19
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b> .....	20
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b> .....	22
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b> .....	24
<b>*ANDROGENS-ANABOLIC* - HORMONES</b> .....	26
<b>*ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS</b> .....	27
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b> .....	27
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b> .....	27
<b>*ANTIANGIOTENSIN AGENTS* - DRUGS FOR THE HEART</b> .....	27
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b> .....	28
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b> .....	29
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b> .....	32
<b>*ANTICONSULTANTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	33
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	35
<b>*ANTIDIABETICS* - HORMONES</b> .....	37
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH</b> .....	42
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b> .....	42
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b> .....	43
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b> .....	43
<b>*ANTIHISTAMINES* - DRUGS FOR THE LUNGS</b> .....	44
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b> .....	45
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b> .....	46
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b> .....	50
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b> .....	51
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b> .....	51
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b> .....	51
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b> .....	52
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	57
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	58
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b> .....	61
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b> .....	64
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b> .....	65
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b> .....	67
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b> .....	67
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b> .....	68
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b> .....	69
<b>*CORTICOSTEROIDS* - HORMONES</b> .....	75
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b> .....	76
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b> .....	76
<b>*DIAGNOSTIC PRODUCTS*</b> .....	83
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b> .....	83
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b> .....	83
<b>*DIURETICS* - DRUGS FOR THE HEART</b> .....	83
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b> .....	84
<b>*ESTROGENS* - HORMONES</b> .....	87
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b> .....	88
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b> .....	88
<b>*GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER</b> .....	90
<b>*GENTOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b> .....	90
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b> .....	91
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b> .....	91
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b> .....	93
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b> .....	94
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	94
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b> .....	95
<b>*LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER</b> .....	98

<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b> .....	98
<b>*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b> .....	99
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	106
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b> .....	107
<b>*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS</b> .....	109
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b> .....	111
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b> .....	111
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b> .....	115
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b> .....	116
<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b> .....	116
<b>*NUTRIENTS* - DRUGS FOR NUTRITION</b> .....	117
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b> .....	117
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b> .....	120
<b>*OXYTOCICS* - HORMONES</b> .....	120
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS</b> .....	121
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b> .....	121
<b>*PHARMACEUTICAL ADJUVANTS*</b> .....	122
<b>*PROGESTINS* - HORMONES</b> .....	122
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b> .....	122
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b> .....	127
<b>*SULFONAMIDES* - DRUGS FOR INFECTIONS</b> .....	128
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b> .....	128
<b>*THYROID AGENTS* - HORMONES</b> .....	128
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b> .....	129
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH</b> .....	129
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b> .....	130
<b>*VACCINES* - BIOLOGICAL AGENTS</b> .....	131
<b>*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN</b> .....	134
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b> .....	134
<b>*VITAMINS* - DRUGS FOR NUTRITION</b> .....	135



## Lista de medicamentos esenciales: sección informativa

### Definiciones

"\$0" al lado de un medicamento significa que este es un medicamento preventivo. Para algunos miembros, este producto puede estar cubierto al 100% con un costo de \$ 0

Comparta con una receta de su proveedor si se cumplen los criterios especificados.

"**Medicamento con nombre de marca**" significa un medicamento que se comercializa bajo un nombre patentado y protegido por una marca registrada. Un medicamento con nombre de marca aparece en este formulario en todas las letras MAYÚSCULAS.

"**Coseguro**" significa un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que el afiliado haya pagado el deducible, si un deducible se aplica al beneficio de atención médica, como el beneficio de medicamentos recetados.

"**Copago**" significa una cantidad fija en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"**Deducible**" significa la cantidad que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar todo o parte del costo del beneficio de atención médica según los términos de la póliza.

"**Optimización de dosis (OD)**" significa optimización de 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.

"**Nivel de medicamentos**" es un grupo de medicamentos recetados que corresponde a un nivel específico de costos compartidos en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento para el afiliado.

"**Afiliado**" es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también incluirán al suscriptor como se define en esta sección a continuación.

"**Solicitud de excepción**" es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o proveedor de atención médica presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determine que el medicamento es médicamente necesario para tratar la afección del afiliado.

"**Circunstancias exigentes**" significa cuando usted sufre de una condición médica que puede poner en grave peligro su vida, salud o capacidad para recuperar la función máxima, o cuando se está sometiendo a un curso actual de tratamiento con un medicamento no incluido en el formulario.

"**Formulario**" o "lista de medicamentos recetados" es la lista completa de medicamentos preferidos para su uso y elegibles para la cobertura de un producto del plan de salud, e incluye todos los medicamentos cubiertos por el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados.

"**Medicamento genérico**" es el mismo medicamento que su nombre de marca equivalente en dosis, seguridad, fuerza, cómo se toma, calidad, rendimiento y uso previsto. Un medicamento genérico aparece en negrita y letras minúsculas en cursiva.

"**Distribución limitada (LD)**" significa distribución limitada. Estos medicamentos están disponibles solo a través de ciertas farmacias o mayoristas, dependiendo de lo que decida el fabricante.





"**Medicamento necesario**" significa beneficios de atención médica necesarios para diagnosticar, tratar o prevenir una afección médica o sus síntomas y que cumplen con los estándares aceptados de la medicina. El seguro de salud generalmente no cubre los beneficios de atención médica que no son medicamento necesarios.

"**Medicamento no incluido** en el formulario" es un medicamento recetado que no figura en el formulario del plan de salud.

"**Quimioterapia oral (AO)**" A pesar de cualquier deducible, el monto total de copagos y coseguros que un asegurado debe pagar no excederá los doscientos dólares (\$ 200) por una receta individual de hasta un suministro de 30 días de un medicamento contra el cáncer recetado administrado por vía oral cubierto por la póliza.

Los "costos de **bolsillo**" son copagos, coseguros y el deducible aplicable, más todos los costos de los servicios de atención médica que no están cubiertos por el plan de salud.

"**Proveedor de prescripción**" es un proveedor de atención médica autorizado para escribir una receta para tratar una afección médica para un afiliado al plan de salud.

"**Receta**" es una orden oral, escrita o electrónica de un proveedor que receta para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que prescribe, la firma del proveedor que prescribe si la receta es por escrito y si el afiliado lo solicita. La condición médica o el propósito para el cual se prescribe el medicamento.

"**Medicamento recetado**" es un medicamento recetado por el proveedor de recetas del afiliado y requiere una receta según la ley aplicable.

"**Autorización previa (PA)**" es el requisito de un plan de salud de que el afiliado o el proveedor de recetas del afiliado obtengan la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

"**Límite de cantidad (QL)**" significa una restricción en el número de dosis de un medicamento recetado cubierto por un producto de seguro de salud durante un período de tiempo específico, o cualquier otra limitación en la cantidad de un medicamento que está cubierto.

"**Medicamentos especializados (SP)**" significa 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.

La "**terapia escalonada (ST)**" es un proceso que especifica la secuencia en la que se prescriben diferentes medicamentos recetados para una condición médica determinada y medicamento apropiados para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la afección médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de terapia escalonada.

"**Suscriptor**" significa la persona que es responsable del pago a un plan o cuyo empleo u otra condición, excepto por dependencia familiar, es la base para la elegibilidad para la membresía en el plan.



## Preguntas frecuentes

### ¿Cómo sé qué medicamentos están cubiertos por mis beneficios?

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 beneficio de farmacia cubre medicamentos recetados, incluidos los medicamentos especializados, que pueden administrarse como parte de una visita al médico, una visita de atención domiciliaria o en un centro ambulatorio cuando son servicios cubiertos. Los beneficios que se le administran en el consultorio de su proveedor generalmente están cubiertos por su beneficio médico. Esto puede incluir medicamentos para terapia de infusión, quimioterapia, productos sanguíneos, ciertos inyectables y cualquier medicamento que deba ser administrado por un proveedor.

### ¿Cómo puedo encontrar un medicamento en la lista?

- (A) Un medicamento recetado puede localizarse buscando la categoría terapéutica y la clase a la que pertenece el medicamento o el nombre de la marca o el nombre **genérico** del medicamento en el índice alfabético; y
- (B) Si un equivalente genérico para un medicamento de nombre de marca no está disponible en el mercado o no está cubierto, el medicamento no se enumerará por separado por su nombre **genérico**.

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.

### ¿Cómo se muestran los medicamentos en la lista?

- Un medicamento se enumera alfabéticamente por su nombre de marca y nombres **genéricos** en la categoría terapéutica y la clase a la que pertenece;
- El nombre **genérico** de un medicamento con nombre de marca se incluye después del nombre de la marca entre paréntesis y todas las letras **minúsculas en negrita y cursiva**;

<b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS</b>
<b><i>NUEDEXTA ORAL CAPSULE (dextromethorphan)</i></b>

- Si un equivalente genérico para un medicamento con nombre de marca está disponible y cubierto, el medicamento **genérico** se enumerará por separado del medicamento con nombre de marca en todas las **letras minúsculas en negrita y cursiva**; y

<b>AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS</b>
<b><i>amoxicillin oral capsule</i></b>

- Si un medicamento genérico se comercializa bajo un nombre de marca patentado y protegido por una marca registrada, el nombre de la marca se enumerará después del nombre **genérico** entre paréntesis y tipo de letra regular con la primera letra de cada palabra en mayúscula.

<b><i>levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)</i></b>
---

La sección "Bajo requisitos y límites de cobertura" indicará 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).

*Nota: La presencia de un medicamento recetado en el formulario no garantiza que su médico le recete ese medicamento recetado para una afección médica en particular.*



### ¿Cuáles son mis opciones para obtener mis recetas?

Usted tiene muchas opciones sobre cómo y dónde obtener sus medicamentos recetados, incluidas las farmacias locales en su plan, la entrega conveniente a domicilio o las farmacias especializadas. La mayoría de los planes incluyen nuestro programa de entrega a domicilio sin costo adicional para usted.

Los miembros actuales de Anthem pueden obtener más información iniciando sesión en [anthem.com/ca](https://www.anthem.com/ca) y elegir Prescription Benefits o llamando al 833-203-1739. Para obtener más detalles sobre su cobertura, puede llamar al número de teléfono que figura en su tarjeta de identificación de miembro.

### ¿Qué pasa si mi medicamento no está en la lista?

Entendemos que solo usted y su médico saben qué es lo mejor para usted. 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.

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 iniciar el proceso completando una autorización previa electrónica, 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.

Hay algunas opciones para que su médico inicie el proceso de autorización previa (PA):

1. Envíe una solicitud de PA electrónica yendo a <https://www.covermy meds.com/main/partners/anthem>.
2. Inicie sesión en [anthem.com/ca](https://www.anthem.com/ca) y elija **Farmacia**.
  - Vaya a **Recursos de farmacia** y **busque su medicamento en su lista de** medicamentos.
  - Elija la concentración y la forma correctas del medicamento.
  - Desplácese hacia abajo hasta **Definición de restricciones** y busque el formulario de fax correspondiente en la tabla.
  - Su médico [completa y nos envía el formulario](#) por fax al 844-474-3347.
3. Llamar al número de Servicios para Miembros que figura en el reverso de su tarjeta de identificación de miembro.

Si el anticonceptivo que está tomando no está en el formulario, su médico puede comunicarse con nosotros si es medicamento 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.

### ¿Qué es un medicamento especializado y cómo puedo obtenerlo?

Si está tomando un medicamento que se considera un medicamento especializado, es posible que deba usar una farmacia especializada para su medicamento. para ser cubierto. Los medicamentos especializados vienen en muchas formas, como píldoras, líquidos, inyecciones (inyecciones), infusiones o inhaladores, y pueden necesitar almacenamiento y manejo especiales. Por lo general, los beneficios para medicamentos especializados que se autoadministran estarán cubiertos por el beneficio de farmacia. Los beneficios para medicamentos especializados que se le administran en el consultorio de su proveedor generalmente están cubiertos por su beneficio médico. Si usa farmacias que no están en la red, es posible que su medicamento no esté cubierto y que tenga que

pagar el costo total. Para obtener más detalles sobre su cobertura, puede llamar al número de teléfono que figura en su tarjeta de identificación de miembro.



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

Los medicamentos en nuestra lista se revisan y actualizan mensualmente. A veces, los medicamentos se agregan, eliminan, cambian de nivel o tienen requisitos actualizados. Los cambios generalmente entrarán en vigencia el primer día del mes. Pero no se preocupe, 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/ca](http://anthem.com/ca).

### ¿Qué tipo de medicamentos puedo encontrar en el formulario?

Cubrimos medicamentos de atención preventiva aprobados por la FDA con costo compartido cero en cumplimiento con la Ley de Cuidado de Salud a Bajo Precio (ACA) y las regulaciones estatales de California. Es posible que su médico deba escribir una receta para que estos servicios preventivos estén cubiertos por su plan, incluso si figuran como de venta libre. La disponibilidad o cobertura de estos medicamentos sin costo compartido puede estar sujeta a criterios establecidos por el plan de salud.

Cubrimos equipos y suministros aprobados por la FDA para el manejo y tratamiento de la diabetes que usa insulina, la diabetes que no usa insulina y la diabetes gestacional según sea médicamente necesario. La medicación abarca insulina, bombas de insulina y agentes hipoglucemiantes orales. Los suministros y equipos cubiertos se limitan a monitores de glucosa, tiras reactivas, jeringas y lancetas. Los beneficios cubiertos también incluyen el autocontrol ambulatorio y los servicios educativos utilizados para tratar la diabetes si los servicios se proporcionan a través de un programa autorizado por el Proyecto de Control de la Diabetes del Estado dentro de la Oficina de Salud.

### ¿Qué medicamentos puedo encontrar en cada nivel?

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. 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. Algunos planes dividen el Nivel 1 en Nivel 1a y Nivel 1b:
  - Los medicamentos de nivel 1a tienen el costo compartido más bajo. Estos son a menudo medicamentos genéricos que ofrecen el mayor valor en comparación con otros que tratan las mismas condiciones.
  - Los medicamentos de nivel 1b tienen una participación de bajo costo. Por lo general, estos son medicamentos genéricos que ofrecen el mayor valor en comparación con otros 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 que 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.

*Nota: Para medicamentos de quimioterapia oral: a pesar de cualquier deducible, el monto total de copagos y coseguros que un asegurado debe pagar no excederá los doscientos dólares (\$ 200) por una receta individual de hasta un suministro de 30 días de un medicamento contra el cáncer recetado administrado por vía oral cubierto por la póliza.*



### ¿Cómo promueve Anthem la seguridad?

Cuando vaya a una farmacia, el farmacéutico recibirá un mensaje electrónico de Anthem si un medicamento necesita autorización previa, requiere terapia escalonada o tiene un límite en la cantidad que se puede administrar. Aquí hay un vistazo más de cerca a todos los programas que hemos implementado para ayudar a asegurarnos de que reciba la atención que necesita, mientras lo ayudamos a mantenerse seguro. <sup>1</sup>

Nuestros programas de edición clínica son:

- Autorización previa, que requiere que obtenga la aprobación antes de tomar un medicamento. Esto ayuda a asegurarse de que un medicamento se use correctamente y se centre en los medicamentos que pueden tener:
  - Riesgo de efectos secundarios.
  - Riesgo de efectos nocivos cuando se toma con otros medicamentos.
  - Posibilidad de uso incorrecto o abuso.
  - Reglas de uso con ciertas condiciones.
- Terapia escalonada, que requiere que primero se prueben otros medicamentos. Se centra en si un medicamento es adecuado para su condición.
- Optimización de la dosis, que implica cambiar de tomar una dosis dos veces al día a una vez al día, cuando sea médicamente apropiado. Tomar menos dosis puede reducir sus costos; Una sola dosis más alta de un medicamento tomada una vez al día puede costar menos que una dosis más baja tomada dos veces al día.
- Los límites de cantidad imponen un límite en la cantidad en una receta y con qué frecuencia se puede volver a surtir.
  - Si una solicitud de resurtido se envía demasiado pronto o el médico prescribe una cantidad que es más alta de lo permitido, el medicamento no estará cubierto en ese momento.
  - Si hay razones médicas para recetar el medicamento como se dosificó originalmente, el médico puede solicitar una revisión por parte de nuestro Centro de Autorización Previa.

Además, si está tomando un medicamento que se considera un medicamento especializado, es posible que deba usar una farmacia especializada para que su medicamento esté cubierto.

### ¿Cómo inicia mi médico el proceso de autorización previa?

Si su medicamento está en nuestro formulario pero requiere un PA o terapia escalonada, hay algunas opciones para que su médico inicie el proceso de autorización previa (PA):

1. Envíe una solicitud de PA electrónica yendo a <https://www.covermymeds.com/main/partners/anthem>.
2. Inicie sesión en [anthem.com/ca](https://anthem.com/ca) y elija Farmacia.
  - Vaya a Recursos de farmacia y busque su medicamento en su lista de medicamentos.
  - Elija la concentración y la forma correctas del medicamento.
  - Desplácese hacia abajo hasta Definición de restricciones y busque el formulario de fax correspondiente en la tabla.
  - Su médico completa el formulario y lo envía por fax a Anthem al 844-474-3347.
3. Llame al número de Servicios para Miembros de Pharmacy que figura en el reverso de su tarjeta de identificación de miembro.



### ¿Qué es la terapia escalonada? ¿Cómo funciona?

La terapia escalonada requiere probar otros medicamentos antes de que ciertos medicamentos puedan estar cubiertos. La farmacia le informará si se requiere terapia escalonada y primero debe probar el medicamento o tratamiento incluido en el programa. Si el medicamento o tratamiento no trata bien la afección, el médico puede comunicarse con nuestro Centro de autorización previa para solicitar que aprobemos el medicamento original. <sup>1</sup>

Algunas notas más sobre el proceso de excepción:

- Si no respondemos a una solicitud de autorización previa o de excepción de terapia escalonada completada dentro de las 72 horas posteriores a la recepción de una solicitud no urgente y las 24 horas posteriores a la recepción de una solicitud basada en circunstancias apremiantes, la solicitud se considera aprobada y no podemos denegar ninguna solicitud posterior de este medicamento.
- No se preocupe, si ha cambiado de póliza, no le pediremos que repita una solicitud de terapia escalonada aprobada que ya se esté utilizando para tratar una afección médica, siempre que el medicamento aún se recete adecuadamente y se considere seguro y eficaz.

Una nota sobre los analgésicos opioides. El costo compartido de los miembros para ciertos analgésicos opioides disuasorios del abuso puede ser menor en algunos estados debido a las leyes de esos estados. Los analgésicos opioides son un tipo de analgésico. En respuesta a la epidemia mundial de opioides, la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA, por sus siglas en inglés) ha alentado a los fabricantes de medicamentos a desarrollar opioides con propiedades que ayuden a disuadir su uso indebido y abuso.

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

<sup>1</sup> Si el Centro de Autorización Previa concluye que el reclamo de receta debe ser denegado, los miembros y sus médicos recibirán cartas que explican las apelaciones y / o el proceso de quejas.

## Panorama de la legislación de California

### Cal. Code Regs. tit. 28 § 1300.67.205 - Plantilla estándar de formulario de medicamentos recetados

Las siguientes normas son normas mínimas y, a menos que se indique lo contrario, se aplican a todos los formularios de planes de salud sujetos a la sección 1367.205 del Código de Salud y Seguridad. Un plan de salud puede implementar disposiciones adicionales que excedan estos requisitos.

#### (d) Sección informativa. La sección informativa del formulario incluirá todo lo siguiente:

(11) Aviso de que el plan de salud cubrirá los medicamentos no incluidos en el formulario cuando sean médicamente necesarios y una descripción detallada del proceso para solicitar la cobertura de un medicamento no incluido en el formulario. Sujeto a la excepción de la subdivisión (k) de la sección 1367.24 del Código de Salud y Seguridad, la descripción indicará que:

(A) el plan de salud notificará a la persona inscrita o a la persona que ésta designe y al proveedor de la persona inscrita que receta el medicamento su determinación de cobertura en un plazo de 24 horas a partir de la recepción de una solicitud basada en circunstancias apremiantes y en un plazo de 72 horas a partir de la recepción de todas las demás solicitudes;

(B) el plan de salud proporcionará cobertura en virtud de una solicitud no urgente mientras dure la prescripción, incluidas las reposiciones; y

(C) el plan de salud proporcionará cobertura, incluidas las renovaciones, en virtud de una solicitud basada en circunstancias apremiantes durante el tiempo que dure la urgencia. En la descripción también se indicará que el afiliado puede presentar una queja o reclamación, de conformidad con el artículo 1368 del Código de Salud y Seguridad, en relación con la denegación de una solicitud de cobertura y que los documentos de cobertura proporcionan información sobre los derechos y procedimientos de apelación.

(12) Instrucciones sobre cómo localizar y surtir una receta a través de una farmacia minorista de la red, una farmacia de pedidos por correo y una farmacia especializada, según corresponda.

(13) Una descripción detallada del proceso para solicitar autorización previa o una excepción de terapia escalonada. Sujeto a las excepciones de la subdivisión (b) de la sección 1367.241 del Código de Salud y Seguridad, la descripción indicará que si un plan de salud no responde a una solicitud completa de autorización previa o terapia escalonada dentro de las 72 horas de haber recibido una solicitud no urgente y 24 horas de haber recibido una solicitud basada en circunstancias apremiantes, la solicitud se considerará concedida.

(14) Notificación de los derechos de un afiliado a la terapia escalonada según lo dispuesto en la subdivisión (d)(2) de la Regla 1300.67.24.

(15) Notificación conforme a la sección 1367.22 del Código de Salud y Seguridad de que un plan de salud no puede limitar o excluir la cobertura de un medicamento si el plan de salud aprobó previamente la cobertura del medicamento para la afección médica del inscrito y el proveedor que lo prescribe sigue prescribiendo el medicamento para la afección médica, siempre que el medicamento se prescriba adecuadamente y sea seguro y eficaz para tratar la afección médica del inscrito.





## KEY

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

**Los medicamentos con nombre de marca están en MAYÚSCULAS, tipo simple.**

**Los medicamentos genéricos están en minúsculas, en cursiva en negrita.**

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

**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.

**AO** = quimioterapia oral. Estos medicamentos después del deducible no excederán los \$200 por receta individual para un suministro de hasta 30 días.

**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.

**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.

**Nivel 1a** = los medicamentos tienen el costo compartido más bajo. Estos son a menudo medicamentos genéricos que ofrecen el mayor valor en comparación con otros que tratan las mismas condiciones.

**Nivel 1b** = los medicamentos tienen una participación de bajo costo. Por lo general, estos son medicamentos genéricos que ofrecen el mayor valor en comparación con otros que tratan las mismas afecciones.

**Nivel 2** = los medicamentos 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.

**Nivel 3** = los medicamentos tienen el costo compartido más alto. A menudo incluyen medicamentos de marca y genéricos no preferidos. Pueden costar más que los medicamentos en niveles más bajos que condicionan.



Tres Niveles

CURRENT AS OF 1/1/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine hcl oral capsule</i>	1 or 1b*	PA
<b>*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<b>*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	DO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	2	PA; DO
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	2	PA; QL (1 capsule per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	2	PA; DO
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	2	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate (Procentra Oral Solution)</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)</i>	2	PA; DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	2	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 7.5 Mg)	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 5 Mg)	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	1 or 1b*	PA; QL (2 tablets per 1 day)
<b>*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>caffeine citrate oral solution</i>	2	
<b>*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>benzphetamine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA; BE; QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA; BE; QL (1 capsule per 1 day)
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
<b>*ANTI-OBESITY - GIP &amp; GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>tirzepatide-weight management</i> )	2	PA; BE; QL (1 pen per 1 week)
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>liraglutide - weight management</i> )	3	PA; BE; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>semaglutide-weight management</i> )	2	PA; BE; QL (1 pen per 1 week)
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER</b>		
WAKIX ORAL TABLET 17.8 MG ( <i>pitolisant hcl</i> )	3	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG ( <i>pitolisant hcl</i> )	3	PA; LD; DO; SP
<b>*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>orlistat oral capsule</i>	2	PA; BE; QL (3 capsules per 1 day)
<b>*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1 or 1b*	ST; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1 or 1b*	ST; DO
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	2	ST; DO
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	2	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	2	PA; DO
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (1 tablet per 1 day)
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOGLYCOSIDES*** - ANTIBIOTICS</b>		
<i>amikacin sulfate injection solution</i>	2	
<i>gentamicin in saline intravenous solution</i>	2	
<i>gentamicin sulfate injection solution</i>	2	
<i>neomycin sulfate oral tablet</i>	1 or 1a*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	LD; QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	LD; QL (10 mL per 1 day); SP
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	2	QL (900 mL per 30 days)
<i>tobramycin sulfate injection solution 2 gm/50ml</i>	2	QL (1500 mL per 30 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	2	QL (180 mL per 30 days)
<i>tobramycin sulfate injection solution reconstituted</i>	2	QL (30 vials per 30 days)
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
RINVOQ LQ ORAL SOLUTION ( <i>upadacitinib</i> )	3	PA; QL (12 mL per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>upadacitinib</i> )	3	PA; QL (1 tablet per 1 day); SP
XELJANZ ORAL SOLUTION ( <i>tofacitinib citrate</i> )	3	PA; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET ( <i>tofacitinib citrate</i> )	3	PA; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>tofacitinib citrate</i> )	3	PA; QL (1 tablet per 1 day); SP
<b>*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS</b>		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>methotrexate (anti-rheumatic)</i> )	3	PA; QL (4 auto-injector per 28 days); SP
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	SP
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA; QL (2 syringes per 28 days); SP
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</i>	3	PA; QL (1 kit per 1 one-time fill); SP
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	3	PA; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	3	PA; QL (2 pens per 28 days (QL exception needed for maintenance therapy)); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>adalimumab</i> )	3	PA; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT ( <i>adalimumab</i> )	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT ( <i>adalimumab</i> )	3	PA; QL (1 kit per 1 one-time fill); SP
SIMPONI ARIA INTRAVENOUS SOLUTION ( <i>golimumab</i> )	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>golimumab</i> )	3	PA; QL (1 pen per 28 days); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>golimumab</i> )	3	PA; QL (1 syringe per 28 days); SP
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	2	QL (1 capsule per 1 day)
<b>*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS</b>		
RIDAURA ORAL CAPSULE ( <i>auranofin</i> )	2	QL (3 capsules per 1 day)
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	2	QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	2	QL (2 tablets per 1 day)
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>ibuprofen (Ibu Oral Tablet)</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	2	QL (4 ML per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	2	QL (2 mL per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	2	QL (2 mL per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1 or 1b*	
<i>naproxen sodium oral tablet 275 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxaprozin oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	2	QL (3 capsules per 1 day)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	3	PA; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	3	PA; QL (1 pack per 365 days); SP
<b>*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>leflunomide oral tablet</i>	2	QL (1 tablet per 1 day)
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>etanercept</i> )	3	PA; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION ( <i>etanercept</i> )	3	PA; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	3	PA; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	3	PA; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>etanercept</i> )	3	PA; QL (4 pens per 28 days); SP
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen intravenous solution</i>	1 or 1b*	
<b>*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet)	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
TENCON ORAL TABLET ( <i>butalbital-acetaminophen</i> )	1 or 1b*	QL (6 tablets per 1 day)
<b>*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>aspirin 81 oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet delayed release</i>	1 or 1a*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin ec adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE ( <i>aspirin</i> )	1 or 1a*; \$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE ( <i>aspirin</i> )	1 or 1a*; \$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE ( <i>aspirin</i> )	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE ( <i>aspirin</i> )	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kl's aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE ( <i>aspirin</i> )	1 or 1a*; \$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE ( <i>aspirin</i> )	1 or 1a*; \$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE ( <i>aspirin</i> )	1 or 1a*; \$0	
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
<b>*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1 or 1a*	AL; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	AL; QL (6 tablet per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<b>*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
TREZIX ORAL CAPSULE ( <i>apap-caff-dihydrocodeine</i> )	1 or 1b*	QL (6 capsules per 1 day)
<b>*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
<b>*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>codeine sulfate oral tablet 30 mg</i>	2	AL; QL (6 tablets per 1 day)
<i>duramorph injection solution</i>	1 or 1b*	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1 or 1b*	
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	2	PA; QL (4 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>fentanyl transdermal patch 72 hour</i>	2	PA; QL (15 patches per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1 or 1b*	
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	
<i>levorphanol tartrate oral tablet 3 mg</i>	2	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	1 or 1b*	
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>morphine sulfate microinfusion</i> (Mitigo Injection Solution)	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1 or 1b*	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1 or 1b*	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (3 tablet per 1 day)
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1 or 1b*	
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	2	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (6 tablets per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1 or 1b*	
<i>sufentanyl citrate intravenous solution</i>	1 or 1b*	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	2	PA; AL; QL (16 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
<b>*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	1 or 1b*	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	1 or 1b*	QL (30 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<b>*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>buprenorphine hcl injection solution</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1 or 1b*	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1 or 1b*	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1 or 1b*	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1 or 1b*	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1 or 1b*	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1 or 1b*	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	2	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution</i>	2	
<i>butorphanol tartrate nasal solution</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>nalbuphine hcl injection solution</i>	2	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<b>*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>tramadol-acetaminophen oral tablet</i>	1 or 1b*	AL; QL (8 tablet per 1 day)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
<b>*ANDROGENS*** - DRUGS FOR MEN</b>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	2	QL (4 capsules per 1 day)
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution)	1 or 1b*	PA
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone enanthate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	2	PA; QL (2 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	2	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	2	PA; QL (2 packet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>testosterone transdermal solution</i>	2	PA; QL (1 pump bottle per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>testosterone enanthate</i> )	3	PA
<b>*ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS</b>		
<b>*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>budesonide rectal foam 2 mg</i>	2	QL (4.78 gm per 1 day)
<i>budesonide rectal foam 2 mg/act</i>	2	QL (4.78 grams per 1 day)
<i>hydrocortisone rectal enema</i>	1 or 1b*	
<b>*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS</b>		
<i>nitroglycerin rectal ointment</i>	2	QL (1 unit per 1 day)
<b>*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1 or 1b*	
<b>*RECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone (perianal) external cream</i>	1 or 1b*	
<i>hydrocortisone</i> (Proctocort External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	1 or 1b*	
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTHELMINTICS*** - DRUGS FOR PARASITES</b>		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>ivermectin oral tablet</i>	1 or 1b*	QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	2	
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
<b>*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA</b>		
<i>ranolazine er oral tablet extended release 12 hour</i>	2	QL (2 tablets per 1 day)
<b>*NITRATES*** - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1 or 1b*	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	2	
<i>nitroglycerin in d5w intravenous solution</i>	1 or 1b*	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	2	
<b>*ANTIANGIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIANGIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY</b>		
<i>bupirone hcl oral tablet</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	
<i>hydroxyzine hcl oral tablet</i>	1 or 1b*	
<i>hydroxyzine pamoate oral capsule</i>	1 or 1a*	
<i>meprobamate oral tablet</i>	3	
<b>*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>alprazolam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	1 or 1a*	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1 or 1a*	
<i>diazepam oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1 or 1b*	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate)	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	2	QL (4 capsules per 1 day)
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	1 or 1b*	
<b>*ANTIARRHYTHMICS TYPE I-A**** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate oral capsule</i>	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR ( <i>disopyramide phosphate</i> )	2	
<i>procainamide hcl injection solution</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	1 or 1a*	
<b>*ANTIARRHYTHMICS TYPE I-B**** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1 or 1b*	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	2	
<b>*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide acetate oral tablet 100 mg</i>	2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	
<i>propafenone hcl oral tablet</i>	2	
<b>*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	3	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 400 Mg)	1 or 1b*	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	1 or 1b*	QL (3 tablets per 1 day)
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
<b>*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>umeclidinium-vilanterol</i> )	2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>fluticasone furoate-vilanterol</i> )	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate</i> (Breyndra Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL ( <i>budeson-glycopyrrol-formoterol</i> )	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION ( <i>ipratropium-albuterol</i> )	2	QL (2 inhalers per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1 or 1b*	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION ( <i>tiotropium bromide-olodaterol</i> )	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	1 or 1b*	QL (1 package per 30 days)
<b>*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD</b>		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>omalizumab</i> )	3	PA; LD; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	3	PA; LD; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	3	PA; LD; QL (4 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	3	PA; LD; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	3	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days); SP
<b>*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	1 or 1b*	
<b>*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1 or 1b*	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	1 or 1b*	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	1 or 1b*	
<i>albuterol sulfate oral tablet</i>	1 or 1b*	
<i>arformoterol tartrate inhalation nebulization solution</i>	2	QL (60 vial per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	2	QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	2	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	1 or 1b*	ST; QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>albuterol sulfate</i> )	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>salmeterol xinafoate</i> )	2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
<b>*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION ( <i>ipratropium bromide hfa</i> )	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (378 ML per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE ( <i>tiotropium bromide monohydrate</i> )	2	QL (1 capsule per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION ( <i>tiotropium bromide monohydrate</i> )	2	QL (1 inhaler per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	2	QL (1 capsule per 1 day)
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>mepolizumab</i> )	3	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	3	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	3	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>mepolizumab</i> )	3	PA; LD; QL (1 injections per 28 days); SP
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>roflumilast oral tablet</i>	2	PA; QL (1 tablet per 1 day)
<b>*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>fluticasone furoate</i> )	2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1 or 1b*	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1 or 1b*	QL (60 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (2 inhalers per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	2	QL (2 inhalers per 30 days)
<b>*XANTHINES*** - DRUGS FOR ASTHMA/COPD</b>		
<i>aminophylline intravenous solution</i>	1 or 1b*	
<i>theophylline</i> (Elixophyllin Oral Elixir)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ( <i>theophylline</i> )	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ( <i>theophylline</i> )	2	QL (3 capsules per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG ( <i>theophylline</i> )	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1 or 1b*	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1 or 1b*	QL (112.5 mL per 1 day)
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
<b>*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
<b>*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK ( <i>apixaban</i> )	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	2	QL (74 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED ( <i>rivaroxaban</i> )	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK ( <i>rivaroxaban</i> )	2	QL (1 pack per 365 days)
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>heparin sod (pork) lock flush</i> (Bd Heparin Posiflush Intravenous Solution)	2	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	2	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	2	
<i>heparin sod (pork) lock flush intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	2	
<b>*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin sodium injection solution</i>	1 or 1b*	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML ( <i>dalteparin sodium</i> )	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>dalteparin sodium</i> )	3	QL (30 syringes per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux sodium subcutaneous solution</i>	1 or 1b*	QL (30 syringes per 30 days)
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>clobazam oral suspension</i>	2	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	2	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
<b>*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension 100 mg/5ml</i>	1 or 1b*	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>carbamazepine</i> (Epitol Oral Tablet)	1 or 1b*	QL (8 tablets per 1 day)
<i>gabapentin oral capsule</i>	1 or 1b*	DO
<i>gabapentin oral solution</i>	2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lacosamide intravenous solution</i>	2	
<i>lacosamide oral solution</i>	2	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine oral tablet</i>	1 or 1b*	DO
<i>lamotrigine oral tablet chewable 25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1 or 1b*	DO
<i>lamotrigine starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lamotrigine starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (4 tablets per 1 day)
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	DO
<i>oxcarbazepine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	2	QL (30 mL per 1 day)
<i>primidone oral tablet 125 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>primidone oral tablet 250 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>levetiracetam (Roweepra Oral Tablet)</i>	2	DO
<i>rufinamide oral suspension</i>	2	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	2	DO
<i>rufinamide oral tablet 400 mg</i>	2	QL (8 tablets per 1 day)
<i>lamotrigine (Subvenite Oral Tablet)</i>	1 or 1b*	DO
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit)</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit)</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit)</i>	1 or 1b*	QL (1 kit per 35 days)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	1 or 1b*	DO
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	2	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	2	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	2	DO
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>topiramate oral tablet 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	2	QL (6 capsule per 1 day)
<b>*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>felbamate oral suspension</i>	2	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	2	QL (6 tablets per 1 day)
<b>*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>tiagabine hcl oral tablet</i>	2	QL (2 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>vigabatrin oral packet</i>	3	LD; QL (6 packets per 1 day); SP
<i>vigabatrin oral tablet</i>	3	LD; QL (6 tablets per 1 day); SP
<i>vigabatrin</i> (Vigadrone Oral Packet)	3	LD; QL (6 packets per 1 day)
<i>vigabatrin</i> (Vigadrone Oral Tablet)	3	LD; QL (6 tablets per 1 day); SP
<i>vigabatrin</i> (Vigpoder Oral Packet)	3	LD; QL (6 packets per 1 day)
<b>*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	2	
<i>fosphenytoin sodium injection solution</i>	2	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule)	1 or 1b*	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable)	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	
<b>*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>ethosuximide oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>methsuximide oral capsule</i>	2	QL (4 capsules per 1 day)
<b>*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>valproate sodium intravenous solution</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	1 or 1b*	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine oral tablet</i>	1 or 1b*	
<i>mirtazapine oral tablet dispersible</i>	1 or 1b*	
<b>*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1 or 1b*	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1 or 1b*	DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION</b>		
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	
<i>citalopram hydrobromide oral tablet</i>	1 or 1b*	
<i>escitalopram oxalate oral solution</i>	1 or 1b*	
<i>escitalopram oxalate oral tablet</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	
<i>fluoxetine hcl oral solution</i>	1 or 1b*	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>fluvoxamine maleate oral tablet</i>	1 or 1b*	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>paroxetine hcl oral suspension</i>	2	
<i>paroxetine hcl oral tablet</i>	1 or 1b*	
<i>sertraline hcl oral concentrate</i>	1 or 1b*	
<i>sertraline hcl oral tablet</i>	1 or 1b*	
<b>*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION</b>		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	1 or 1b*	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1 or 1a*	DO
<i>trazodone hcl oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG ( <i>vortioxetine hbr</i> )	3	DO
TRINTELLIX ORAL TABLET 20 MG ( <i>vortioxetine hbr</i> )	3	QL (1 tablet per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>vilazodone hcl oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (3 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1 or 1b*	QL (6 capsules per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<b>*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1a*	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	1 or 1a*	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO
<i>clomipramine hcl oral capsule 25 mg</i>	1 or 1b*	DO
<i>clomipramine hcl oral capsule 50 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	2	DO
<i>desipramine hcl oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	2	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1b*	DO
<i>doxepin hcl oral capsule 100 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	1 or 1b*	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1 or 1b*	DO
<i>imipramine hcl oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	1 or 1b*	DO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1 or 1b*	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	1 or 1b*	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	2	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	2	DO
<i>trimipramine maleate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<b>*ANTIDIABETICS* - HORMONES</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<b>*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>pramlintide acetate</i> )	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>pramlintide acetate</i> )	2	QL (2 boxes per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*BIGUANIDES*** - DRUGS FOR DIABETES</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	3	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1 or 1b*; \$0	QL (3 tablets per 1 day)
<b>*DIABETIC OTHER*** - DRUGS FOR DIABETES</b>		
BAQSIMI ONE PACK NASAL POWDER ( <i>glucagon</i> )	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER ( <i>glucagon</i> )	3	QL (1 pack per 30 days)
<i>diazoxide oral suspension</i>	2	
<i>glucagon emergency injection kit</i>	1 or 1b*	QL (2 kits per 30 days)
<i>glucagon emergency injection solution reconstituted</i>	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>glucagon</i> )	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>glucagon</i> )	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION ( <i>glucagon</i> )	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>glucagon</i> )	3	QL (2 packs per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>dasiglucagon hcl</i> )	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>dasiglucagon hcl</i> )	3	QL (1.2 mL per 30 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET ( <i>sitagliptin phosphate</i> )	2	ST; QL (1 tablet per 1 day)
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET ( <i>sitagliptin-metformin hcl</i> )	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ( <i>sitagliptin-metformin hcl</i> )	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	2	ST; QL (2 tablets per 1 day)
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<b>*HUMAN INSULIN*** - DRUGS FOR DIABETES</b>		
HUMALOG INJECTION SOLUTION ( <i>insulin lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro</i> )	2	QL (30 mL per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>insulin lispro</i> )	2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph isophane &amp; regular</i> )	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION ( <i>insulin nph isophane &amp; regular</i> )	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph human (isophane)</i> )	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION ( <i>insulin nph human (isophane)</i> )	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION ( <i>insulin regular human</i> )	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION ( <i>insulin regular human</i> )	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin regular human</i> )	2	PA; QL (18 mL per 30 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	2	ST; QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	2	ST; QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	2	QL (30 mL per 30 days)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION ( <i>insulin glargine</i> )	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION ( <i>insulin lispro-aabc</i> )	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro-aabc</i> )	2	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin degludec</i> )	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML ( <i>insulin degludec</i> )	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION ( <i>insulin degludec</i> )	2	QL (30 mL per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES</b>		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>tirzepatide</i> )	2	PA; QL (4 pens per 28 days)
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES</b>		
<i>liraglutide subcutaneous solution pen-injector</i>	2	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG ( <i>semaglutide</i> )	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG ( <i>semaglutide</i> )	2	PA; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	2	PA; QL (4 syringes per 28 days)
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine-lixisenatide</i> )	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin degludec-liraglutide</i> )	2	ST; QL (5 pen per 30 days)
<b>*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES</b>		
<i>nateglinide oral tablet</i>	2	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	2	QL (8 tablets per 1 day)
<b>*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES</b>		
<i>mifepristone oral tablet 300 mg</i>	3	PA; LD; QL (4 tablets per 1 day)
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	ST; QL (2 tablets per 1 day)
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES</b>		
GLYXAMBI ORAL TABLET ( <i>empagliflozin-linagliptin</i> )	2	ST; QL (1 tablet per 1 day)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES</b>		
FARXIGA ORAL TABLET ( <i>dapagliflozin propanediol</i> )	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET ( <i>empagliflozin</i> )	2	ST; QL (1 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES</b>		
SYNJARDY ORAL TABLET ( <i>empagliflozin-metformin hcl</i> )	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> )	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>dapagliflozin prop-metformin</i> )	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ( <i>dapagliflozin prop-metformin</i> )	2	ST; QL (2 tablets per 1 day)
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<b>*SULFONYLUREAS*** - DRUGS FOR DIABETES</b>		
<i>glimepiride oral tablet 1 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	1 or 1a*	ST; QL (16 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1 or 1b*	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl-glimepiride oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
<b>*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA</b>		
<i>diphenoxylate-atropine oral liquid</i>	1 or 1b*	
<i>diphenoxylate-atropine oral tablet</i>	1 or 1b*	
<i>loperamide hcl oral capsule</i>	1 or 1b*	QL (8 capsules per 1 day)
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>deferasirox granules oral packet</i>	3	PA; LD; SP
<i>deferasirox oral packet</i>	3	PA; LD; SP
<i>deferasirox oral tablet</i>	3	PA; LD; SP
<i>deferasirox oral tablet soluble</i>	3	PA; LD; SP
<i>deferiprone oral tablet</i>	3	PA; LD
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>acetylcysteine intravenous solution</i>	2	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue (antidote) intravenous solution</i>	1 or 1b*	
<i>methylene blue intravenous solution</i>	1 or 1b*	
<i>sodium thiosulfate intravenous solution</i>	1 or 1b*	
<b>*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>flumazenil intravenous solution</i>	1 or 1b*	
<b>*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
KLOXXADO NASAL LIQUID ( <i>naloxone hcl</i> )	2	QL (6 nasal sprays per 3 monthss)
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl nasal liquid</i>	1 or 1b*	QL (6 nasal spray per 90 days)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
OPVEE NASAL SOLUTION ( <i>nalmeffene hcl</i> )	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID ( <i>naloxone hcl</i> )	2	QL (6 nasal sprays per 3 monthss)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE ( <i>naloxone hcl</i> )	2	QL (6 syringes per 3 monthss)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>granisetron hcl intravenous solution</i>	2	
<i>granisetron hcl oral tablet</i>	2	QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	2	
<i>ondansetron hcl injection solution prefilled syringe</i>	2	
<i>ondansetron hcl oral solution</i>	2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	2	QL (4 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	2	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	2	PA
<b>*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
<b>*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>meclizine hcl oral tablet 50 mg</i>	1 or 1b*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
<i>trimethobenzamide hcl oral capsule</i>	1 or 1b*	
<b>*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>dronabinol oral capsule</i>	2	QL (4 capsules per 1 day)
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>aprepitant oral</i>	2	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	2	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	2	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 capsules per 25 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	2	PA; QL (5 vial per 30 days)
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIFUNGALS*** - DRUGS FOR FUNGUS</b>		
<i>amphotericin b intravenous solution reconstituted</i>	2	
<i>amphotericin b liposome intravenous suspension reconstituted</i>	2	
<i>flucytosine oral capsule</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1 or 1b*	
<i>griseofulvin microsize oral tablet</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>griseofulvin ultramicrosize oral tablet</i>	1 or 1b*	
<i>nystatin oral tablet</i>	1 or 1b*	
<i>terbinafine hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*IMIDAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>ketoconazole oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*TRIAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	2	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	2	PA; QL (20 mL per 1 day)
<i>posaconazole intravenous solution</i>	2	
<i>posaconazole oral suspension</i>	2	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	2	PA; QL (93 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	2	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (6 tablets per 1 day)
<b>*ANTI-HISTAMINES* - DRUGS FOR THE LUNGS</b>		
<b>*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate er oral suspension extended release</i>	1 or 1b*	QL (40 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	1 or 1b*	ST
<i>clemastine fumarate oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	2	
<b>*ANTI-HISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES</b>		
<i>cetirizine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>desloratadine oral tablet</i>	3	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	3	QL (1 tablet per 1 day)
<b>*ANTI-HISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES</b>		
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	2	QL (6 suppositories per 1 day)
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	2	QL (6 suppositories per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	2	QL (1 suppository per 1 day)
<b>*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine hcl oral syrup</i>	1 or 1b*	
<i>cyproheptadine hcl oral tablet</i>	1 or 1b*	
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL</b>		
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	2	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM ( <i>icosapent ethyl</i> )	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM ( <i>icosapent ethyl</i> )	2	PA; QL (4 capsule per 1 day)
<b>*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL</b>		
<i>cholestyramine light oral packet</i>	2	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	2	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	2	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	2	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	QL (45 grams per 1 day)
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Packet)	2	QL (24 grams per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Powder)	2	QL (30 grams per 1 day)
<b>*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	1 or 1b*	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1 or 1b*; \$0	DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>pravastatin sodium oral tablet 80 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>simvastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<b>*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe-simvastatin oral tablet</i>	2	ST; QL (1 tablet per 1 day)
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe oral tablet</i>	2	QL (1 tablet per 1 day)
<b>*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>niacin (antihyperlipidemic) oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
NIACOR ORAL TABLET ( <i>niacin (antihyperlipidemic)</i> )	1 or 1b*	ST; QL (12 tablets per 1 day)
<b>*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>evolocumab</i> )	3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>evolocumab</i> )	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>evolocumab</i> )	3	PA; QL (2 syringe per 28 days)
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1 or 1b*	DO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1 or 1b*	DO
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 5 mg</i>	1 or 1a*	DO
<i>benazepril hcl oral tablet 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1 or 1b*	DO
<i>captopril oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>enalapril maleate oral solution</i>	2	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral tablet 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalaprilat intravenous solution</i>	1 or 1b*	
<i>fosinopril sodium oral tablet 10 mg</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 5 mg</i>	1 or 1a*	DO
<i>lisinopril oral tablet 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	DO
<i>quinapril hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>ramipril oral capsule 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO
<i>trandolapril oral tablet 4 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>metyrosine oral capsule</i>	1 or 1b*	PA; QL (16 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	2	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil oral tablet 16 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 4 mg, 8 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	1 or 1b*	DO
<i>losartan potassium oral tablet 50 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>telmisartan oral tablet 80 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral solution</i>	2	PA; QL (80 mL per 1 day)
<i>valsartan oral tablet 160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1 or 1b*	DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>clonidine hcl oral tablet 0.1 mg</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.2 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	1 or 1b*	
<i>methyldopa oral tablet 250 mg</i>	1 or 1b*	DO
<i>methyldopa oral tablet 500 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	1 or 1b*	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>aliskiren fumarate oral tablet 150 mg</i>	2	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	2	QL (1 tablet per 1 day)
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet</i>	2	
<b>*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine hcl injection solution</i>	2	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS</b>		
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	
<i>pentamidine isethionate injection solution reconstituted</i>	3	
<i>tinidazole oral tablet 250 mg</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1 or 1b*	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	3	PA; QL (126 tablet per 252 days)
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	1 or 1a*	
<b>*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES</b>		
<i>atovaquone oral suspension</i>	2	
<i>nitazoxanide oral tablet</i>	2	QL (6 tablets per 1 fill)
<b>*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS</b>		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<b>*CARBAPENEMS*** - ANTIBIOTICS</b>		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<b>*CHLORAMPHENICALS*** - ANTIBIOTICS</b>		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	2	
<b>*GLYCOPEPTIDES*** - ANTIBIOTICS</b>		
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	2	QL (1 vial per 30 days)
<i>vancomycin hcl oral capsule</i>	2	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	2	PA; QL (1200 mL per 30 days)
<b>*LEPROSTATICS*** - ANTIBIOTICS</b>		
<i>dapsone oral tablet</i>	2	
<b>*LINCOSAMIDES*** - ANTIBIOTICS</b>		
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	
<b>*MONOBACTAMS*** - ANTIBIOTICS</b>		
<i>aztreonam injection solution reconstituted</i>	2	
<b>*OXAZOLIDINONES*** - ANTIBIOTICS</b>		
<i>linezolid intravenous solution</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
<b>*POLYMYXINS*** - ANTIBIOTICS</b>		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
<b>*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>fosfomicin tromethamine oral packet</i>	1 or 1b*	
<i>methenamine hippurate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1 or 1b*	
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES</b>		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
<b>*ANTIMALARIALS*** - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate oral tablet</i>	1 or 1a*	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 30 days)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS</b>		
<i>cycloserine oral capsule</i>	1 or 1b*	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	1 or 1a*	
<i>isoniazid oral syrup</i>	1 or 1a*	
<i>isoniazid oral tablet</i>	1 or 1a*	
PRIFTIN ORAL TABLET ( <i>rifapentine</i> )	2	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<b>*ALKYLATING AGENTS*** - DRUGS FOR CANCER</b>		
MYLERAN ORAL TABLET ( <i>busulfan</i> )	3; OC	OC
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>abiraterone acetate oral tablet 500 mg</i>	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
<b>*ANTIADRENALS*** - DRUGS FOR CANCER</b>		
LYSODREN ORAL TABLET ( <i>mitotane</i> )	3; OC	LD; QL (38 tablet per 1 day); OC
<b>*ANTIANDROGENS*** - DRUGS FOR CANCER</b>		
<i>bicalutamide oral tablet</i>	2; OC	QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG ( <i>apalutamide</i> )	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
<i>nilutamide oral tablet</i>	3; OC	QL (1 tablet per 1 day); OC
NUBEQA ORAL TABLET ( <i>darolutamide</i> )	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL CAPSULE ( <i>enzalutamide</i> )	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG ( <i>enzalutamide</i> )	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL TABLET 80 MG ( <i>enzalutamide</i> )	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
<b>*ANTIESTROGENS*** - DRUGS FOR CANCER</b>		
SOLTAMOX ORAL SOLUTION ( <i>tamoxifen citrate</i> )	2; OC; \$0	OC
<i>tamoxifen citrate oral tablet</i>	2; OC; \$0	OC
<i>toremifene citrate oral tablet</i>	3; OC	QL (1 tablet per 1 day); OC
<b>*ANTIMETABOLITES*** - DRUGS FOR CANCER</b>		
<i>capecitabine oral tablet</i>	3; OC	PA; LD; SP; OC
<i>mercaptopurine oral tablet</i>	2; OC	OC
<i>methotrexate sodium (pf) injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution reconstituted</i>	1 or 1b*	
<i>methotrexate sodium oral tablet</i>	2; OC	OC
TABLOID ORAL TABLET ( <i>thioguanine</i> )	2; OC	OC
TREXALL ORAL TABLET ( <i>methotrexate sodium</i> )	2; OC	ST; OC
<b>*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER</b>		
ALECENSA ORAL CAPSULE ( <i>alectinib hcl</i> )	2; OC	PA; LD; QL (8 capsule per 1 day); SP; OC

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ALUNBRIG ORAL TABLET 180 MG ( <i>brigatinib</i> )	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG ( <i>brigatinib</i> )	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK ( <i>brigatinib</i> )	2; OC	PA; LD; QL (1 pack per 30 days); OC
XALKORI ORAL CAPSULE ( <i>crizotinib</i> )	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER</b>		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED ( <i>trastuzumab</i> )	3	LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED ( <i>trastuzumab-anns</i> )	3	LD; SP
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
BOSULIF ORAL CAPSULE 100 MG ( <i>bosutinib</i> )	2; OC	PA; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG ( <i>bosutinib</i> )	2; OC	PA; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	2; OC	PA; QL (4 tablet per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	2; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; QL (2 tablets per 1 day); SP; OC
TASIGNA ORAL CAPSULE ( <i>nilotinib hcl</i> )	3; OC	PA; QL (4 capsules per 1 day); SP; OC
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
TAFINLAR ORAL CAPSULE ( <i>dabrafenib mesylate</i> )	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
ZELBORAF ORAL TABLET ( <i>vemurafenib</i> )	3; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
<b>*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER</b>		
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	2; OC	PA; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	2; OC	PA; LD; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION ( <i>ibrutinib</i> )	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET ( <i>ibrutinib</i> )	2; OC	PA; LD; QL (1 tablet per 1 day); OC
<b>*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>erlotinib hcl oral tablet 25 mg</i>	1 or 1b*; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
<i>gefitinib oral tablet</i>	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GILOTRIF ORAL TABLET ( <i>afatinib dimaleate</i> )	3; OC	PA; LD; QL (1 tablet per 1 day); OC
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER</b>		
ERIVEDGE ORAL CAPSULE ( <i>vismodegib</i> )	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER</b>		
ZOLINZA ORAL CAPSULE ( <i>vorinostat</i> )	3; OC	PA; QL (4 capsule per 1 day); SP; OC
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER</b>		
POMALYST ORAL CAPSULE ( <i>pomalidomide</i> )	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
<b>*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER</b>		
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	3; OC	PA; SP; OC
<i>everolimus</i> (Torpenz Oral Tablet)	3; OC	PA; SP; OC
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
CABOMETYX ORAL TABLET ( <i>cabozantinib s-malate</i> )	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	3; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	3; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	3; OC	PA; LD; QL (1 dose-pack per 56 days); SP; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
<i>lapatinib ditosylate oral tablet</i>	3; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
<i>pazopanib hcl oral tablet</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>sorafenib tosylate oral tablet</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET ( <i>regorafenib</i> )	3; OC	PA; LD; QL (84 tablets per 28 days); SP; OC
<i>sunitinib malate oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
<b>*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER</b>		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION ( <i>trastuzumab-hyaluronidase-oysk</i> )	3	LD; SP
<b>*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION ( <i>interferon gamma-1b</i> )	3	PA; LD; SP
<i>hydroxyurea oral capsule</i>	2; OC	OC
MATULANE ORAL CAPSULE ( <i>procarbazine hcl</i> )	3; OC	LD; OC
<b>*AROMATASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>anastrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day); OC
<i>exemestane oral tablet</i>	2; OC; \$0	QL (2 tablets per 1 day); OC
<i>letrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day); OC
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE ( <i>palbociclib</i> )	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
IBRANCE ORAL TABLET 100 MG, 75 MG ( <i>palbociclib</i> )	3; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG ( <i>palbociclib</i> )	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK ( <i>ribociclib succinate</i> )	3; OC	PA; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK ( <i>ribociclib succinate</i> )	3; OC	PA; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK ( <i>ribociclib succinate</i> )	3; OC	PA; QL (2.25 tablets per 1 day); SP; OC
VERZENIO ORAL TABLET ( <i>abemaciclib</i> )	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER</b>		
<i>leucovorin calcium injection solution</i>	1 or 1b*	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	2	
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>degarelix acetate</i> )	3	PA; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>degarelix acetate</i> )	3	PA; QL (1 kit per 28 days); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	3; OC	PA; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	3; OC	PA; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	3; OC	PA; QL (3 capsule per 1 day); SP; OC
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER</b>		
JAKAFI ORAL TABLET ( <i>ruxolitinib phosphate</i> )	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
<b>*LHRH ANALOGS*** - DRUGS FOR CANCER</b>		
<i>leuprolide acetate injection kit</i>	3	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG ( <i>triptorelin pamoate</i> )	3	PA; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG ( <i>triptorelin pamoate</i> )	3	PA; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG ( <i>triptorelin pamoate</i> )	3	PA; QL (1 kit per 28 days); SP
<b>*MITOTIC INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>etoposide oral capsule</i>	3; OC	SP; OC
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER</b>		
<i>cyclophosphamide oral capsule</i>	3; OC	SP; OC
LEUKERAN ORAL TABLET ( <i>chlorambucil</i> )	2; OC	OC
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL TABLET ( <i>olaparib</i> )	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
<b>*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1 or 1b*; OC	OC
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	OC
<b>*RETINOIDS*** - DRUGS FOR CANCER</b>		
<i>tretinoin oral capsule</i>	2; OC	OC
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER</b>		
<i>bexarotene oral capsule</i>	3; OC	PA; QL (10 capsules per 1 day); SP; OC
<b>*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER</b>		
HYCAMTIN ORAL CAPSULE ( <i>topotecan hcl</i> )	3; OC	PA; SP; OC
<b>*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER</b>		
<i>mesna intravenous solution</i>	1 or 1b*	PA

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER</b>		
AVASTIN INTRAVENOUS SOLUTION ( <i>bevacizumab</i> )	3	PA; LD; SP
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (90 capsules per 30 days); SP; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
MVASI INTRAVENOUS SOLUTION ( <i>bevacizumab-awwb</i> )	3	PA; LD; SP
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	
<b>*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>tolcapone oral tablet</i>	2	PA; QL (6 tablet per 1 day)
<b>*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa oral tablet</i>	2	
<b>*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa er oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON</b>		
<i>apomorphine hcl subcutaneous solution cartridge</i>	3	PA; LD; QL (2 mL per 1 day); SP
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	
<b>*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>entacapone oral tablet</i>	2	QL (8 tablet per 1 day)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1 or 1a*	DO
<i>lithium carbonate oral capsule 600 mg</i>	1 or 1a*	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1 or 1a*	DO
<i>lithium oral solution</i>	1 or 1b*	
<b>*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lurasidone hcl oral tablet 120 mg</i>	2	AL
<i>lurasidone hcl oral tablet 20 mg, 40 mg</i>	2	DO; AL
<i>lurasidone hcl oral tablet 60 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	2	AL; QL (2 tablets per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG ( <i>cariprazine hcl</i> )	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	3	ST; QL (1 capsule per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	2	DO; AL
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	AL; QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	AL; QL (6 vials per 28 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	DO; AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	2	AL; QL (2 injections per 28 days)
<i>risperidone oral solution</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	DO; AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	AL; QL (4 tablets per 1 day)
<b>*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	1 or 1b*	AL; QL (5 injections per 30 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	1 or 1b*	AL; QL (5 ampules per 30 days)
<i>haloperidol lactate injection solution</i>	1 or 1b*	AL
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1 or 1b*	AL; QL (30 mL per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
<b>*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine oral tablet 100 mg</i>	2	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	AL; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	DO; AL
<i>clozapine oral tablet dispersible 100 mg</i>	2	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	2	DO; AL
<i>clozapine oral tablet dispersible 150 mg</i>	2	AL; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	2	AL; QL (4 tablets per 1 day)
<b>*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	2	DO; AL
<b>*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	DO; AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	DO; AL
<i>quetiapine fumarate oral tablet 150 mg</i>	2	AL; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	AL; QL (2 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>loxapine succinate oral capsule 50 mg</i>	1 or 1b*	AL; QL (4 capsules per 1 day)
<b>*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>molindone hcl oral tablet 10 mg, 5 mg</i>	2	DO; AL
<i>molindone hcl oral tablet 25 mg</i>	2	AL; QL (4 tablets per 1 day)
<b>*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine hcl injection solution</i>	1 or 1b*	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	1 or 1b*	AL; QL (26 mL per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>prochlorperazine</i> (Compro Rectal Suppository)	1 or 1b*	AL
<i>fluphenazine decanoate injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl oral concentrate</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	1 or 1b*	AL; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>fluphenazine hcl oral tablet 10 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	1 or 1b*	DO; AL
<i>perphenazine oral tablet 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
<i>prochlorperazine edisylate injection solution</i>	1 or 1b*	AL
<i>prochlorperazine maleate oral tablet</i>	1 or 1a*	AL
<i>prochlorperazine rectal suppository</i>	1 or 1b*	AL
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>thioridazine hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<b>*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>aripiprazole oral solution</i>	2	AL; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	DO; AL
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	AL; QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	2	AL; QL (2 tablets per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>brexpiprazole</i> )	3	ST; DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
REXULTI ORAL TABLET 4 MG ( <i>brexpiprazole</i> )	3	ST; QL (1 tablet per 1 day)
<b>*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine intramuscular solution reconstituted</i>	2	AL; QL (3 injections per 1 fill)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	DO; AL
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	2	DO; AL
<i>olanzapine oral tablet dispersible 15 mg</i>	2	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	2	AL; QL (1 tablet per 1 day)
<b>*THIOXANTHENES**** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>thiothixene oral capsule 10 mg</i>	1 or 1b*	PA; QL (6 capsules per 1 day)
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate-lamivudine oral tablet</i>	2	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET ( <i>bictegravir-emtricitab-tenofovir</i> )	3	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET ( <i>lamivudine-tenofovir</i> )	3	QL (1 tablet per 1 day)
DOVATO ORAL TABLET ( <i>dolutegravir-lamivudine</i> )	3	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	3	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	3	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir oral tablet 200-300 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofaf</i> )	3	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	3	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofdf</i> )	3	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET ( <i>abacavir-dolutegravir-lamivudine</i> )	3	QL (1 tablet per 1 day)
<i>trimeq pd oral tablet soluble</i>	3	QL (6 tablets per 1 day)
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>maraviroc oral tablet</i>	3	QL (4 tablets per 1 day)
<b>*ANTIRETROVIRALS - FUSION INHIBITORS**** - DRUGS FOR VIRAL INFECTIONS</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>enfuvirtide</i> )	3	PA; LD; QL (2 vials per 1 day)
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
ISENTRESS ORAL TABLET ( <i>raltegravir potassium</i> )	3	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG ( <i>raltegravir potassium</i> )	3	QL (6 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ISENTRESS ORAL TABLET CHEWABLE 25 MG ( <i>raltegravir potassium</i> )	3	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET ( <i>dolutegravir sodium</i> )	3	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE ( <i>dolutegravir sodium</i> )	3	QL (12 tablets per 1 day)
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
APTIVUS ORAL CAPSULE ( <i>tipranavir</i> )	3	PA; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	3	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	3	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	3	QL (4 tablets per 1 day)
PREZISTA ORAL SUSPENSION ( <i>darunavir</i> )	3	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir</i> )	3	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	3	QL (10 tablets per 1 day)
REYATAZ ORAL PACKET ( <i>atazanavir sulfate</i> )	3	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	3	QL (12 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EDURANT ORAL TABLET ( <i>rilpivirine hcl</i> )	3	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	3	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	3	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	3	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	3	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	3	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	3	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	3	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	3	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	3	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate oral solution</i>	3	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	3	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>emtricitabine oral capsule</i>	3; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION ( <i>emtricitabine</i> )	3	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	3	PA; QL (1 tablet per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>zidovudine oral capsule</i>	3	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	3	QL (64 mL per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>zidovudine oral tablet</i>	3	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>tenofovir disoproxil fumarate oral tablet</i>	3; \$0	QL (1 tablet per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	3	QL (1 tablet per 1 day)
<b>*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK ( <i>nirmatrelvir-ritonavir</i> )	3	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK ( <i>nirmatrelvir-ritonavir</i> )	3	QL (1 pack per 90 days)
<b>*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>valganciclovir hcl oral solution reconstituted</i>	3	
<i>valganciclovir hcl oral tablet</i>	3	
<b>*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir dipivoxil oral tablet</i>	3	PA; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION ( <i>entecavir</i> )	3	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	3	PA; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET ( <i>tenofovir alafenamide fumarate</i> )	3	PA; QL (1 tablet per 1 day); SP
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; QL (1 tablet per 1 day); SP
HARVONI ORAL PACKET 33.75-150 MG ( <i>ledipasvir-sofosbuvir</i> )	3	PA; QL (1 packet per 1 day); SP
HARVONI ORAL PACKET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	3	PA; QL (2 packets per 1 day); SP
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	3	PA; QL (2 tablets per 1 day); SP
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	3	PA; QL (1 tablet per 1 day); SP
VOSEVI ORAL TABLET ( <i>sofosbuv-velpatasv-voxilaprev</i> )	3	PA; QL (1 tablet per 1 day); SP
<b>*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin oral capsule</i>	3	QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	3	QL (6 tablets per 1 day); SP
<b>*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule</i>	1 or 1b*	
<i>acyclovir oral suspension</i>	1 or 1b*	
<i>acyclovir oral tablet</i>	1 or 1b*	
<i>acyclovir sodium intravenous solution</i>	1 or 1b*	
<i>valacyclovir hcl oral tablet 1 gm</i>	1 or 1b*	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1 or 1b*	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	1 or 1b*	QL (21 tablets per 1 fill)
<b>*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>rimantadine hcl oral tablet</i>	1 or 1b*	
<b>*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS</b>		
LAGEVRIO ORAL CAPSULE ( <i>molnupiravir</i> )	3	QL (40 capsules per 90 days)
<b>*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 MI per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>zanamivir</i> )	2	QL (1 unit per 90 days)
<b>*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK ( <i>baloxavir marboxil</i> )	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK ( <i>baloxavir marboxil</i> )	3	QL (1 dose pack per 90 days)
<b>*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin inhalation solution reconstituted</i>	2	
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	1 or 1b*	DO
<i>carvedilol oral tablet 25 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg</i>	2	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 20 mg</i>	2	QL (4 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 40 mg</i>	2	QL (2 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	2	QL (1 capsule per 1 day)
<i>labetalol hcl oral tablet 100 mg</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 200 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<b>*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acebutolol hcl oral capsule</i>	1 or 1b*	
<i>atenolol oral tablet</i>	1 or 1a*	
<i>betaxolol hcl oral tablet</i>	1 or 1b*	
<i>bisoprolol fumarate oral tablet</i>	1 or 1b*	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>metoprolol tartrate intravenous solution</i>	1 or 1a*	
<i>metoprolol tartrate oral tablet</i>	1 or 1a*	
<i>nebivolol hcl oral tablet</i>	2	
<b>*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nadolol oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>nadolol oral tablet 80 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pindolol oral tablet 10 mg</i>	2	QL (6 tablets per 1 day)
<i>pindolol oral tablet 5 mg</i>	2	DO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	1 or 1b*	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>propranolol hcl intravenous solution</i>	1 or 1b*	
<i>propranolol hcl oral solution</i>	1 or 1b*	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO
<i>propranolol hcl oral tablet 80 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	2	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	2	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	2	QL (2 tablets per 1 day)
<i>timolol maleate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	1 or 1b*	DO
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	1 or 1b*	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl intravenous solution</i>	1 or 1b*	
<i>diltiazem hcl oral tablet 120 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl oral tablet 90 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 2.5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 5 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1 or 1b*	ST; DO
<i>levamlodipine maleate oral tablet 5 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nicardipine hcl intravenous solution</i>	1 or 1b*	
<i>nicardipine hcl oral capsule 20 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	2	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	2	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	2	DO
<i>nifedipine oral capsule 20 mg</i>	2	QL (4 capsule per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>nimodipine oral capsule</i>	2	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1 or 1b*	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 120 Mg)	1 or 1b*	DO
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 180 Mg)	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 240 Mg)	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	1 or 1b*	
<i>verapamil hcl oral tablet 120 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	1 or 1b*	DO
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<b>*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART</b>		
<i>digoxin injection solution</i>	1 or 1b*	
<i>digoxin oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1 or 1b*	DO
<i>digoxin oral tablet 250 mcg</i>	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION ( <i>digoxin</i> )	2	
<b>*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>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</i>	1 or 1b*	DO
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	3	QL (8 capsules per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	3	QL (6 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*NITRATE &amp; VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>isosorb dinitrate-hydralazine oral tablet</i>	2	QL (6 tablets per 1 day)
<b>*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>treprostinil injection solution</i>	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION ( <i>iloprost</i> )	3	PA; LD; QL (9 mL per 1 day); SP
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ambrisentan oral tablet</i>	3	PA; LD; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	3	PA; LD; QL (2 tablets per 1 day); SP
OPSUMIT ORAL TABLET ( <i>macitentan</i> )	3	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE ( <i>bosentan</i> )	3	PA; LD; QL (2 tablets per 1 day); SP
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	3	PA; QL (2 tablets per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	3	PA; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	3	PA; QL (2 tablets per 1 day); SP
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART</b>		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>ildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	PA
<b>*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ivabradine hcl oral tablet</i>	2	PA; QL (2 tablets per 1 day)
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS</b>		
<i>cefadroxil oral capsule</i>	1 or 1b*	
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	2	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
<b>*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS</b>		
<i>cefaclor er oral tablet extended release 12 hour</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>cefaclor oral capsule</i>	1 or 1b*	
<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
<i>cefotetan disodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted</i>	2	
<b>*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS</b>		
<i>cefdinir oral capsule</i>	1 or 1b*	
<i>cefdinir oral suspension reconstituted</i>	1 or 1b*	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted</i>	2	
<i>ceftazidime intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	2	QL (3000 mL per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	QL (60 vials per 30 fills)
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	2	QL (1 vial per 30 fills)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	QL (60 vials per 30 days)
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	QL (1 vial per 30 days)
<i>ceftazidime (Tazicef Injection Solution Reconstituted)</i>	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED ( <i>ceftazidime</i> )	2	
<b>*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS</b>		
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet)</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet)</i>	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET ( <i>norethin-eth estrad-fe biphas</i> )	2	\$0
<i>desogestrel-ethinyl estradiol (Pimtree Oral Tablet)</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet)</i>	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet)</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	1 or 1a*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule)	1 or 1b*; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	1 or 1a*; \$0	
<i>levonorgest-eth estradiol-iron oral tablet</i>	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET ( <i>drospirenone-estetrol</i> )	3; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-eth estrad-levomefol</i> (Tydemy Oral Tablet)	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	1 or 1b*; \$0	
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1 or 1b*; \$0	
TWIRLA TRANSDERMAL PATCH WEEKLY ( <i>levonorgestrel-eth estradiol</i> )	3; \$0	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	1 or 1b*; \$0	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	1 or 1b*; \$0	
<b>*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS</b>		
ANNOVERA VAGINAL RING ( <i>segesterone-ethinyl estradiol</i> )	3; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring)	1 or 1b*; \$0	
<b>*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1 or 1b*; \$0	
<b>*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS</b>		
AFTERA ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
AFTERPILL ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
CURAE ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
ECONTRA ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
ELLA ORAL TABLET ( <i>ulipristal acetate</i> )	2; \$0	
HER STYLE ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
MY CHOICE ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
MY WAY ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
NEW DAY ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
OPCICON ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
OPTION 2 ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
REACT ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
TAKE ACTION ORAL TABLET ( <i>levonorgestrel</i> )	1 or 1b*; \$0	
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
NATAZIA ORAL TABLET ( <i>estradiol valerate-dienogest</i> )	3; \$0	
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE ( <i>medroxyprogesterone acetate</i> )	2; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1 or 1b*; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1 or 1b*; \$0	
<b>*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>norethindrone</i> (Camila Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyleq Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	1 or 1b*; \$0	
OPILL ORAL TABLET ( <i>norgestrel</i> )	2; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	1 or 1b*; \$0	
SLYND ORAL TABLET ( <i>drospirenone</i> )	3; \$0	
<b>*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1 or 1b*; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	1 or 1b*; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	1 or 1b*; \$0	
VELIVET ORAL TABLET ( <i>desogestrel-ethinyl estradiol</i> )	1 or 1a*; \$0	
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<b>*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	2	QL (3 capsule per 1 day)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE ( <i>dexamethasone</i> )	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	
<i>dexamethasone oral solution</i>	1 or 1a*	
<i>dexamethasone oral tablet</i>	1 or 1a*	
<i>dexamethasone oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone sod phos +rfd injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>hydrocortisone oral tablet</i>	1 or 1b*	
<i>methylprednisolone oral tablet</i>	1 or 1a*	
<i>methylprednisolone oral tablet therapy pack</i>	1 or 1a*	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1 or 1b*	
<i>prednisolone oral solution</i>	1 or 1a*	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1 or 1a*	DO
<i>prednisone oral solution</i>	1 or 1a*	
<i>prednisone oral tablet</i>	1 or 1a*	
<i>prednisone oral tablet therapy pack</i>	1 or 1a*	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED ( <i>hydrocortisone sod succinate</i> )	3	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK ( <i>dexamethasone</i> )	1 or 1b*	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK ( <i>dexamethasone</i> )	1 or 1b*	
<b>*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<b>*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES</b>		
<i>benzonatate oral capsule</i>	1 or 1b*	
<b>*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone bit-homatrop mbr oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1 or 1a*	PA; QL (30 tablets per 5 days)
<i>hydromet oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
<b>*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD</b>		
<i>g tussin ac oral solution</i>	1 or 1a*	AL; QL (300 mL per 5 days)
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	AL; QL (300 mL per 5 days)
<i>maxi-tuss ac oral solution</i>	1 or 1a*	AL; QL (300 mL per 5 days)
<b>*DECONGESTANT &amp; ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine vc oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
<b>*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES</b>		
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	2	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution)	1 or 1b*	
<i>sodium chloride inhalation nebulization solution</i>	2	
<b>*MUCOLYTICS*** - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution</i>	2	
<b>*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm oral syrup</i>	1 or 1a*	QL (2 fills per 30 days)
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
<b>*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1 or 1b*	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>poly-tussin ac oral liquid</i>	2	AL; QL (300 mL per 5 days)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
<b>*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN</b>		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	1 or 1b*	QL (2 pads per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>clindamycin phosphate</i> (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	1 or 1b*	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>dapsone external gel</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
<b>*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1 or 1b*	PA; QL (60 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (2 packets per 1 day)
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	2	QL (50 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1 or 1b*	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	3	PA; QL (60 grams per 30 days)
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel)	1 or 1b*	QL (45 grams per 30 days)
<b>*ACNE PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>isotretinoin</i> (Accutane Oral Capsule)	2	PA
<i>adapalene external cream</i>	1 or 1b*	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel 0.3 %</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	1 or 1b*	PA; QL (1 swab per 1 day)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	2	PA
<i>isotretinoin</i> (Claravis Oral Capsule)	2	PA
<i>isotretinoin oral capsule</i>	2	PA
<i>tretinoin external cream</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	2	PA
<b>*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>gentamicin sulfate external cream</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS**** - DRUGS FOR THE SKIN</b>		
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	QL (180 grams per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<b>*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>ciclopirox</i> (Ciclodan External Solution)	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1 or 1b*	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1 or 1b*	QL (60 mL per 30 days)
<i>nystatin</i> (Klayesta External Powder)	1 or 1b*	QL (60 grams per 30 days)
<i>naftifine hcl external cream 1 %</i>	2	ST; QL (90 grams per 30 days)
<i>naftifine hcl external cream 2 %</i>	2	ST; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	2	ST; QL (60 grams per 30 days)
<i>nystatin</i> (Nyamyc External Powder)	1 or 1b*	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	1 or 1b*	QL (60 grams per 30 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>fluorouracil external cream</i>	1 or 1b*	AL; QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	AL; QL (10 mL per 365 days)
<b>*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (300 grams per 1 year)
<b>*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>doxepin hcl external cream</i>	2	PA; QL (1 tube per 1 fill)
<b>*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	2	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	2	QL (2 capsules per 1 day)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>secukinumab</i> )	3	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>secukinumab</i> )	3	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>secukinumab</i> )	3	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>secukinumab</i> )	3	PA; LD; QL (1 syringe per 28 days); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>secukinumab</i> )	3	PA; LD; QL (1 pen per 28 days); SP
<i>methoxsalen rapid oral capsule</i>	3	SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>risankizumab-rzaa</i> )	3	PA; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>risankizumab-rzaa</i> )	3	PA; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION ( <i>ustekinumab</i> )	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	3	PA; LD; QL (1 syringe per 12 weeks); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>ixekizumab</i> )	3	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	3	PA; LD; QL (1 syringe per 28 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	3	PA; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	3	PA; QL (1 mL per 56 days); SP
<b>*ANTIPSORIATICS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	1 or 1b*	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1 or 1b*	QL (800 grams per 28 days)
<i>tazarotene external cream 0.1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	2	QL (100 grams per 30 days)
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	3	PA; QL (60 grams per 30 days)
<b>*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>selenium sulfide external lotion</i>	1 or 1a*	QL (120 mL per 30 days)
<b>*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
<i>penciclovir external cream</i>	2	PA; QL (5 gm per 30 days)
<b>*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN</b>		
OPZELURA EXTERNAL CREAM ( <i>ruxolitinib phosphate</i> )	3	PA; QL (1 tube per 30 days)
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN</b>		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>dupilumab</i> )	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>dupilumab</i> )	3	PA; SP
<b>*BURN PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>mafenide acetate external packet</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>silver sulfadiazine</i> (Ssd External Cream)	1 or 1a*	
<b>*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>ala-cort external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	QL (2 grams per 1 day)
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1 or 1b*	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1 or 1b*	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1 or 1b*	QL (50 mL per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	1 or 1b*	QL (3.94 mL per 1 day)
<i>desonide external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desonide external gel</i>	1 or 1b*	QL (2 grams per 1 day)
<i>desonide external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1 or 1b*	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1 or 1b*	QL (60 grams per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>fluocinonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>fluticasone propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	1 or 1a*	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>mometasone furoate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	1 or 1b*	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	1 or 1a*	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	1 or 1a*	QL (30 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream)	1 or 1a*	QL (454 grams per 30 days)
<b>*EMOLLIENTS*** - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate external cream</i>	1 or 1b*	QL (450 grams per 30 days)
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>econazole nitrate external cream</i>	1 or 1b*	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	3	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ketoconazole</i> (Ketodan External Foam)	3	QL (100 grams per 30 days)
<i>luliconazole external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>oxiconazole nitrate external cream</i>	3	ST; QL (90 grams per 30 days)
<i>sulconazole nitrate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	1 or 1b*	ST; QL (60 mL per 30 days)
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>imiquimod external cream 3.75 %</i>	1 or 1b*	ST; QL (28 units per 28 days)
<i>imiquimod external cream 5 %</i>	1 or 1b*	ST; QL (48 packet per 365 days)
<i>imiquimod pump external cream</i>	1 or 1b*	ST; QL (1 pump bottle per 28 days)
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>podofilox external gel</i>	2	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1 or 1b*	QL (7 mL per 28 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe)	2	
<i>lidocaine external ointment 5 %</i>	2	QL (5 grams per 1 day)
<i>lidocaine external patch 5 %</i>	2	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	2	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine</i> (Lidocan External Patch)	2	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Ii External Patch)	2	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Iii External Patch)	2	PA; QL (3 patches per 1 day)
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>pimecrolimus external cream</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>tavaborole external solution</i>	2	ST; QL (1 bottle per 30 days)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
EUCRISA EXTERNAL OINTMENT ( <i>crisaborole</i> )	3	ST; QL (100 grams per 30 days)
<b>*ROSACEA AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>azelaic acid external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	2	QL (30 grams per 30 days)
<i>ivermectin external cream</i>	2	QL (45 grams per 30 days)
<i>metronidazole external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	1 or 1b*	QL (59 mL per 30 days)
ZILXI EXTERNAL FOAM ( <i>minocycline hcl micronized</i> )	2	QL (1 gram per 1 day)
<b>*SCABICIDES &amp; PEDICULICIDES*** - DRUGS FOR THE SKIN</b>		
CROTAN EXTERNAL LOTION ( <i>crotamiton</i> )	2	QL (60 mL per 30 days)
<i>malathion external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1 or 1b*	QL (120 mL per 7 days)
<b>*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
PRAMOSONE EXTERNAL CREAM ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL LOTION ( <i>pramoxine-hc</i> )	2	
<b>*TAR PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>coal tar external solution</i>	1 or 1b*	
<b>*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine external cream</i>	2	QL (30 grams per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lidocaine-prilocaine external kit</i>	2	QL (1 kit per 30 days)
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN</b>		
<i>bexarotene external gel</i>	3	PA; QL (60 grams per 30 days); SP
<b>*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene-betameth diprop external ointment</i>	3	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	3	ST; QL (420 grams per 28 days)
<b>*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN</b>		
<i>finasteride oral tablet 1 mg</i>	1 or 1b*	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (204 strips per 30 days)
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
<b>*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION</b>		
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID ( <i>nutritional supplements</i> )	2	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID ( <i>nutritional supplements</i> )	2	
NEOCATE SYNEO JUNIOR ORAL POWDER ( <i>nutritional supplements</i> )	2	
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
<b>*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>pancrelipase (lip-prot-amyl)</i> )	2	QL (25 capsules per 1 day)
VIOKACE ORAL TABLET ( <i>pancrelipase (lip-prot-amyl)</i> )	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>pancrelipase (lip-prot-amyl)</i> )	2	QL (25 capsules per 1 day)
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>acetazolamide oral tablet</i>	1 or 1b*	
<i>acetazolamide sodium injection solution reconstituted</i>	1 or 1b*	
<i>dichlorphenamide oral tablet</i>	3	PA; LD; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>dichlorphenamide</i> (Ormalvi Oral Tablet)	3	PA; LD; QL (4 tablet per 1 day)
<b>*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>spironolactone-hctz oral tablet</i>	1 or 1b*	
<i>triamterene-hctz oral capsule</i>	1 or 1a*	
<i>triamterene-hctz oral tablet</i>	1 or 1a*	
<b>*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>bumetanide injection solution</i>	1 or 1b*	
<i>bumetanide oral tablet</i>	1 or 1b*	
<i>ethacrynic acid oral tablet</i>	2	
<i>furosemide injection solution</i>	1 or 1a*	
<i>furosemide oral solution</i>	1 or 1a*	
<i>furosemide oral tablet</i>	1 or 1a*	
<i>toremide oral tablet</i>	1 or 1b*	
<b>*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>mannitol intravenous solution</i>	1 or 1b*	
OSMITROL INTRAVENOUS SOLUTION ( <i>mannitol</i> )	1 or 1b*	
<b>*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride hcl oral tablet</i>	2	
<i>spironolactone oral suspension</i>	1 or 1b*	
<i>spironolactone oral tablet</i>	1 or 1a*	
<i>triamterene oral capsule</i>	2	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet</i>	1 or 1a*	
<i>indapamide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
<b>*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN</b>		
<i>mifepristone oral tablet 200 mg</i>	1 or 1b*	\$0 for Fully insured members in California
<b>*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>alendronate sodium oral solution</i>	1 or 1b*	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
FOSAMAX PLUS D ORAL TABLET ( <i>alendronate-cholecalciferol</i> )	2	QL (0.15 tablets per 1 day)
<i>ibandronate sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
<b>*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	3	PA; QL (4 tablets per 1 day)
<b>*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitonin (salmon) injection solution</i>	3	
<i>calcitonin (salmon) nasal solution</i>	2	QL (0.13 mL per 1 day)
<b>*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>levocarnitine intravenous solution</i>	2	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>levocarnitine sf oral solution</i>	2	
<b>*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN</b>		
<i>cabergoline oral tablet</i>	1 or 1b*	QL (0.58 tablets per 1 day)
<b>*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN</b>		
ORLISSA ORAL TABLET 150 MG ( <i>elagolix sodium</i> )	2	PA; QL (1 tablet per 1 day)
ORLISSA ORAL TABLET 200 MG ( <i>elagolix sodium</i> )	2	PA; QL (2 tablets per 1 day)
<b>*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>pegvisomant</i> )	3	PA; LD; QL (1 vial per 1 day); SP
<b>*GROWTH HORMONES*** - DRUGS FOR GROWTH</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE ( <i>somatropin</i> )	3	PA; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE ( <i>somatropin</i> )	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG ( <i>somatropin</i> )	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG ( <i>somatropin</i> )	3	PA; QL (1 injection per 1 day); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG ( <i>lonapegsomatropin-tcgd</i> )	3	PA; LD; QL (8 cartridges per 28 days); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG ( <i>lonapegsomatropin-tcgd</i> )	3	PA; LD; QL (4 cartridges per 28 days); SP
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	3	PA; LD; SP
<i>nitisinone oral capsule 20 mg</i>	3	PA; LD

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>betaine oral powder</i>	3	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>carglumic acid oral tablet soluble</i>	3	PA; LD
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitriol intravenous solution</i>	1 or 1b*	PA
<i>calcitriol oral capsule</i>	1 or 1b*	PA
<i>calcitriol oral solution</i>	2	PA
<i>doxercalciferol intravenous solution</i>	2	PA
<i>doxercalciferol oral capsule</i>	2	PA
<i>paricalcitol oral capsule</i>	2	PA
<b>*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
STRENSIQ SUBCUTANEOUS SOLUTION ( <i>asfotase alfa</i> )	3	PA; LD
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN</b>		
SYNAREL NASAL SOLUTION ( <i>nafarelin acetate</i> )	3	PA; QL (5 bottle per 30 days); SP
<b>*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN</b>		
GONAL-F INJECTION SOLUTION RECONSTITUTED ( <i>follitropin alfa</i> )	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>follitropin alfa</i> )	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>follitropin alfa</i> )	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>chorionic gonadotropin</i> )	3	PA; SP
<b>*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN</b>		
CLOMID ORAL TABLET ( <i>clomiphene citrate</i> )	1 or 1b*	PA
<b>*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>teriparatide subcutaneous solution pen-injector</i>	3	QL (1 pen per 28 days); SP
<b>*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	3	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	3	PA; LD
<i>sapropterin dihydrochloride oral packet</i>	3	PA; LD; SP
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; LD; SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>denosumab</i> )	3	PA; QL (1 syringe per 180 days); SP
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene hcl oral tablet</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<b>*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES</b>		
<i>tolvaptan oral tablet 15 mg</i>	3	PA; LD; QL (1 tablet per 1 day); SP
<i>tolvaptan oral tablet 30 mg</i>	3	PA; LD; QL (2 tablets per 1 day); SP
<b>*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH</b>		
<i>lanreotide acetate subcutaneous solution</i>	3	PA; LD; QL (1 syringe/vial per 28 days); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION ( <i>lanreotide acetate</i> )	3	PA; LD; QL (1 syringe/vial per 28 days); SP
<b>*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
PHEBURANE ORAL PELLETT ( <i>sodium phenylbutyrate</i> )	3	PA; LD; QL (8 bottles per 30 days); SP
<i>sodium phenylbutyrate oral powder</i>	3	PA; LD; QL (25 GM per 1 day); SP
<i>sodium phenylbutyrate oral tablet</i>	3	PA; LD; QL (40 tablets per 1 day); SP
<b>*VASOPRESSIN*** - HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	1 or 1b*	
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
<i>vasopressin +rfd intravenous solution</i>	2	
<i>vasopressin intravenous solution</i>	2	
<b>*ESTROGENS* - HORMONES</b>		
<b>*ESTROGEN &amp; PROGESTIN*** - DRUGS FOR WOMEN</b>		
BIJUVA ORAL CAPSULE ( <i>estradiol-progesterone</i> )	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY ( <i>estradiol-levonorgestrel</i> )	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY ( <i>estradiol-norethindrone acet</i> )	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	1 or 1b*	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	1 or 1b*	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREMPHASE ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	2	
PREMPRO ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	2	
<b>*ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	2	QL (1 packet per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	2	QL (50 grams per 30 days)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION ( <i>estradiol</i> )	2	QL (16.2 mL per 30 days)
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET ( <i>esterified estrogens</i> )	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED ( <i>estrogens conjugated</i> )	2	
PREMARIN ORAL TABLET ( <i>estrogens conjugated</i> )	2	QL (1 tablet per 1 day)
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
<b>*FLUOROQUINOLONES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	
<i>ciprofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	QL (1 fill per 30 days)
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1 or 1b*	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin oral tablet</i>	1 or 1b*	
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
<b>*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>cromolyn sodium oral concentrate</i>	1 or 1b*	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
<i>lubiprostone oral capsule</i>	2	QL (2 capsules per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl injection solution</i>	1 or 1a*	
<i>metoclopramide hcl oral solution</i>	1 or 1a*	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1 or 1a*	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible</i>	1 or 1a*	ST; QL (12 tablets per 1 day)
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION</b>		
LINZESS ORAL CAPSULE ( <i>linaclotide</i> )	2	QL (1 capsule per 1 day)
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
<i>alosetron hcl oral tablet</i>	2	PA; QL (2 tablets per 1 day)
<b>*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release</i>	2	QL (8 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	2	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	2	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	2	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	2	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	2	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	2	QL (1 kit per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG ( <i>mesalamine</i> )	2	QL (16 capsule per 1 day)
<i>sulfasalazine oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1 or 1b*	QL (8 tablet per 1 day)
<b>*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED ( <i>vedolizumab</i> )	3	PA; LD; QL (1 vial per 56 days); SP
<b>*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
SKYRIZI INTRAVENOUS SOLUTION ( <i>risankizumab-rzaa</i> )	3	PA; QL (30 mL per 365 days); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>risankizumab-rzaa</i> )	3	PA; QL (1 kit per 56 days); SP
STELARA INTRAVENOUS SOLUTION ( <i>ustekinumab</i> )	3	PA; LD; QL (4 vial per 365 days); SP
<b>*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH</b>		
<i>enulose oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>generlac oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1 or 1b*	QL (60 mL per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH</b>		
<i>alvimopan oral capsule</i>	1 or 1b*	
<b>*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>calcium acetate (phos binder) oral capsule</i>	2	QL (12 capsules per 1 day)
<i>calcium acetate (phos binder) oral tablet</i>	2	QL (12 tablets per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	2	QL (12 tablets per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	2	QL (3 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	2	QL (9 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	2	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	2	QL (9 tablets per 1 day)
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>infliximab-axxq</i> )	3	PA; LD; SP
<i>infliximab intravenous solution reconstituted</i>	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED ( <i>infliximab</i> )	3	PA; LD; SP
<b>*GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION</b>		
<i>etomidate intravenous solution</i>	1 or 1b*	
<i>fresenius propoven intravenous emulsion</i>	1 or 1b*	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	1 or 1b*	
<i>propofol intravenous emulsion</i>	1 or 1b*	
<i>propofol-lipuro intravenous emulsion</i>	1 or 1b*	
<b>*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION</b>		
<i>desflurane inhalation solution</i>	1 or 1b*	
<i>isoflurane inhalation solution</i>	1 or 1b*	
<i>sevoflurane inhalation solution</i>	1 or 1b*	
<i>isoflurane (Terrell Inhalation Solution)</i>	1 or 1b*	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE</b>		
<i>dutasteride oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>silodosin oral capsule</i>	2	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<b>*CITRATES*** - DRUGS FOR INFECTIONS</b>		
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
<b>*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	2	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	
<i>sodium chloride irrigation solution</i>	2	
<b>*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE</b>		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<b>*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>tiopronin oral tablet</i>	2	PA; LD; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	2	PA; LD; QL (10 tablet per 1 day)
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<b>*GOUT AGENT COMBINATIONS*** - GOUT DRUGS</b>		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	
<b>*GOUT AGENTS*** - GOUT DRUGS</b>		
<i>allopurinol oral tablet 100 mg</i>	1 or 1a*	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	2	ST; QL (1 tablet per 1 day)
<b>*URICOSURICS*** - GOUT DRUGS</b>		
<i>probenecid oral tablet</i>	1 or 1b*	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; LD; QL (18 syringes per 30 days); SP
<i>icatibant acetate</i> (Sajazir Subcutaneous Solution Prefilled Syringe)	3	PA; LD; QL (18 syringes per 30 days)
<b>*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BERINERT INTRAVENOUS KIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; LD; QL (24 kits per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; LD; QL (24 vials per 28 days); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; LD; QL (16 vials per 28 days); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED ( <i>c1 esterase inhibitor (recomb)</i> )	3	PA; LD; QL (16 vials per 30 days); SP
<b>*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BRILINTA ORAL TABLET ( <i>ticagrelor</i> )	2	QL (2 tablets per 1 day)
<b>*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>eptifibatide intravenous solution</i>	2	
<i>tirofiban hcl in nacl intravenous solution</i>	2	
<b>*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
<b>*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>cilostazol oral tablet</i>	2	
<b>*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD</b>		
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
LMD IN D5W INTRAVENOUS SOLUTION ( <i>dextran 40 in d5w</i> )	1 or 1b*	
LMD IN NAACL INTRAVENOUS SOLUTION ( <i>dextran 40 in saline</i> )	1 or 1b*	
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>lanadelumab-flyo</i> )	3	PA; LD; QL (1 syringe per 28 days); SP
<b>*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
KALBITOR SUBCUTANEOUS SOLUTION ( <i>ecallantide</i> )	3	PA; LD; QL (36 vials per 30 days); SP
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
<b>*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole oral tablet</i>	2	
<b>*PROTAMINE*** - DRUGS FOR THE BLOOD</b>		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	
<b>*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	1 or 1b*	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1 or 1b*	QL (10 capsules per 1 day)
<b>*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel bisulfate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	2	QL (1 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
<b>*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION</b>		
CERDELGA ORAL CAPSULE ( <i>eliglustat tartrate</i> )	2	PA; LD; QL (2 capsules per 1 day); SP
<i>miglustat oral capsule</i>	2	PA; LD; QL (3 capsules per 1 day); SP
<i>miglustat</i> (Yargesa Oral Capsule)	2	PA; LD; QL (3 capsules per 1 day); SP
<b>*AMINO ACIDS*** - DRUGS FOR NUTRITION</b>		
<i>l-glutamine oral packet</i>	3	PA; LD; SP
<b>*COBALAMINS*** - DRUGS FOR NUTRITION</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1 or 1a*	
<i>cyanocobalamin</i> (Dodex Injection Solution)	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
<b>*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION</b>		
DROXIA ORAL CAPSULE ( <i>hydroxyurea</i> )	2	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION ( <i>darbepoetin alfa</i> )	3	PA; QL (4 vials per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	3	PA; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>darbepoetin alfa</i> )	3	PA; QL (4 syringes per 30 days); SP
PROCRIT INJECTION SOLUTION ( <i>epoetin alfa</i> )	3	PA; QL (12 mL per 28 days); SP
RETACRIT INJECTION SOLUTION ( <i>epoetin alfa-epbx</i> )	3	PA; QL (12 mL per 28 days); SP
<b>*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
FOLTABS 800 ORAL TABLET ( <i>folic acid-vit b6-vit b12</i> )	1 or 1b*; \$0	
<b>*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION</b>		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
FA-8 ORAL CAPSULE ( <i>folic acid</i> )	1 or 1b*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	
<i>folic acid oral capsule 0.8 mg</i>	1 or 1b*; \$0	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>ft folic acid oral tablet 800 mcg</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet 800 mcg</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>true folic acid oral tablet 400 mcg</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION</b>		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>pegfilgrastim</i> )	3	PA; QL (2 injectors/kits per 28 days); SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>pegfilgrastim</i> )	3	PA; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>pegfilgrastim-cbqv</i> )	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>pegfilgrastim-cbqv</i> )	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>pegfilgrastim-cbqv</i> )	3	PA; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE ( <i>filgrastim-sndz</i> )	3	PA; SP
<b>*IRON*** - DRUGS FOR NUTRITION</b>		
FERAHEME INTRAVENOUS SOLUTION ( <i>ferumoxytol</i> )	3	PA; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION ( <i>na ferric gluc cplx in sucrose</i> )	3	PA; QL (16 vials per 8 weekss); SP
<i>ferumoxytol intravenous solution</i>	3	PA; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION ( <i>iron dextran</i> )	3	PA; SP
<i>na ferric gluc cplx in sucrose intravenous solution</i>	3	PA; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION ( <i>iron sucrose</i> )	3	PA; QL (15 mL per 84 days); SP
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION</b>		
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	3	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG ( <i>eltrombopag olamine</i> )	3	PA; LD; QL (3 tablets per 1 day); SP
PROMACTA ORAL TABLET 75 MG ( <i>eltrombopag olamine</i> )	3	PA; LD; QL (1 tablet per 1 day); SP
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
<b>*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING</b>		
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	2	QL (120 mL per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	2	
<i>aminocaproic acid oral tablet 500 mg</i>	2	QL (60 tablets per 1 day)
<i>tranexamic acid intravenous solution</i>	2	
<i>tranexamic acid oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1 or 1b*	DO
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
<b>*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	
<i>midazolam hcl injection solution</i>	1 or 1b*	
<i>midazolam hcl oral syrup</i>	1 or 1b*	QL (10 mL per 1 fill)
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>temazepam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<b>*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA</b>		
<i>doxepin hcl oral tablet</i>	2	ST; QL (1 tablet per 1 day)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	2	ST; QL (1 tablet per 1 day)
<b>*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA</b>		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1 or 1b*	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1 or 1b*	
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA</b>		
<i>ramelteon oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	3	PA; LD; QL (1 capsule per 1 day)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<b>*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>GAVILYTE-C ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-nabcb-nacl-nasulf)</i>	1 or 1a*; \$0	QL (1 bottle per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted)</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1 or 1b*; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
SUTAB ORAL TABLET ( <i>sodium sulfate-mag sulfate-kcl</i> )	2	QL (24 tablets per 30 days)
<b>*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION</b>		
CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
CVS PURELAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
CVS PURELAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
EQ CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>eq laxative oral packet</i>	1 or 1b*; \$0	
EQL CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>ft clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
GLYCOLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
GNP CLEARLAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
GNP CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
GOODSENSE CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
HEALTHYLAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
HM CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
KLS LAXACLEAR ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>lactulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
MM CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
SM CLEARLAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
SMOOTH LAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
SMOOTH LAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	1 or 1b*; \$0	
<i>true laxative oral powder</i>	1 or 1b*; \$0	
<b>*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>citrate of magnesium oral solution</i>	1 or 1a*; \$0	
CITROMA ORAL SOLUTION ( <i>magnesium citrate</i> )	1 or 1a*; \$0	
<i>cvx magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvx milk of magnesia oral suspension</i>	1 or 1b*; \$0	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION ( <i>magnesium hydroxide</i> )	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
DULCOLAX ORAL SUSPENSION ( <i>magnesium hydroxide</i> )	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql magnesium citrate oral solution</i>	1 or 1a*; \$0	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION ( <i>magnesium citrate</i> )	1 or 1a*; \$0	
<i>ft magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ft milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gnp magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>goodsense milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION ( <i>magnesium citrate</i> )	1 or 1a*; \$0	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML ( <i>magnesium hydroxide</i> )	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<b>*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
ALOPHEN ORAL TABLET DELAYED RELEASE ( <i>bisacodyl</i> )	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs c-lax laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE ( <i>bisacodyl</i> )	1 or 1a*; \$0	
<i>ft laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<b>*LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER</b>		
<b>*LOCAL ANESTHETIC &amp; SYMPATHOMIMETIC*** - DRUGS FOR SEDATION</b>		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	1 or 1b*	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	1 or 1b*	
<i>bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution)</i>	1 or 1b*	
<i>bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)</i>	1 or 1b*	
<b>*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION</b>		
<i>bupivacaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl injection solution 0.5 %</i>	1 or 1b*	
<i>POLOCAINE INJECTION SOLUTION (mepivacaine hcl)</i>	1 or 1b*	
<i>POLOCAINE-MPF INJECTION SOLUTION (mepivacaine hcl)</i>	1 or 1b*	
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1 or 1b*	
<i>bupivacaine hcl (Sensorcaine Injection Solution)</i>	1 or 1b*	
<i>bupivacaine hcl (Sensorcaine-Mpf Injection Solution)</i>	1 or 1b*	
<b>*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION</b>		
<i>chloroprocaine hcl (pf) injection solution</i>	1 or 1b*	
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AZITHROMYCIN*** - ANTIBIOTICS</b>		
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	1 or 1b*	
<i>azithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>azithromycin oral tablet</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*CLARITHROMYCIN*** - ANTIBIOTICS</b>		
<i>clarithromycin er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>clarithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>clarithromycin oral tablet</i>	1 or 1b*	
<b>*ERYTHROMYCINS*** - ANTIBIOTICS</b>		
E.E.S. 400 ORAL TABLET ( <i>erythromycin ethylsuccinate</i> )	1 or 1b*	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	1 or 1b*	
<i>erythromycin base oral capsule delayed release particles</i>	1 or 1b*	
<i>erythromycin base oral tablet</i>	1 or 1b*	
<i>erythromycin base oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	2	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	
<b>*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
FEMCAP VAGINAL DEVICE ( <i>cervical caps</i> )	2; \$0	
<b>*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	2; \$0	QL (12 units per 1 fill)
<b>*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	2; \$0	
<b>*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	2	QL (204 lancets per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (3 sensors per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose sensor</i> )	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE ( <i>continuous glucose receiver</i> )	2	PA; QL (1 unit per 365 days)
ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS ( <i>lancets</i> )	2	QL (204 lancets per 30 days)
<b>*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT ( <i>insulin disposable pump</i> )	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )	2	PA; QL (15 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) ( <i>insulin disposable pump</i> )	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable pump</i> )	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT ( <i>insulin disposable pump</i> )	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	2	PA; QL (15 pods per 30 days)
<b>*NEEDLES &amp; SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>1st tier unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>1st tier unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>aq insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	3	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>aum insulin safety pen needle</i>	3	ST; QL (200 needles per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>aum mini insulin pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>aum pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>aurora pen needles</i>	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F ( <i>insulin pen needle</i> )	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F ( <i>insulin syringe-needle u-100</i> )	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>careone insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>careone unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
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 ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
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" 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 ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	3	QL (200 syringes per 30 days)
DROPLET MICRON ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>dropsafe safety pen needles</i>	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 needles per 30 days)
<i>drug mart unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>drug mart unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
<i>easy comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>easy glide pen needles</i>	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML ( <i>insulin syringe-needle u-100</i> )	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
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 ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>eql insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>global easy glide insulin syr</i>	3	ST; QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>global inject ease insulin syr</i>	3	ST; QL (200 syringes per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>global insulin syringes</i>	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>gnp insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp ulticare pen needles</i>	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>gnp ultra com insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>healthwise insulin syr/needle</i>	3	ST; QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>healthwise short pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>h-e-b incontrol pen needles</i>	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	3	ST; QL (200 syringes per 30 days)
<i>insupen pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>kinray insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	3	ST; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	3	ST; QL (200 syringes per 30 days)
<i>croger insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>croger pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>leader insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>longs insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
MAXI-COMFORT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>medic insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>medicine shoppe pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>meijer pen needles</i>	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>mm insulin syringe/needle</i>	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>pc unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>pen needles 5/16"</i>	3	ST; QL (200 needles per 30 days)
PENTIPS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>pip pen needles 31g x 5mm</i>	3	ST; QL (200 needles per 30 days)
<i>pip pen needles 32g x 4mm</i>	3	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>preferred plus unifine pentips</i>	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>pure comfort safety pen needle</i>	3	QL (200 needles per 30 days)
<i>px extra short pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>px insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>px mini pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>px pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>qc pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>qc unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>ra insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>ra pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>reality insulin syringe</i>	3	ST; QL (200 syringes per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
RELION INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>safety pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>sb insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
SECURES SAFE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
SECURES SAFE SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>sure comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>sure comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>techlite insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>today's health pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>today's health short pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>topcare clickfine pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>topcare ultra comfort ins syr</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>true comfort pro insulin syr</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort pro pen needles</i>	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFE PACK PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFE PACK SYR/NEEDLE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>ultra comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>ultracare insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>ultracare pen needles</i>	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>value health insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
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 ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	3	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )	3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	3	ST; QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	3	ST; QL (200 needles per 30 days)
<i>vp insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
<i>zevrx insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>zevrx pen needles</i>	3	ST; QL (200 needles per 30 days)
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES</b>		
NURTEC ORAL TABLET DISPERSIBLE ( <i>rimegepant sulfate</i> )	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET ( <i>atogepant</i> )	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET ( <i>ubrogepant</i> )	2	ST; QL (16 tablets per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>erenumab-aooe</i> )	3	PA; QL (1 autoinector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>fremanezumab-vfrm</i> )	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>fremanezumab-vfrm</i> )	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>galcanezumab-gnlm</i> )	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>galcanezumab-gnlm</i> )	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>galcanezumab-gnlm</i> )	3	PA; QL (1 syringe per 28 days)
<b>*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
MIGERGOT RECTAL SUPPOSITORY ( <i>ergotamine-caffeine</i> )	1 or 1b*	
<b>*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA; QL (24 mL per 28 days)
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (6 cartridges per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<b>*BICARBONATES*** - DRUGS FOR NUTRITION</b>		
<i>sodium acetate intravenous solution 4 meq/ml</i>	1 or 1b*	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	2	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>calcium 600-vitamin d3 oral tablet</i>	1 or 1b*	
<b>*ELECTROLYTES &amp; DEXTROSE*** - DRUGS FOR NUTRITION</b>		
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
<i>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-%-%</i>	1 or 1b*	
<i>potassium cl in dextrose 5% intravenous solution</i>	1 or 1b*	
<b>*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION</b>		
<i>kcl (0.149%) in nacl intravenous solution</i>	1 or 1b*	
<i>kcl (0.298%) in nacl intravenous solution</i>	1 or 1b*	
<i>lactated ringers intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1 or 1b*	
<i>ringers intravenous solution</i>	1 or 1b*	
<b>*FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>sodium fluoride oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet chewable</i>	1 or 1a*; \$0	
<b>*MAGNESIUM*** - DRUGS FOR NUTRITION</b>		
<i>magnesium sulfate injection solution</i>	2	
<b>*MANGANESE*** - DRUGS FOR NUTRITION</b>		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
<b>*PHOSPHATE*** - DRUGS FOR NUTRITION</b>		
K-PHOS ORAL TABLET ( <i>potassium phosphate monobasic</i> )	2	
<i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet)	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>potassium phosphate monobasic</i> (Phospho-Trin K500 Oral Tablet)	1 or 1b*	
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	1 or 1b*	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	
<b>*POTASSIUM*** - DRUGS FOR NUTRITION</b>		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride</i> (Klor-Con Oral Packet)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride crys er oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride er oral capsule extended release</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release 15 meq</i>	1 or 1a*	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1 or 1b*	
<i>potassium chloride oral packet</i>	1 or 1b*	
<i>potassium chloride oral solution</i>	1 or 1b*	
<b>*SODIUM*** - DRUGS FOR NUTRITION</b>		
<i>sodium chloride flush</i> (Aquastat Intravenous Solution)	2	
<i>sodium chloride flush</i> (Aquastat Sfr Intravenous Solution)	2	
<i>sodium chloride flush</i> (Bd Posiflush Intravenous Solution)	2	
<i>sodium chloride flush</i> (Bd Posiflush Safescrub Intravenous Solution)	2	
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution)	2	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution)	2	
<i>normal saline flush intravenous solution</i>	2	
<i>sodium chloride (pf) injection solution</i>	2	
<i>sodium chloride flush intravenous solution</i>	2	
<i>sodium chloride injection solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<b>*TRACE MINERALS*** - DRUGS FOR NUTRITION</b>		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
<i>selenious acid intravenous solution 40 mcg/ml</i>	1 or 1b*	
<b>*ZINC*** - DRUGS FOR NUTRITION</b>		
<i>zinc sulfate intravenous solution</i>	1 or 1b*	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS</b>		
<b>*ANTILEPTICS*** - VITAMINS AND MINERALS</b>		
THALOMID ORAL CAPSULE ( <i>thalidomide</i> )	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
<b>*CHELATING AGENTS*** - VITAMINS AND MINERALS</b>		
<i>penicillamine oral tablet</i>	2	PA; QL (8 tablets per 1 day); SP
<i>trientine hcl oral capsule 250 mg</i>	3	PA; QL (8 capsules per 1 day); SP
<b>*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>cyclosporine modified oral capsule</i>	3	
<i>cyclosporine modified oral solution</i>	3	
<i>cyclosporine oral capsule</i>	3	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	3	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	3	
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS</b>		
<i>lenalidomide oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE ( <i>lenalidomide</i> )	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS</b>		
<i>mycophenolate mofetil oral capsule</i>	3	
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	
<i>mycophenolate mofetil oral tablet</i>	3	
<i>mycophenolate sodium oral tablet delayed release</i>	3	
<i>mycophenolic acid oral tablet delayed release</i>	3	
<b>*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS</b>		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	1 or 1b*	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
<b>*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS</b>		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	
<i>sirolimus oral solution</i>	3	
<i>sirolimus oral tablet</i>	3	
<i>tacrolimus oral capsule</i>	3	
<b>*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension)	2	
LOKELMA ORAL PACKET 10 GM ( <i>sodium zirconium cyclosilicate</i> )	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM ( <i>sodium zirconium cyclosilicate</i> )	3	QL (3 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension)	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION ( <i>sodium polystyrene sulfonate</i> )	2	
<b>*PURINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>azathioprine</i> (Azasan Oral Tablet)	1 or 1b*	
<i>azathioprine oral tablet</i>	1 or 1b*	
<b>*SCLEROSING AGENTS*** - VITAMINS AND MINERALS</b>		
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION ( <i>sodium tetradecyl sulfate</i> )	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<b>*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
<b>*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	1 or 1a*	QL (480 mL per 30 days)
<b>*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride</i> (Dentagel Dental Gel)	1 or 1a*	QL (100 grams per 30 days)
<i>stannous fluoride</i> (Fluoridex Daily Renewal Mouth/Throat Concentrate)	1 or 1b*	
<i>sodium fluoride</i> (Fluoridex Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<i>sf 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<b>*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	QL (4 tablets per 1 day)
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste)	1 or 1b*	
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION</b>		
<i>b complex-b12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex plus b-12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex oral tablet</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>ra b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex w/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin-b complex oral tablet</i>	1 or 1b*; \$0	
<b>*B-COMPLEX W/ C &amp; CALCIUM*** - DRUGS FOR NUTRITION</b>		
<i>gnp b-complex plus vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>qc b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<b>*B-COMPLEX W/ C &amp; FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
<i>b complex-c-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>b-complex balanced oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c (w/folic acid) oral tablet</i>	1 or 1b*; \$0	
DIALYVITE 800 ORAL TABLET ( <i>b complex-c-folic acid</i> )	1 or 1b*; \$0	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>full spectrum b/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>kp b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>nephro vitamins oral tablet</i>	1 or 1b*; \$0	
NEPHRO-VITE ORAL TABLET ( <i>b complex-c-folic acid</i> )	1 or 1b*; \$0	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex/vitamin c oral tablet</i>	2; \$0	
<i>stress formula (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	
<b>*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION</b>		
ALLBEE/C ORAL TABLET ( <i>b complex-c</i> )	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex + vitamin c oral tablet</i>	1 or 1b*; \$0	
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
<i>b complex-c-biotin-e-fa oral tablet</i>	2; \$0	
<b>*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
<i>b complex formula 1 (w/ fa) oral tablet</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>b-complex (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/electrolytes oral tablet</i>	1 or 1b*; \$0	
BIG 100 ORAL TABLET ( <i>b complex-folic acid</i> )	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>balanced b-50/fa oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
BIG 100 (BIOTIN) ORAL TABLET ( <i>b complex-biotin-fa</i> )	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
ENDUR-B ORAL TABLET EXTENDED RELEASE ( <i>b complex-biotin-fa</i> )	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
SUPER DEC B-100 ORAL TABLET ( <i>b complex-biotin-fa</i> )	1 or 1b*; \$0	
SUPER QUINTS B-50 ORAL TABLET ( <i>b complex-biotin-fa</i> )	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*PED MULTI VITAMINS W/FL &amp; FE*** - DRUGS FOR NUTRITION</b>		
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
<b>*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>multivitamin w/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<b>*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>tri-vite/fluoride oral solution</i>	1 or 1b*; \$0	
<i>vitamins acd-fluoride oral solution</i>	1 or 1b*; \$0	
<b>*PRENATAL MV &amp; MIN W/FE-FA*** - DRUGS FOR NUTRITION</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE ( <i>prenatal vit-dss-fe cbn-fa</i> )	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET ( <i>prenatal vit w/ fe bisg-fa</i> )	2	QL (1 tablet per 1 day)
CITRANATAL B-CALM ORAL ( <i>prenat w/o a fecbnfeglu-fa &amp; b6</i> )	2	QL (3 tablets per 1 day)
<i>classic prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
<i>c-nate dha oral capsule</i>	2	QL (1 capsule per 1 day)
<i>completenate oral tablet chewable</i>	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE ( <i>prenat-fefum-fepo-fa-omega 3</i> )	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	2	QL (1 capsule per 1 day)
ELITE-OB ORAL TABLET ( <i>prenatal vit-iron carbonyl-fa</i> )	1 or 1b*	QL (1 tablet per 1 day)
<i>eql prenatal formula oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	2	QL (1 capsule per 1 day)
<i>gnp prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	1 or 1b*	QL (1 tablet per 1 day)
<i>m-natal plus oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	2	QL (1 tablet per 1 day)
<i>one vite womens plus oral tablet</i>	2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	2	QL (2 units per 1 day)
<i>pnv-select oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>prenatal (w/iron &amp; fa) oral tablet</i>	2; \$0	ST; QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal complete oral tablet</i>	2; \$0	ST; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	2	QL (1 tablet per 1 day)
<i>prenatal plus vitamin/mineral oral tablet</i>	2	QL (1 tablet per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE ( <i>prenatal w/o a vit-fe fum-fa</i> )	2	QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	2	QL (1 capsule per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>qc prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
<i>ra prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )	2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet</i>	2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	2	QL (1 tablet per 1 day)
<i>sm prenatal vitamins oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE ( <i>prenat-fefum-fepo-fa-omega 3</i> )	2	QL (1 capsule per 1 day)
<i>thrivite rx oral tablet</i>	2	ST; QL (1 tablet per 1 day)
TRICARE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	2	QL (1 tablet per 1 day)
<i>trinatal rx 1 oral tablet</i>	2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	1 or 1a*	QL (1 tablet per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE ( <i>prenatal vit-fe phos-fa-omega</i> )	2	QL (3 gummies per 1 day)
<i>westab plus oral tablet</i>	2	QL (1 tablet per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION</b>		
<i>complete natal dha oral</i>	2	QL (2 units per 1 day)
<i>wesnatal dha complete oral</i>	2	QL (2 units per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION</b>		
ENFAMIL EXPECTA ORAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	2; \$0	QL (2 tablets per 1 day)
<i>pnv-dha oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>prena 1 true oral</i>	2	QL (2 tablets per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	2; \$0	QL (2 tablets per 1 day)
<b>*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION</b>		
VITAFOL STRIPS ORAL FILM ( <i>prenatal-b6-b12-d3-folic acid</i> )	2	ST; QL (1 EA per 1 day)
<b>*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION</b>		
<i>b complex formula 1 (lipotrop) oral tablet</i>	1 or 1b*; \$0	
<i>balance b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-50 complex oral tablet</i>	1 or 1b*; \$0	
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>methocarbamol injection solution</i>	1 or 1b*	
<i>methocarbamol oral tablet 500 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	1 or 1b*	
<i>tizanidine hcl oral capsule 6 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1 or 1b*	QL (9 tablets per 1 day)
<b>*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>dantrolene sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>dantrolene sodium oral capsule</i>	2	
<i>dantrolene sodium</i> (Revonto Intravenous Solution Reconstituted)	1 or 1b*	
<b>*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet)	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphenadrine-aspirin-caffeine oral tablet</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet)	1 or 1b*	ST; QL (4 tablets per 1 day)
<b>*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE ( <i>hyaluronan</i> )	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE ( <i>hyaluronan</i> )	3	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE ( <i>hylan g-f 20</i> )	3	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE ( <i>hylan g-f 20</i> )	3	PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<b>*ANTI HISTAMINE-STEROID*** - ALLERGY</b>		
<i>azelastine-fluticasone nasal suspension</i>	3	QL (1 bottle per 30 days)
<b>*NASAL ANTICHOLINERGICS*** - ALLERGY</b>		
<i>ipratropium bromide nasal solution 0.03 %</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1 or 1b*	QL (1 mL per 1 day)
<b>*NASAL ANTIHISTAMINES*** - ALLERGY</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1 or 1b*	QL (1 package per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1 or 1b*	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	1 or 1b*	QL (1 bottle per 30 days)
<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<b>*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>riluzole oral tablet</i>	3	PA; QL (4 tablets per 1 day); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</i>	1 or 1b*	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
<b>*NUTRIENTS* - DRUGS FOR NUTRITION</b>		
<b>*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION</b>		
<i>amino acid infusion</i> (Aminosyn Ii Intravenous Solution 15 %)	1 or 1b*	
<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	1 or 1b*	
<i>amino acid infusion</i> (Plenamaine Intravenous Solution)	1 or 1b*	
<b>*CARBOHYDRATES*** - DRUGS FOR NUTRITION</b>		
<i>dextrose intravenous solution 10 %, 5 %, 70 %</i>	1 or 1b*	
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
<b>*ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA</b>		
SIMBRINZA OPHTHALMIC SUSPENSION ( <i>brinzolamide-brimonidine</i> )	2	QL (8 mL per 30 days)
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA</b>		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	QL (60 units per 30 days)
<b>*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETOPTIC-S OPHTHALMIC SUSPENSION ( <i>betaxolol hcl</i> )	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>timolol maleate (once-daily) ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate</i> (Timolol Maleate OcuDose Ophthalmic Solution)	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1 or 1b*	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1 or 1b*	QL (20 mL per 30 days)
<b>*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE</b>		
<i>cyclopentolate hcl ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
XIIDRA OPHTHALMIC SOLUTION ( <i>lifitegrast</i> )	2	PA; QL (2 vial per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA</b>		
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
<b>*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE</b>		
VABYSMO INTRAVITREAL SOLUTION ( <i>faricimab-svoa</i> )	3	PA; LD; SP
<b>*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE</b>		
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
<b>*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	QL (7 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1 or 1a*	QL (20 mL per 30 days)
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment)</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<b>*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	QL (7.5 mL per 30 days)
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
<i>brinzolamide ophthalmic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<b>*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE</b>		
<i>ak-fluor intravenous solution 10 %</i>	1 or 1b*	
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
<i>fluorescein intravenous solution</i>	1 or 1b*	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>cyclosporine ophthalmic emulsion</i>	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION ( <i>cyclosporine</i> )	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION ( <i>cyclosporine</i> )	2	PA; QL (2 vials per 1 day)
<b>*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE</b>		
<i>proparacaine hcl ophthalmic solution</i>	1 or 1b*	
<i>tetracaine hcl ophthalmic solution</i>	1 or 1b*	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	QL (1.7 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	QL (3 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	2	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION ( <i>nepafenac</i> )	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1 or 1b*	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1 or 1b*	QL (10 mL per 30 days)
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA</b>		
<i>apraclonidine hcl ophthalmic solution</i>	1 or 1b*	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	QL (30 mL per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1 or 1b*	QL (30 mL per 30 days)
<b>*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1 or 1a*	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	1 or 1b*	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT ( <i>tobramycin-dexamethasone</i> )	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION ( <i>loteprednol-tobramycin</i> )	2	QL (20 mL per 30 days)
<b>*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	
<i>difluprednate ophthalmic emulsion</i>	1 or 1b*	QL (10 mL per 30 days)
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
LOTEMAX OPHTHALMIC OINTMENT ( <i>loteprednol etabonate</i> )	3	QL (7 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	1 or 1b*	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1 or 1b*	QL (30 mL per 30 days)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	QL (20 mL per 30 days)
<b>*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<b>*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE</b>		
CYSTARAN OPHTHALMIC SOLUTION ( <i>cysteamine hcl</i> )	3	PA; LD; QL (60 mL per 28 days)
<b>*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost ophthalmic solution</i>	2	
<i>latanoprost ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION ( <i>bimatoprost</i> )	2	QL (7.5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	2	QL (9 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE</b>		
BYOOVIZ INTRAVITREAL SOLUTION ( <i>ranibizumab-nuna</i> )	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION ( <i>ranibizumab-eqrn</i> )	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION ( <i>aflibercept</i> )	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION ( <i>aflibercept</i> )	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE ( <i>aflibercept</i> )	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE ( <i>ranibizumab</i> )	3	PA; LD; SP
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<b>*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL</b>		
<i>acetic acid otic solution</i>	1 or 1b*	
<b>*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ciprofloxacin-dexamethasone otic suspension</i>	1 or 1b*	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	QL (28 vials per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
<b>*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>fluocinolone acetonide</i> (Flac Otic Oil)	1 or 1b*	
<i>fluocinolone acetonide otic oil</i>	1 or 1b*	
<b>*OXYTOCICS* - HORMONES</b>		
<b>*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN</b>		
<i>carboprost tromethamine intramuscular solution</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*OXYTOCICS*** - DRUGS FOR WOMEN</b>		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	1 or 1b*	
<i>methylergonovine maleate injection solution</i>	1 or 1b*	
<i>methylergonovine maleate oral tablet</i>	1 or 1b*	
<i>oxytocin injection solution</i>	1 or 1b*	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS</b>		
<b>*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>centruroides (scorpion) im fab</i> )	2	
<i>antivenin latrodectus mactans injection kit</i>	2	
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED ( <i>crotalidae polyval immune fab</i> )	2	
<b>*IMMUNE SERUMS*** - BIOLOGICAL AGENTS</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION ( <i>immune globulin (human)-hipp</i> )	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION ( <i>immune globulin (human)</i> )	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION ( <i>immune globulin (human)</i> )	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>immune globulin (human)</i> )	3	PA; LD; SP
OCTAGAM INTRAVENOUS SOLUTION ( <i>immune globulin (human)</i> )	3	PA; LD; SP
XEMBIFY SUBCUTANEOUS SOLUTION ( <i>immune globulin (human)-klhw</i> )	3	PA; LD; SP
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOPENICILLINS*** - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml</i>	1 or 1a*	
<i>amoxicillin oral tablet</i>	1 or 1a*	
<i>amoxicillin oral tablet chewable</i>	1 or 1a*	
<i>ampicillin oral capsule</i>	1 or 1a*	
<i>ampicillin sodium injection solution reconstituted</i>	2	
<i>ampicillin sodium intravenous solution reconstituted</i>	2	
<b>*NATURAL PENICILLINS*** - ANTIBIOTICS</b>		
<i>penicillin g potassium injection solution reconstituted</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral tablet</i>	1 or 1b*	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED ( <i>penicillin g potassium</i> )	2	
<b>*PENICILLIN COMBINATIONS*** - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED ( <i>amoxicillin-pot clavulanate</i> )	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	2	
<b>*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS</b>		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
<i>naftillin sodium injection solution reconstituted</i>	2	
<i>naftillin sodium intravenous solution reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*SEMI SOLID VEHICLES***</b>		
<i>ft petroleum jelly external gel</i>	1 or 1b*	
<b>*PROGESTINS* - HORMONES</b>		
<b>*PROGESTINS*** - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone acetate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1 or 1b*	
<i>norethindrone acetate oral tablet</i>	1 or 1b*	
<i>progesterone intramuscular oil</i>	1 or 1b*	
<i>progesterone oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>progesterone oral capsule 200 mg</i>	1 or 1b*	QL (2 capsule per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release</i>	2	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1 or 1b*	
<b>*BENZODIAZEPINES &amp; TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1 or 1b*	
<b>*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1 or 1b*	DO
<i>donepezil hcl oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	2	DO

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>galantamine hydrobromide oral solution</i>	2	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	2	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	2	QL (1 gram per 1 day)
<b>*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
AUSTEDO ORAL TABLET ( <i>deutetrabenazine</i> )	3	PA; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	3	PA; QL (2 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG ( <i>deutetrabenazine</i> )	3	PA; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK ( <i>deutetrabenazine</i> )	3	PA; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG ( <i>valbenazine tosylate</i> )	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG ( <i>valbenazine tosylate</i> )	3	PA; LD; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE THERAPY PACK ( <i>valbenazine tosylate</i> )	3	PA; LD; QL (1 pack per 1 one-time fill); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; LD; QL (8 tablets per 1 day); SP
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; LD; QL (4 tablets per 1 day); SP
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>teriflunomide oral tablet</i>	3	PA; LD; QL (1 tablet per 1 day); SP
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weekss); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK ( <i>cladribine</i> )	3	PA; LD; QL (2 packs per 46 weeks); SP
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT ( <i>interferon beta-1a</i> )	3	PA; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT ( <i>interferon beta-1a</i> )	3	PA; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT ( <i>interferon beta-1b</i> )	3	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>peginterferon beta-1a</i> )	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>peginterferon beta-1a</i> )	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	3	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	3	PA; QL (12 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	3	PA; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	3	PA; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	3	PA; QL (1 pack per 1 fill); SP
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1 or 1b*	PA; LD; QL (14 capsules per 365 days); SP
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1 or 1b*	PA; LD; QL (2 capsules per 1 day); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	1 or 1b*	PA; LD; QL (1 kit per 365 days); SP
VUMERITY ORAL CAPSULE DELAYED RELEASE ( <i>diroximel fumarate</i> )	3	PA; LD; QL (4 capsules per 1 day); SP
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>dalfampridine er oral tablet extended release 12 hour</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
<b>*MULTIPLE SCLEROSIS AGENTS**** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	3	PA; QL (12 ML per 28 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 ML per 28 days); SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	3	PA; QL (1 syringe per 1 day); SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	3	PA; QL (12 ML per 28 days); SP
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	2	DO
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	2	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	2	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	2	DO
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION</b>		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	AL
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>gabapentin (once-daily) oral tablet</i>	2	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	2	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	2	PA; QL (2 tablets per 1 day)
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION</b>		
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ergoloid mesylates oral tablet</i>	2	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	1 or 1b*	AL; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	1 or 1b*	AL; QL (5 tablets per 1 day)
<b>*SMOKING DETERRENENTS*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	PA; QL (2 tablets per 1 day)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ft nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
HABITROL TRANSDERMAL PATCH 24 HOUR ( <i>nicotine</i> )	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
KLS QUIT2 MOUTH/THROAT GUM ( <i>nicotine polacrilex</i> )	1 or 1b*; \$0	
KLS QUIT2 MOUTH/THROAT LOZENGE ( <i>nicotine polacrilex</i> )	1 or 1b*; \$0	
KLS QUIT4 MOUTH/THROAT GUM ( <i>nicotine polacrilex</i> )	1 or 1b*; \$0	
KLS QUIT4 MOUTH/THROAT LOZENGE ( <i>nicotine polacrilex</i> )	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR ( <i>nicotine</i> )	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE ( <i>nicotine polacrilex</i> )	2; \$0	
NICORETTE MOUTH/THROAT GUM ( <i>nicotine polacrilex</i> )	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE ( <i>nicotine polacrilex</i> )	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM ( <i>nicotine polacrilex</i> )	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine transdermal kit</i>	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER ( <i>nicotine</i> )	2; \$0	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION ( <i>nicotine</i> )	2; \$0	PA; QL (4 mL per 1 day)
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
THRIVE MOUTH/THROAT GUM ( <i>nicotine polacrilex</i> )	1 or 1b*; \$0	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2; \$0	QL (53 dose pack per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg</i>	2; \$0	PA; QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	2; \$0	PA; QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	2; \$0	PA; QL (2 tablet per 1 day)
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>fingolimod hcl oral capsule</i>	3	PA; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG ( <i>siponimod fumarate</i> )	3	PA; LD; QL (1 tablet per 1 day); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; LD; QL (1 pack per 1 one time fill); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK ( <i>ozanimod hcl</i> )	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE ( <i>ozanimod hcl</i> )	3	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK ( <i>ozanimod hcl</i> )	3	PA; LD; QL (1 pack per 1 fill); SP
<b>*THIENBENZODIAZEPINES &amp; SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1 or 1b*	AL; QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1 or 1b*	DO; AL
<b>*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>paroxetine mesylate oral capsule</i>	1 or 1b*	
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS</b>		
TRIKAFTA ORAL TABLET THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; LD; QL (1 carton per 28 days)
<b>*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS</b>		
PULMOZYME INHALATION SOLUTION ( <i>dornase alfa</i> )	3	PA; LD; QL (150 mL per 30 days); SP

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS</b>		
OFEV ORAL CAPSULE ( <i>nintedanib esylate</i> )	3	PA; LD; QL (2 capsules per 1 day); SP
<b>*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS</b>		
<i>pirfenidone oral capsule</i>	3	PA; LD; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	3	PA; LD; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	3	PA; QL (3 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	3	PA; LD; QL (3 tablets per 1 day); SP
<b>*SULFONAMIDES* - DRUGS FOR INFECTIONS</b>		
<b>*SULFONAMIDES*** - ANTIBIOTICS</b>		
<i>sulfadiazine oral tablet</i>	2	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<b>*TETRACYCLINES*** - ANTIBIOTICS</b>		
<i>demeclocycline hcl oral tablet</i>	2	
<i>doxycycline hyclate</i> (Doxy 100 Intravenous Solution Reconstituted)	2	QL (2 vials per 1 day)
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	QL (2 vials per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	1 or 1b*	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	ST
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1 or 1b*	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>doxycycline monohydrate</i> (Mondoxine NI Oral Capsule)	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline hyclate</i> (Targadox Oral Tablet)	1 or 1b*	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<b>*THYROID AGENTS* - HORMONES</b>		
<b>*ANTITHYROID AGENTS*** - DRUGS FOR THYROID</b>		
<i>methimazole oral tablet</i>	1 or 1a*	
<i>propylthiouracil oral tablet</i>	1 or 1b*	
<b>*THYROID HORMONES*** - DRUGS FOR THYROID</b>		
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet)	1 or 1b*	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>levothyroxine sodium oral capsule</i>	2	
<i>levothyroxine sodium oral tablet</i>	1 or 1a*	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	1 or 1a*	
<i>liothyronine sodium intravenous solution</i>	1 or 1b*	
<i>liothyronine sodium oral tablet</i>	1 or 1b*	
NP THYROID ORAL TABLET ( <i>thyroid</i> )	1 or 1a*	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	1 or 1a*	
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b>		
<b>*TOXOID COMBINATIONS*** - VACCINES</b>		
ADACEL INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	2; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>tetanus-diphth-acell pertussis</i> )	2; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	2; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	2; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv vaccine</i> )	2; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	2; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	2; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	2; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv vaccine</i> )	2; \$0	
TDVAX INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphtheria toxoids td</i> )	2; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE ( <i>tetanus-diphtheria toxoids td</i> )	2; \$0	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	2; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv-hib-hepatitis b recomb</i> )	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv-hib-hepatitis b recomb</i> )	2	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>chlordiazepoxide-clidinium oral capsule</i>	1 or 1b*	
<b>*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>dicyclomine hcl intramuscular solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	1 or 1a*	
<i>dicyclomine hcl oral solution</i>	1 or 1a*	
<i>dicyclomine hcl oral tablet</i>	1 or 1a*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<b>*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine hcl oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>famotidine (pf) intravenous solution</i>	1 or 1b*	
<i>famotidine intravenous solution</i>	1 or 1b*	
<i>famotidine oral suspension reconstituted</i>	1 or 1b*	QL (5 mL per 1 day)
<i>famotidine oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	1 or 1b*	
<i>nizatidine oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<b>*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1 or 1b*	
<b>*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>esomeprazole magnesium oral capsule delayed release</i>	1 or 1b*	
<i>esomeprazole magnesium oral packet</i>	1 or 1b*	
<i>lansoprazole oral capsule delayed release 30 mg</i>	1 or 1b*	
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
<b>*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>glycopyrrolate injection solution</i>	1 or 1b*	
<i>glycopyrrolate oral solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1 or 1b*	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1 or 1b*	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
<b>*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>bis subcit-metronid-tetracyc oral capsule</i>	2	ST; QL (1 pack per 1 fill)
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	2	ST; QL (1 pack per 1 fill)
<b>*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol oral tablet</i>	1 or 1a*	\$0 for Fully insured members in California
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025



Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	2	QL (2 tablets per 1 day)
<b>*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER</b>		
<i>mirabegron er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER ( <i>mirabegron</i> )	3	QL (3 bottles per 30 days)
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride oral tablet</i>	2	
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER</b>		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
<b>*VACCINES* - BIOLOGICAL AGENTS</b>		
<b>*BACTERIAL VACCINES*** - VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	2; \$0	
<i>bcg vaccine injection solution reconstituted</i>	2; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	2; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION ( <i>anthrax vaccine adsorbed</i> )	2	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>pneumococcal 21-valent conjuga</i> )	2; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	2; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION ( <i>mening acy&amp;w-135 tetanus conj</i> )	2; \$0	
MENVEO INTRAMUSCULAR SOLUTION ( <i>meningococcal a c y&amp;w-135 olig</i> )	2; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	2; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION ( <i>haemophilus b polysac conj vac</i> )	2; \$0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>mening acyw(tet conj)-b(rcmb)</i> )	2; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE ( <i>pneumococcal vac polyvalent</i> )	2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>pneumococcal 20-val conj vacc</i> )	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION ( <i>typhoid vi polysaccharide vacc</i> )	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>typhoid vi polysaccharide vacc</i> )	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED ( <i>cholera vac live attenuated</i> )	2	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>pneumococcal 15-val conj vacc</i> )	2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE ( <i>typhoid vaccine</i> )	2	
<b>*VIRAL VACCINE COMBINATIONS*** - VACCINES</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	2; \$0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	2; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	2; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hepatitis a-hep b recomb vac</i> )	2; \$0	
<b>*VIRAL VACCINES*** - VACCINES</b>		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>rsv pre-fusion f a&amp;b vac rcmb</i> )	2; \$0	QL (1 injection per 365 days)
ACAM2000 INJECTION SOLUTION RECONSTITUTED ( <i>smallpox vaccine</i> )	2; \$0	
AFLURIA INTRAMUSCULAR SUSPENSION ( <i>influenza virus vaccine split</i> )	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza virus vacc split pf</i> )	2; \$0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rsvpref3 vac recomb adjuvanted</i> )	2; \$0	PA; AL; QL (1 injection per 365 days)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>covid-19 mrna virus vaccine</i> )	2; \$0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>dengue virus vaccine live tetr</i> )	2	
ENGERIX-B INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	2; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE ( <i>hepatitis b vac recombinant</i> )	2; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac a&amp;b surf ant adj</i> )	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza virus vacc split pf</i> )	2; \$0	QL (1 mL per 1 one-time fill)

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>influenza vac recombinant ha</i> )	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION ( <i>influenza vac tiss-cult subunt</i> )	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac tiss-cult subunt</i> )	2; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza virus vacc split pf</i> )	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split high-dose</i> )	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION ( <i>influenza virus vaccine split</i> )	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza virus vacc split pf</i> )	2; \$0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hvp 9-valent recomb vaccine</i> )	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hvp 9-valent recomb vaccine</i> )	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	2; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>hepatitis b vac recomb adj</i> )	2; \$0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies virus vaccine, hdc</i> )	2	
IPOLE INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	2; \$0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>chikungunya virus vaccine live</i> )	2	
IXIARO INTRAMUSCULAR SUSPENSION ( <i>japanese encephalitis vac inac</i> )	2	
JYNNEOS SUBCUTANEOUS SUSPENSION ( <i>smallpox &amp; monkeypox vac, live</i> )	2; \$0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>rsv mrna pre-f virus vaccine</i> )	2; \$0	QL (1 syringe per 1 lifetime)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION ( <i>covid-19 mrna virus vaccine</i> )	2; \$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	2; \$0	
PREHEVBRIO INTRAMUSCULAR SUSPENSION ( <i>hepatitis b vac 3-antigen rcmb</i> )	2; \$0	
RABAVENT INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies vaccine, pcec</i> )	2	
RECOMBIVAX HB INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	2; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE ( <i>hepatitis b vac recombinant</i> )	2; \$0	
ROTARIX ORAL SUSPENSION ( <i>rotavirus vaccine live oral</i> )	2; \$0	
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	2; \$0	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>zoster vac recomb adjuvanted</i> )	2; \$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>covid-19 mrna virus vaccine</i> )	2; \$0	
<i>stamaril injection suspension reconstituted</i>	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>tick-borne encephalitis vacc</i> )	2	
VAQTA INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	2; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED ( <i>varicella virus vaccine live</i> )	2; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE ( <i>yellow fever vaccine</i> )	2	
<b>*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS</b>		
<i>miconazole 3 vaginal suppository</i>	1 or 1b*	
<i>terconazole vaginal cream 0.4 %</i>	1 or 1b*	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1 or 1b*	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1 or 1b*	QL (6 suppositories per 30 days)
<b>*SPERMICIDES*** - BIRTH CONTROL PILLS</b>		
ENCARE VAGINAL SUPPOSITORY ( <i>nonoxynol-9</i> )	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL ( <i>nonoxynol-9</i> )	2; \$0	
TODAY SPONGE VAGINAL ( <i>nonoxynol-9</i> )	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM ( <i>nonoxynol-9</i> )	2; \$0	
<b>*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY ( <i>clindamycin phosphate</i> )	2	
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
<i>metronidazole vaginal gel</i>	1 or 1b*	
VANAZOLE VAGINAL GEL ( <i>metronidazole</i> )	1 or 1b*	
<b>*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN</b>		
PHEXXI VAGINAL GEL ( <i>lactic ac-citric ac-pot bitart</i> )	3; \$0	
<b>*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream</i>	1 or 1b*	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
PREMARIN VAGINAL CREAM ( <i>estrogens, conjugated</i> )	2	QL (1 gm per 1 day)
<i>estradiol</i> (YuvaFem Vaginal Tablet)	1 or 1b*	QL (18 tablet per 28 days)
<b>*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN</b>		
ENDOMETRIN VAGINAL INSERT ( <i>progesterone</i> )	2	PA
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine (anaphylaxis) injection solution</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>droxidopa oral capsule 100 mg</i>	3	PA; LD; QL (3 capsules per 1 day); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	3	PA; LD; QL (6 capsules per 1 day); SP
<b>*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>midodrine hcl oral tablet</i>	2	
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*VITAMIN B-1*** - DRUGS FOR NUTRITION</b>		
<i>thiamine hcl injection solution</i>	1 or 1b*	
<b>*VITAMIN D*** - DRUGS FOR NUTRITION</b>		
<i>ergocalciferol oral capsule</i>	1 or 1a*	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1 or 1a*	
<b>*VITAMIN K*** - DRUGS FOR NUTRITION</b>		
<i>phytonadione injection solution</i>	1 or 1b*	
<i>phytonadione oral tablet</i>	2	
<i>vitamin k1 injection solution</i>	1 or 1b*	

\* Tu plan puede incluir los niveles 1a/1b. Consulta el resumen de beneficios de farmacia para obtener más detalles.

En vigencia desde el 01/01/2025

## Index

<i>1st tier unifine pentips</i> .....	100	ALLBEE/C .....	112	Apri .....	70
<i>1st tier unifine pentips plus</i> .....	100	<i>allopurinol</i> .....	91	APTIVUS .....	62
<i>abacavir sulfate</i> .....	62	<i>allopurinol sodium</i> .....	91	<i>aq insulin syringe</i> .....	100
<i>abacavir sulfate-lamivudine</i> .....	61	<i>almotriptan malate</i> .....	107	<i>aqinject pen needle</i> .....	100
<i>abiraterone acetate</i> .....	52	<i>alogliptin benzoate</i> .....	38	Aquastat .....	109
ABRYSVO .....	132	<i>alogliptin-metformin hcl</i> .....	38	Aquastat Sfr .....	109
ACAM2000 .....	132	<i>alogliptin-pioglitazone</i> .....	38	Aranelle .....	74
<i>acamprosate calcium</i> .....	122	ALOPHEN .....	97	ARANESP (ALBUMIN FREE) .....	93
<i>acarbose</i> .....	37	<i>alose tron hcl</i> .....	89	AREXVY .....	132
ACCU-CHEK AVIVA PLUS .....	83	<i>alprazolam</i> .....	28	<i>arformoterol tartrate</i> .....	30
ACCU-CHEK FASTCLIX LANCETS .....	99	<i>alprazolam er</i> .....	28	Argyle Sterile Water .....	110
ACCU-CHEK GUIDE TEST .....	83	<i>alprazolam xr</i> .....	28	<i>aripiprazole</i> .....	60
ACCU-CHEK SAFE-T PRO		<i>altafluor benox</i> .....	118	<i>armodafinil</i> .....	18
LANCETS .....	100	Altavera .....	70	ARNUITY ELLIPTA .....	31
ACCU-CHEK SMARTVIEW .....	83	ALUNBRIG .....	53	Ascomp-Codeine .....	24
ACCU-CHEK SOFTCLIX LANCETS	100	<i>alvimopan</i> .....	90	<i>asenapine maleate</i> .....	59
Accutane .....	77	<i>alyacen 1/35</i> .....	70	Ashlyna .....	73
ACCUTREND GLUCOSE .....	83	<i>alyacen 7/7/7</i> .....	74	<i>aspirin</i> .....	23
<i>acebutolol hcl</i> .....	64	Alyq .....	68	<i>aspirin 81</i> .....	22
<i>acetaminophen</i> .....	22	<i>amantadine hcl</i> .....	57	<i>aspirin adult low dose</i> .....	23
<i>acetaminophen-codeine</i> .....	24	<i>ambrisentan</i> .....	68	<i>aspirin adult low strength</i> .....	23
<i>acetazolamide</i> .....	83	Amethyst .....	73	<i>aspirin childrens</i> .....	23
<i>acetazolamide er</i> .....	83	<i>amikacin sulfate</i> .....	19	<i>aspirin ec adult low dose</i> .....	23
<i>acetazolamide sodium</i> .....	83	<i>amiloride hcl</i> .....	84	<i>aspirin ec low dose</i> .....	23
<i>acetic acid</i> .....	91, 120	<i>amiloride-hydrochlorothiazide</i> .....	84	<i>aspirin ec low strength</i> .....	23
<i>acetylcysteine</i> .....	42, 76	<i>aminocaproic acid</i> .....	94	<i>aspirin low dose</i> .....	23
<i>acitretin</i> .....	78	<i>aminophylline</i> .....	31	<i>aspirin regimen</i> .....	23
ACTHIB .....	131	Aminosyn Ii .....	117	<i>aspirin-dipyridamole er</i> .....	92
ACTIMMUNE .....	55	<i>amiodarone hcl</i> .....	29	ASSURE ID DUO PRO PEN	
<i>acyclovir</i> .....	63, 79	<i>amitriptyline hcl</i> .....	37	NEEDLES .....	100
<i>acyclovir sodium</i> .....	63	<i>amlodipine besy-benazepril hcl</i> .....	46	ASSURE ID PRO PEN NEEDLES ....	100
ADACEL .....	129	<i>amlodipine besylate</i> .....	65	ASSURE ID SAFETY PEN	
<i>adalimumab-adbm (2 pen)</i> .....	20	<i>amlodipine besylate-valsartan</i> .....	48	NEEDLES .....	100
<i>adalimumab-adbm (2 syringe)</i> .....	20	<i>amlodipine-atorvastatin</i> .....	67	ATABEX EC .....	114
<i>adalimumab-adbm(cd/uc/hs strt)</i> .....	20	<i>amlodipine-olmesartan</i> .....	48	ATABEX OB .....	114
<i>adalimumab-adbm(ps/uv starter)</i> .....	20	<i>amlodipine-valsartan-hctz</i> .....	49	<i>atazanavir sulfate</i> .....	62
<i>adapalene</i> .....	77	<i>ammonium lactate</i> .....	81	<i>atenolol</i> .....	64
<i>adapalene-benzoyl peroxide</i> .....	77	Amnesteem .....	77	<i>atenolol-chlorthalidone</i> .....	49
<i>adefovir dipivoxil</i> .....	63	<i>amoxapine</i> .....	37	<i>atomoxetine hcl</i> .....	17
<i>adenosine</i> .....	28	<i>amoxicillin</i> .....	121	<i>atorvastatin calcium</i> .....	45
ADVOCATE INSULIN PEN		<i>amoxicillin-pot clavulanate</i> .....	122	<i>atovaquone</i> .....	50
NEEDLE .....	100	<i>amoxicillin-pot clavulanate er</i> .....	121	<i>atovaquone-proguanil hcl</i> .....	51
ADVOCATE INSULIN PEN		<i>amphetamine sulfate</i> .....	17	<i>atracurium besylate</i> .....	117
NEEDLES .....	100	<i>amphetamine-dextroamphet er</i> .....	17	ATROVENT HFA .....	30
ADVOCATE INSULIN SYRINGE ....	100	<i>amphetamine-dextroamphetamine</i> .....	17	Aubra Eq .....	70
Afirmelle .....	70	<i>amphet-dextroamphet 3-bead er</i> .....	17	AUGMENTIN .....	122
AFLURIA .....	132	<i>amphotericin b</i> .....	43	<i>aum insulin safety pen needle</i> .....	100
AFLURIA PRESERVATIVE FREE ...	132	<i>amphotericin b liposome</i> .....	43	<i>aum mini insulin pen needle</i> .....	101
AFTERA .....	73	<i>ampicillin</i> .....	121	<i>aum pen needle</i> .....	101
AFTERPILL .....	73	<i>ampicillin sodium</i> .....	121	AUM READYGARD DUO PEN	
AIMOVIG .....	107	<i>ampicillin-sulbactam sodium</i> .....	122	NEEDLE .....	101
AJOVY .....	107	<i>anagrelide hcl</i> .....	92	AUM SAFETY PEN NEEDLE .....	101
<i>ak-fluor</i> .....	118	ANASCORP .....	121	<i>aurora pen needles</i> .....	101
<i>ala-cort</i> .....	80	<i>anastrozole</i> .....	55	Aurovela 1.5/30 .....	70
<i>albendazole</i> .....	27	ANNOVERA .....	72	Aurovela 1/20 .....	70
<i>albuterol sulfate</i> .....	30	ANORO ELLIPTA .....	29	Aurovela 24 Fe .....	70
<i>albuterol sulfate hfa</i> .....	30	<i>antivenin latrodectus mactans</i> .....	121	Aurovela Fe 1.5/30 .....	70
<i>alclometasone dipropionate</i> .....	80	<i>antivenin micrurus fulvius</i> .....	121	Aurovela Fe 1/20 .....	70
ALECENSA .....	52	<i>apap-caff-dihydrocodeine</i> .....	24	AUSTEDO .....	123
<i>alendronate sodium</i> .....	84	<i>apomorphine hcl</i> .....	58	AUSTEDO XR .....	123
<i>alfuzosin hcl er</i> .....	90	<i>apraclonidine hcl</i> .....	119	AUSTEDO XR PATIENT	
<i>aliskiren fumarate</i> .....	49	<i>aprepitant</i> .....	43	TITRATION .....	123



AVASTIN.....	57	BD INSULIN SYRINGE U/F.....	101	<i>brinzolamide</i> .....	118
Aviane.....	70	BD INSULIN SYRINGE U/F 1/2UNIT	101	<i>bromfenac sodium</i> .....	119
AVONEX PEN.....	124	.....	101	<i>bromfenac sodium (once-daily)</i> .....	119
AVONEX PREFILLED.....	124	BD INSULIN SYRINGE U-500.....	101	<i>bromocriptine mesylate</i> .....	57
AVSOLA.....	90	BD INSULIN SYRINGE		<i>budesonide</i> .....	27, 31, 75
Ayuna.....	70	ULTRAFINE.....	101	<i>budesonide er</i> .....	75
Azasan.....	110	BD PEN NEEDLE MICRO U/F.....	101	<i>budesonide-formoterol fumarate</i> .....	29
<i>azathioprine</i> .....	110	BD PEN NEEDLE MINI U/F.....	101	<i>bumetanide</i> .....	84
<i>azelaic acid</i> .....	82	BD PEN NEEDLE NANO U/F.....	101	<i>bupivacaine hcl (pf)</i> .....	98
<i>azelastine hcl</i> .....	116, 118	BD PEN NEEDLE ORIGINAL U/F...	101	<i>bupivacaine-epinephrine</i> .....	98
<i>azelastine-fluticasone</i> .....	116	BD PEN NEEDLE SHORT U/F.....	101	<i>bupivacaine-epinephrine (pf)</i> .....	98
<i>azithromycin</i> .....	98	Bd Posiflush.....	109	<i>buprenorphine</i> .....	26
<i>aztreonam</i> .....	50	Bd Posiflush Safescrub.....	109	<i>buprenorphine hcl</i> .....	26
Azurette.....	69	BD SAFETYGLIDE INSULIN		<i>buprenorphine hcl-naloxone hcl</i> .....	26
<i>b complex 100 tr</i> .....	113	SYRINGE.....	101	<i>bupropion hcl</i> .....	35
<i>b complex formula 1 (lipotrop)</i> .....	115	BD VEO INSULIN SYR U/F 1/2UNIT	101	<i>bupropion hcl er (smoking det)</i> .....	125
<i>b complex formula 1 (w/ fa)</i> .....	112	.....	101	<i>bupropion hcl er (sr)</i> .....	35
<i>b complex-b12</i> .....	111	BD VEO INSULIN SYRINGE U/F...	101	<i>bupropion hcl er (xl)</i> .....	35
<i>b complex-c</i> .....	112	<i>benazepril hcl</i> .....	47	<i>buspirone hcl</i> .....	27
<i>b complex-c-biotin-e-fa</i> .....	112	<i>benazepril-hydrochlorothiazide</i> .....	46	<i>butalbital-acetaminophen</i> .....	22
<i>b complex-c-folic acid</i> .....	112	<i>benzonatate</i> .....	76	<i>butalbital-apap-caff-cod</i> .....	24
<i>b-100 b-complex</i> .....	113	<i>benzoyl peroxide-erythromycin</i> .....	77	<i>butalbital-apap-caffeine</i> .....	22
<i>b-100 complex cr</i> .....	113	<i>benzphetamine hcl</i> .....	18	<i>butalbital-asa-caff-codeine</i> .....	24
<i>b-100 tr</i> .....	113	<i>benztropine mesylate</i> .....	57	<i>butalbital-aspirin-caffeine</i> .....	22
<i>b-50 complex</i> .....	113	BERINERT.....	91	<i>butorphanol tartrate</i> .....	26
Bac.....	22	<i>betaine</i> .....	86	BYOOVIZ.....	120
<i>bacitracin</i> .....	118	<i>betamethasone dipropionate</i> .....	80	<i>cabergoline</i> .....	85
<i>bacitracin-polymyxin b</i> .....	118	<i>betamethasone dipropionate aug</i> .....	80	CABOMETYX.....	54
<i>bacitra-neomycin-polymyxin-hc</i> .....	119	<i>betamethasone valerate</i> .....	80	<i>caffeine citrate</i> .....	18
<i>baclofen</i> .....	115	BETASERON.....	124	<i>calcipotriene</i> .....	79
<i>balance b-100</i> .....	115	<i>betaxolol hcl</i> .....	64, 117	<i>calcipotriene-betameth diprop</i> .....	83
<i>balance b-50</i> .....	113	<i>bethanechol chloride</i> .....	131	<i>calcitonin (salmon)</i> .....	85
<i>balanced b complex</i> .....	113	BETOPTIC-S.....	117	Calcitrene.....	79
<i>balanced b-100</i> .....	113	<i>better b complex</i> .....	112	<i>calcitriol</i> .....	79, 86
<i>balanced b-50 complex</i> .....	115	<i>bexarotene</i> .....	56, 83	<i>calcium 600-vitamin d3</i> .....	108
<i>balanced b-50/fa</i> .....	113	BEXSERO.....	131	<i>calcium acetate</i> .....	90
<i>balsalazide disodium</i> .....	89	<i>bicalutamide</i> .....	52	<i>calcium acetate (phos binder)</i> .....	90
Balziva.....	70	BIG 100.....	113	Camila.....	74
BAQSIMI ONE PACK.....	38	BIG 100 (BIOTIN).....	113	Camrese.....	73
BAQSIMI TWO PACK.....	38	BIJUVA.....	87	Camrese Lo.....	73
BARACLUDGE.....	63	BIKTARVY.....	61	<i>candesartan cilexetil</i> .....	48
BAYER ASPIRIN EC LOW DOSE.....	23	<i>bimatoprost</i> .....	120	<i>candesartan cilexetil-hctz</i> .....	48
BAYER LOW DOSE.....	23	BIOTHRAX.....	131	<i>capecitabine</i> .....	52
<i>bcg vaccine</i> .....	131	<i>bis subcit-metronid-tetracyc</i> .....	130	CAPRELSA.....	54
<i>b-compleet-100</i> .....	113	<i>bisacodyl</i> .....	97	<i>captopril</i> .....	47
<i>b-compleet-50</i> .....	113	<i>bisacodyl ec</i> .....	97	<i>captopril-hydrochlorothiazide</i> .....	46
<i>b-complex</i> .....	113	<i>bismuth/metronidaz/tetracyclin</i> .....	130	CAPVAXIVE.....	131
<i>b-complex (folic acid)</i> .....	113	<i>bisoprolol fumarate</i> .....	64	<i>carbamazepine</i> .....	33
<i>b-complex balanced</i> .....	112	<i>bisoprolol-hydrochlorothiazide</i> .....	49	<i>carbamazepine er</i> .....	33
<i>b-complex plus b-12</i> .....	111	Blisovi 24 Fe.....	70	<i>carbidopa</i> .....	58
<i>b-complex/b-12</i> .....	111	Blisovi Fe 1.5/30.....	70	<i>carbidopa-levodopa</i> .....	58
<i>b-complex/electrolytes</i> .....	113	Blisovi Fe 1/20.....	70	<i>carbidopa-levodopa er</i> .....	58
<i>b-complex/vitamin c</i> .....	112	BOOSTRIX.....	129	<i>carbidopa-levodopa-entacapone</i> .....	58
<i>b-complex-c</i> .....	112	<i>bosentan</i> .....	68	<i>carbinoxamine maleate</i> .....	44
<i>b-complex-c (w/folic acid)</i> .....	112	BOSULIF.....	53	<i>carbinoxamine maleate er</i> .....	44
BD AUTOSHIELD DUO.....	101	BREO ELLIPTA.....	29	<i>carboprost tromethamine</i> .....	120
Bd Heparin Posiflush.....	32	Breyna.....	29	CAREFINE PEN NEEDLES.....	101
BD INSULIN SYR ULTRAFINE II...	101	BREZTRI AEROSPHERE.....	29	<i>careone insulin syringe</i> .....	101
BD INSULIN SYRINGE.....	101	<i>briellyn</i> .....	70	<i>careone unifine pentips plus</i> .....	101
BD INSULIN SYRINGE HALF-UNIT		BRILINTA.....	92	CARETOUCH INSULIN SYRINGE..	101
.....	101	<i>brimonidine tartrate</i> .....	82, 119	CARETOUCH PEN NEEDLES.....	101
BD INSULIN SYRINGE		<i>brimonidine tartrate-timolol</i> .....	117	<i>carglumic acid</i> .....	86
MICROFINE.....	101			<i>carisoprodol</i> .....	115

<i>carteolol hcl</i> .....	117	<i>clarithromycin</i> .....	99	<i>complete natal dha</i> .....	115
Cartia Xt.....	65	<i>clarithromycin er</i> .....	99	<i>completenate</i> .....	114
<i>carvedilol</i> .....	64	<i>classic prenatal</i> .....	114	<i>complex b-100</i> .....	113
<i>carvedilol phosphate er</i> .....	64	CLEARLAX.....	96	<i>complex b-50 prolonged release</i> .....	113
CAYA.....	99	<i>clemastine fumarate</i> .....	44	Compro.....	60
<i>cefaclor</i> .....	69	CLEOCIN.....	134	CO-NATAL FA.....	114
<i>cefaclor er</i> .....	68	CLEVER CHOICE COMFORT EZ.....	101	CONCEPT DHA.....	114
<i>cefadroxil</i> .....	68	CLICKFINE PEN NEEDLES.....	101	CONCEPT OB.....	114
<i>cefazolin sodium</i> .....	68	<i>clickfine pen needles</i> .....	101	<i>constulose</i> .....	96
<i>cefdinir</i> .....	69	CLIMARA PRO.....	87	COPAXONE.....	124
<i>cefepime hcl</i> .....	69	Clindacin.....	77	COSENTYX.....	78
<i>cefixime</i> .....	69	Clindacin Etz.....	76	COSENTYX (300 MG DOSE).....	78
<i>cefotetan disodium</i> .....	69	Clindacin-P.....	77	COSENTYX SENSOREADY (300	
<i>cefoxitin sodium</i> .....	69	<i>clindamycin hcl</i> .....	50	MG).....	78
<i>cefpodoxime proxetil</i> .....	69	<i>clindamycin palmitate hcl</i> .....	50	COSENTYX SENSOREADY PEN.....	78
<i>cefprozil</i> .....	69	<i>clindamycin phos-benzoyl perox</i> .....	77	COSENTYX UNOREADY.....	78
<i>ceftazidime</i> .....	69	<i>clindamycin phosphate</i> .....	50, 77, 134	CREON.....	83
<i>ceftriaxone sodium</i> .....	69	<i>clindamycin phosphate in d5w</i> .....	50	CROFAB.....	121
<i>ceftriaxone sodium in dextrose</i> .....	69	<i>clindamycin-tretinoin</i> .....	77	<i>cromolyn sodium</i> .....	30, 88, 118
<i>cefuroxime axetil</i> .....	69	Clinisol Sf.....	117	CROTAN.....	82
<i>cefuroxime sodium</i> .....	69	Clinpro 5000.....	111	Cryselle-28.....	70
<i>celecoxib</i> .....	21	<i>clobazam</i> .....	33	CURAE.....	73
<i>cephalexin</i> .....	68	<i>clobetasol propionate</i> .....	80	Curity Sterile Saline.....	91
CERDELGA.....	93	<i>clobetasol propionate e</i> .....	80	CUTAQUIG.....	121
<i>cetirizine hcl</i> .....	44	<i>clobetasol propionate emulsion</i> .....	80	<i>cvs aspirin adult low dose</i> .....	23
<i>cevimeline hcl</i> .....	111	Clodan.....	80	<i>cvs aspirin adult low strength</i> .....	23
Charlotte 24 Fe.....	70	CLOMID.....	86	<i>cvs aspirin ec</i> .....	23
Chateal Eq.....	70	<i>clomipramine hcl</i> .....	37	<i>cvs aspirin low dose</i> .....	23
<i>childrens aspirin</i> .....	23	<i>clonazepam</i> .....	33	<i>cvs aspirin low strength</i> .....	23
<i>chloramphenicol sod succinate</i> .....	50	<i>clonidine</i> .....	49	<i>cvs b complex plus c</i> .....	112
<i>chlordiazepoxide hcl</i> .....	28	<i>clonidine hcl</i> .....	49	<i>cvs c-lax laxative</i> .....	97
<i>chlordiazepoxide-amitriptyline</i> .....	122	<i>clonidine hcl er</i> .....	17	<i>cvs folic acid</i> .....	93
<i>chlordiazepoxide-clidinium</i> .....	129	<i>clopidogrel bisulfate</i> .....	92	<i>cvs gentle laxative</i> .....	97
<i>chlorhexidine gluconate</i> .....	111	<i>clozapine dipotassium</i> .....	28	<i>cvs gentle laxative womens</i> .....	97
<i>chlorprocaine hcl (pf)</i> .....	98	<i>clotrimazole</i> .....	111	<i>cvs magnesium citrate</i> .....	96
<i>chloroquine phosphate</i> .....	51	<i>clotrimazole-betamethasone</i> .....	77, 78	<i>cvs milk of magnesia</i> .....	96
<i>chlorothiazide sodium</i> .....	84	<i>clozapine</i> .....	59	<i>cvs nicotine</i> .....	125
<i>chlorpromazine hcl</i> .....	60	<i>c-nate dha</i> .....	114	<i>cvs nicotine polacrilex</i> .....	125
<i>chlorthalidone</i> .....	84	COAGUCHEK LANCETS.....	100	CVS PURELAX.....	96
<i>chlorzoxazone</i> .....	115	<i>coal tar</i> .....	82	<i>cvs super b complex/c</i> .....	112
<i>cholestyramine</i> .....	45	<i>codeine sulfate</i> .....	24	<i>cyanocobalamin</i> .....	93
<i>cholestyramine light</i> .....	45	<i>colchicine</i> .....	91	<i>cyclobenzaprine hcl</i> .....	115
<i>chromic chloride</i> .....	109	<i>colchicine-probenecid</i> .....	91	<i>cyclopentolate hcl</i> .....	117
Ciclodan.....	78	<i>colesevelam hcl</i> .....	45	<i>cyclophosphamide</i> .....	56
<i>ciclopirox</i> .....	78	<i>colestipol hcl</i> .....	45	<i>cycloserine</i> .....	51
<i>ciclopirox olamine</i> .....	78	<i>colistimethate sodium (cba)</i> .....	51	<i>cyclosporine</i> .....	109, 119
<i>cilostazol</i> .....	92	COMBIPATCH.....	87	<i>cyclosporine modified</i> .....	109
CIMDUO.....	61	COMBIVENT RESPIMAT.....	29	<i>cyproheptadine hcl</i> .....	45
CIMERLI.....	120	COMETRIQ (100 MG DAILY DOSE).....	54	Cyred Eq.....	70
<i>cimetidine</i> .....	130	COMETRIQ (140 MG DAILY DOSE).....	54	CYSTARAN.....	120
<i>cimetidine hcl</i> .....	130	COMETRIQ (60 MG DAILY DOSE).....	54	<i>dalfampridine er</i> .....	124
<i>cinacalcet hcl</i> .....	85	COMFORT ASSIST INSULIN		<i>danazol</i> .....	26
<i>ciprofloxacin hcl</i> .....	88, 118, 120	SYRINGE.....	101	<i>dantrolene sodium</i> .....	116
<i>ciprofloxacin in d5w</i> .....	88	COMFORT EZ INSULIN SYRINGE.....	101	<i>dapsone</i> .....	50, 77
<i>ciprofloxacin-dexamethasone</i> .....	120	COMFORT EZ MICRO PEN		DAPTACEL.....	129
<i>ciprofloxacin-fluocinolone pf</i> .....	120	NEEDLES.....	101	<i>darifenacin hydrobromide er</i> .....	130
<i>cisatracurium besylate</i> .....	117	COMFORT EZ PEN NEEDLES.....	101	<i>darunavir</i> .....	62
<i>cisatracurium besylate (pf)</i> .....	117	COMFORT EZ PRO PEN NEEDLES.....	102	Dasetta 1/35.....	70
<i>citalopram hydrobromide</i> .....	36	COMFORT EZ SHORT PEN		Dasetta 7/7/7.....	74
CITRANATAL B-CALM.....	114	NEEDLES.....	102	Daysee.....	73
<i>citrate of magnesia</i> .....	96	COMFORT TOUCH INSULIN PEN		Deblitane.....	74
CITROMA.....	96	NEED.....	102	<i>deferasirox</i> .....	42
Claravis.....	77	COMIRNATY.....	132	<i>deferasirox granules</i> .....	42

<i>deferiprone</i> .....	42	<i>diphenhydramine hcl</i> .....	44	EDURANT .....	62
Delyla .....	70	<i>diphenoxylate-atropine</i> .....	42	<i>efavirenz</i> .....	62
<i>demeclocycline hcl</i> .....	128	<i>dipyridamole</i> .....	92	<i>efavirenz-emtricitab-tenofo df</i> .....	61
DENGVAXIA .....	132	<i>disopyramide phosphate</i> .....	28	<i>efavirenz-lamivudine-tenofovir</i> .....	61
Denta 5000 Plus .....	111	<i>disulfiram</i> .....	122	<i>eletriptan hydrobromide</i> .....	107
Dentagel .....	111	<i>divalproex sodium</i> .....	35	Elinest .....	70
DEPO-SUBQ PROVERA 104 .....	74	<i>divalproex sodium er</i> .....	35	ELIQUIS .....	32
Depo-Testosterone .....	26	<i>dobutamine hcl</i> .....	67	ELIQUIS DVT/PE STARTER PACK .....	32
<i>desflurane</i> .....	90	Dodex .....	93	ELITE-OB .....	114
<i>desipramine hcl</i> .....	37	<i>dofetilide</i> .....	29	Elixophyllin .....	31
<i>desloratadine</i> .....	44	Dolishale .....	73	ELLA .....	73
<i>desmopressin ace spray refrig</i> .....	87	<i>donepezil hcl</i> .....	122	Eluryng .....	72
<i>desmopressin acetate</i> .....	87	<i>dorzolamide hcl</i> .....	118	EMBRACE PEN NEEDLES .....	102
<i>desmopressin acetate pf</i> .....	87	<i>dorzolamide hcl-timolol mal</i> .....	117	EMGALITY .....	107
<i>desmopressin acetate spray</i> .....	87	<i>dorzolamide hcl-timolol mal pf</i> .....	117	EMGALITY (300 MG DOSE) .....	107
<i>desogestrel-ethinyl estradiol</i> .....	69	Dotti .....	88	<i>emtricitabine</i> .....	62
<i>desonide</i> .....	80	DOVATO .....	61	<i>emtricitabine-tenofovir df</i> .....	61
<i>desvenlafaxine succinate er</i> .....	36	<i>doxazosin mesylate</i> .....	49	EMTRIVA .....	62
<i>dexamethasone</i> .....	75	<i>doxepin hcl</i> .....	37, 78, 95	Emzahh .....	74
DEXAMETHASONE INTENSOL .....	75	<i>doxercalciferol</i> .....	86	<i>enalapril maleate</i> .....	47
<i>dexamethasone sod phos +rfid</i> .....	75	Doxy 100 .....	128	<i>enalaprilat</i> .....	47
<i>dexamethasone sod phosphate pf</i> .....	75	<i>doxycycline hyclate</i> .....	128	<i>enalapril-hydrochlorothiazide</i> .....	46
<i>dexamethasone sodium phosphate</i> 75, 119	119	<i>doxycycline monohydrate</i> .....	128	ENBREL .....	22
DEXCOM G6 RECEIVER .....	100	<i>doxylamine-pyridoxine</i> .....	43	ENBREL MINI .....	22
DEXCOM G6 SENSOR .....	100	<i>dronabinol</i> .....	43	ENBREL SURECLICK .....	22
DEXCOM G6 TRANSMITTER .....	100	<i>droperidol</i> .....	28	ENCARE .....	134
DEXCOM G7 RECEIVER .....	100	DROPLET INSULIN SYRINGE .....	102	Endocet .....	26
DEXCOM G7 SENSOR .....	100	DROPLET MICRON .....	102	ENDOMETRIN .....	134
<i>dexmedetomidine hcl</i> .....	95	DROPLET PEN NEEDLES .....	102	ENDUR-B .....	113
<i>dexmedetomidine hcl in nacl</i> .....	95	<i>dropsafe safety pen needles</i> .....	102	ENFAMIL EXPECTA .....	115
<i>dexmethylphenidate hcl</i> .....	19	DROPSAFE SAFETY		ENGERIX-B .....	132
<i>dexmethylphenidate hcl er</i> .....	18, 19	SYRINGE/NEEDLE .....	102	Enilloring .....	73
<i>dextroamphetamine sulfate</i> .....	17	<i>drospiren-eth estrad-levomefol</i> .....	70	<i>enoxaparin sodium</i> .....	32
<i>dextroamphetamine sulfate er</i> .....	17	<i>drospirenone-ethinyl estradiol</i> .....	70	Enpresse-28 .....	74
<i>dextrose</i> .....	117	DROXIA .....	93	Enskyce .....	70
<i>dextrose in lactated ringers</i> .....	108	<i>droxidopa</i> .....	135	<i>entacapone</i> .....	58
<i>dextrose-sodium chloride</i> .....	108	<i>drug mart unifine pentips</i> .....	102	<i>entecavir</i> .....	63
DIALYVITE 800 .....	112	<i>drug mart unifine pentips plus</i> .....	102	ENTRESTO .....	67
DIATHRIVE PEN NEEDLE .....	102	DULCOLAX .....	97	ENTYVIO .....	89
<i>diazepam</i> .....	28, 33	DULCOLAX MILK OF MAGNESIA .....	96	<i>enulose</i> .....	89
Diazepam Intensol .....	28	<i>duloxetine hcl</i> .....	36	EPCLUSA .....	63
<i>diazoxide</i> .....	38	DUPIXENT .....	79	<i>epinastine hcl</i> .....	118
<i>dichlorphenamide</i> .....	83	<i>duramorph</i> .....	24	<i>epinephrine</i> .....	135
<i>diclofenac potassium</i> .....	21	<i>dutasteride</i> .....	90	<i>epinephrine (anaphylaxis)</i> .....	134
<i>diclofenac sodium</i> .....	21, 78, 119	<i>dutasteride-tamsulosin hcl</i> .....	91	Epitol .....	33
<i>diclofenac sodium er</i> .....	21	E.E.S. 400 .....	99	<i>eplerenone</i> .....	49
<i>diclofenac-misoprostol</i> .....	21	<i>easy comfort insulin syringe</i> .....	102	<i>eptifibatide</i> .....	92
<i>dicloxacillin sodium</i> .....	122	<i>easy comfort pen needles</i> .....	102	<i>eq aspirin adult low dose</i> .....	23
<i>dicyclomine hcl</i> .....	129	<i>easy glide pen needles</i> .....	102	<i>eq aspirin low dose</i> .....	23
<i>diethylpropion hcl</i> .....	18	EASY TOUCH FLIPLOCK INSULIN		EQ CLEARLAX .....	96
<i>diethylpropion hcl er</i> .....	18	SY .....	102	<i>eq gentle laxative</i> .....	97
<i>diflunisal</i> .....	23	EASY TOUCH INSULIN SAFETY		<i>eq laxative</i> .....	96
<i>difluprednate</i> .....	119	SYR .....	102	<i>eq magnesium citrate</i> .....	97
<i>digoxin</i> .....	67	EASY TOUCH INSULIN SYRINGE .....	102	<i>eq nicotine</i> .....	125, 126
<i>dihydroergotamine mesylate</i> .....	107	EASY TOUCH PEN NEEDLES .....	102	<i>eq nicotine polacrilex</i> .....	125
DILANTIN .....	35	EASY TOUCH SAFETY PEN		<i>eq nicotine step 3</i> .....	125
<i>diltiazem hcl</i> .....	66	NEEDLES .....	102	<i>eql aspirin low dose</i> .....	23
<i>diltiazem hcl er</i> .....	66	EASY TOUCH SHEATHLOCK		<i>eql b complex 50</i> .....	113
<i>diltiazem hcl er beads</i> .....	65	SYRINGE .....	102	<i>eql b-100 complex</i> .....	113
<i>diltiazem hcl er coated beads</i> .....	65, 66	<i>ec-naproxen</i> .....	21	EQL CLEARLAX .....	96
<i>dilt-xr</i> .....	66	<i>econazole nitrate</i> .....	81	<i>eql gentle laxative</i> .....	97
<i>dimethyl fumarate</i> .....	124	ECONTRA ONE-STEP .....	73	<i>eql insulin syringe</i> .....	102
<i>dimethyl fumarate starter pack</i> .....	124	ECOTRIN LOW STRENGTH .....	23	<i>eql laxative</i> .....	97



<i>eql magnesium citrate</i> .....	97	FERAHEME .....	94	<i>fosaprepitant dimeglumine</i> .....	43
<i>eql prenatal formula</i> .....	114	FERRLECIT .....	94	<i>fosfomycin tromethamine</i> .....	51
<i>eql super b complex/vitamin c</i> .....	112	<i>ferumoxytol</i> .....	94	<i>fosinopril sodium</i> .....	47
<i>ergocalciferol</i> .....	135	<i>fesoterodine fumarate er</i> .....	131	<i>fosinopril sodium-hctz</i> .....	46
<i>ergoloid mesylates</i> .....	125	FIFTY50 PEN NEEDLES .....	102	<i>fosphenytoin sodium</i> .....	35
<i>ergotamine-caffeine</i> .....	107	FIFTY50 SUPERIOR COMFORT		FRAGMIN .....	32
ERIVEDGE .....	54	SYR .....	102	FREESTYLE LIBRE 14 DAY	
ERLEADA .....	52	<i>finasteride</i> .....	83, 90	READER .....	100
<i>erlotinib hcl</i> .....	53, 54	<i>fingolimod hcl</i> .....	127	FREESTYLE LIBRE 14 DAY	
Errin .....	74	Finzala .....	70	SENSOR .....	100
<i>ery</i> .....	77	FIRMAGON .....	55	FREESTYLE LIBRE 2 READER .....	100
Ery-Tab .....	99	FIRMAGON (240 MG DOSE) .....	55	FREESTYLE LIBRE 2 SENSOR .....	100
<i>erythromycin</i> .....	77, 99	Flac .....	120	FREESTYLE LIBRE 3 PLUS	
<i>erythromycin base</i> .....	99	<i>flavoxate hcl</i> .....	131	SENSOR .....	100
<i>erythromycin ethylsuccinate</i> .....	99	<i>flecainide acetate</i> .....	29	FREESTYLE LIBRE 3 READER .....	100
<i>erythromycin lactobionate</i> .....	99	FLUAD .....	132	FREESTYLE LIBRE 3 SENSOR .....	100
<i>escitalopram oxalate</i> .....	36	FLUARIX .....	132	FREESTYLE LIBRE READER .....	100
<i>esmolol hcl</i> .....	64	FLUBLOK .....	133	<i>fresenius propoven</i> .....	90
<i>esomeprazole magnesium</i> .....	130	FLUCELVAX .....	133	FRESKARO MAGNESIUM	
Estarylla .....	70	<i>fluconazole</i> .....	44	CITRATE .....	97
<i>estazolam</i> .....	95	<i>fluconazole in sodium chloride</i> .....	44	<i>frovatriptan succinate</i> .....	107
<i>estradiol</i> .....	88, 134	<i>flucytosine</i> .....	43	<i>ft aspirin</i> .....	23
<i>estradiol valerate</i> .....	88	<i>fludrocortisone acetate</i> .....	76	<i>ft aspirin low dose</i> .....	23
<i>estradiol-norethindrone acet</i> .....	87	FLULAVAL .....	133	<i>ft clearlax</i> .....	96
<i>eszopiclone</i> .....	95	<i>flumazenil</i> .....	42	<i>ft folic acid</i> .....	93
<i>ethacrynic acid</i> .....	84	<i>fluocinolone acetoneide</i> .....	80, 120	<i>ft laxative</i> .....	97
<i>ethambutol hcl</i> .....	51	<i>fluocinolone acetoneide body</i> .....	80	<i>ft magnesium citrate</i> .....	97
<i>ethosuximide</i> .....	35	<i>fluocinolone acetoneide scalp</i> .....	80	<i>ft milk of magnesia</i> .....	97
<i>ethynodiol diac-eth estradiol</i> .....	70	<i>fluocinonide</i> .....	80, 81	<i>ft nicotine</i> .....	126
<i>etodolac</i> .....	21	<i>fluocinonide emulsified base</i> .....	80	<i>ft nicotine mini</i> .....	126
<i>etodolac er</i> .....	21	<i>fluorescein</i> .....	118	<i>ft petroleum jelly</i> .....	122
<i>etomidate</i> .....	90	<i>fluorescein-benoxinate</i> .....	118	<i>full spectrum b/vitamin c</i> .....	112
<i>etonogestrel-ethinyl estradiol</i> .....	73	Fluoridex .....	111	<i>furosemide</i> .....	84
<i>etoposide</i> .....	56	Fluoridex Daily Renewal .....	111	FUZEON .....	61
<i>etravirine</i> .....	62	Fluoridex Enhanced Whitening .....	111	Fyavolv .....	87
EUCRISA .....	82	<i>fluorometholone</i> .....	119	<i>g tussin ac</i> .....	76
Euthyrox .....	128	<i>fluorouracil</i> .....	78	<i>gabapentin</i> .....	33
EVAMIST .....	88	<i>fluoxetine hcl</i> .....	36	<i>gabapentin (once-daily)</i> .....	125
<i>everolimus</i> .....	54, 110	<i>fluoxetine hcl (pmdd)</i> .....	125	<i>galantamine hydrobromide</i> .....	123
<i>exemestane</i> .....	55	<i>fluphenazine decanoate</i> .....	60	<i>galantamine hydrobromide er</i> .....	122
EX-LAX ULTRA .....	97	<i>fluphenazine hcl</i> .....	60	GAMUNEX-C .....	121
EYLEA .....	120	<i>flurazepam hcl</i> .....	95	GARDASIL 9 .....	133
EYLEA HD .....	120	<i>flurbiprofen</i> .....	21	<i>gatifloxacin</i> .....	118
<i>ezetimibe</i> .....	46	<i>flurbiprofen sodium</i> .....	119	<i>gavilax</i> .....	96
<i>ezetimibe-simvastatin</i> .....	46	<i>fluticasone furoate-vilanterol</i> .....	29	GAVILYTE-C .....	95
FA-8 .....	93	<i>fluticasone propionate</i> .....	81	Gavilyte-G .....	95
Falmina .....	70	<i>fluticasone propionate diskus</i> .....	31	Gavilyte-N With Flavor Pack .....	95
<i>fanciclovir</i> .....	64	<i>fluticasone propionate hfa</i> .....	31	<i>gefitinib</i> .....	54
<i>famotidine</i> .....	130	<i>fluticasone-salmeterol</i> .....	29	<i>gemfibrozil</i> .....	45
<i>famotidine (pf)</i> .....	130	<i>fluvastatin sodium</i> .....	45	Gemmily .....	70
<i>famotidine premixed</i> .....	130	<i>fluvoxamine maleate</i> .....	36	<i>generlac</i> .....	89
FARXIGA .....	40	<i>fluvoxamine maleate er</i> .....	36	Gengraf .....	109
FC2 FEMALE CONDOM .....	99	FLUZONE .....	133	GENOTROPIN .....	85
<i>febuxostat</i> .....	91	FLUZONE HIGH-DOSE .....	133	GENOTROPIN MINIQUICK .....	85
<i>felbamate</i> .....	34	<i>folate</i> .....	93	<i>gentamicin in saline</i> .....	19
<i>felodipine er</i> .....	66	<i>folic acid</i> .....	93	<i>gentamicin sulfate</i> .....	19, 77, 118
FEMCAP .....	99	FOLIVANE-OB .....	114	<i>gentle laxative</i> .....	97
<i>fenofibrate</i> .....	45	FOLTABS 800 .....	93	<i>gentlelax</i> .....	96
<i>fenofibrate micronized</i> .....	45	<i>fomepizole</i> .....	42	GENVOYA .....	61
<i>fenofibric acid</i> .....	45	<i>fondaparinux sodium</i> .....	33	GILOTRIF .....	54
<i>fentanyl</i> .....	25	<i>formoterol fumarate</i> .....	30	<i>glatiramer acetate</i> .....	124, 125
<i>fentanyl citrate</i> .....	24	FOSAMAX PLUS D .....	85	Glatopa .....	125
<i>fentanyl citrate (pf)</i> .....	24	<i>fosamprenavir calcium</i> .....	62	<i>glimepiride</i> .....	41

<i>glipizide</i> .....	41	<i>griseofulvin microsize</i> .....	43	HUMIRA-CD/UC/HS STARTER .....	20
<i>glipizide er</i> .....	41	<i>griseofulvin ultramicrosize</i> .....	44	HUMIRA-PSORIASIS/UEVIT	
<i>glipizide xl</i> .....	41	<i>guaifenesin-codeine</i> .....	76	STARTER .....	20
<i>glipizide-metformin hcl</i> .....	41	<i>guanfacine hcl</i> .....	49	HUMULIN 70/30 .....	39
<i>global ease inject pen needles</i> .....	102	<i>guanfacine hcl er</i> .....	17	HUMULIN 70/30 KWIKPEN .....	39
<i>global easy glide insulin syr</i> .....	102	GVOKE HYPOPEN 1-PACK .....	38	HUMULIN N .....	39
<i>global easy glide pen needles</i> .....	102	GVOKE HYPOPEN 2-PACK .....	38	HUMULIN N KWIKPEN .....	39
<i>global inject ease insulin syr</i> .....	102	GVOKE KIT .....	38	HUMULIN R .....	39
<i>global insulin syringes</i> .....	103	GVOKE PFS .....	38	HUMULIN R U-500	
<i>glucagon emergency</i> .....	38	HABITROL .....	126	(CONCENTRATED) .....	39
GLUCOPRO INSULIN SYRINGE .....	103	HAEGARDA .....	91, 92	HUMULIN R U-500 KWIKPEN .....	39
<i>glyburide</i> .....	41	Hailey 1.5/30 .....	70	HYCAMTIN .....	56
<i>glyburide micronized</i> .....	41	Hailey 24 Fe .....	70	<i>hydralazine hcl</i> .....	49
<i>glyburide-metformin</i> .....	41	Hailey Fe 1.5/30 .....	70	<i>hydrochlorothiazide</i> .....	84
<i>glycine</i> .....	91	Hailey Fe 1/20 .....	70	<i>hydrocod poli-chlorphe poli er</i> .....	76
<i>glycine urologic</i> .....	91	<i>halobetasol propionate</i> .....	81	<i>hydrocodone bitartrate er</i> .....	25
GLYCOLAX .....	96	Haloette .....	73	<i>hydrocodone bit-homatrop mbr</i> .....	76
<i>glycopyrrolate</i> .....	130	<i>haloperidol</i> .....	59	<i>hydrocodone-acetaminophen</i> .....	24
<i>glycopyrrolate pf</i> .....	130	<i>haloperidol decanoate</i> .....	59	<i>hydrocodone-ibuprofen</i> .....	24
Glydo .....	82	<i>haloperidol lactate</i> .....	59	<i>hydrocortisone</i> .....	27, 75, 81
GLYXAMBI .....	40	HARVONI .....	63	<i>hydrocortisone (perianal)</i> .....	27
<i>gnp adult aspirin low strength</i> .....	23	HAVRIX .....	133	<i>hydrocortisone ace-pramoxine</i> .....	27
<i>gnp aspirin</i> .....	23	<i>healthwise insulin syr/needle</i> .....	103	<i>hydromet</i> .....	76
<i>gnp aspirin low dose</i> .....	23	<i>healthwise micron pen needles</i> .....	103	<i>hydromorphone hcl</i> .....	25
<i>gnp b-100 complex</i> .....	113	<i>healthwise short pen needles</i> .....	103	<i>hydromorphone hcl er</i> .....	25
<i>gnp b-50 complex</i> .....	113	HEALTHYLAX .....	96	<i>hydromorphone hcl pf</i> .....	25
<i>gnp b-complex plus vitamin c</i> .....	112	Heather .....	74	<i>hydroxocobalamin acetate</i> .....	93
GNP CLEARLAX .....	96	<i>h-e-b aspirin</i> .....	23	<i>hydroxychloroquine sulfate</i> .....	51
<i>gnp clickfine pen needles</i> .....	103	<i>h-e-b incontroll pen needles</i> .....	103	<i>hydroxyurea</i> .....	55
<i>gnp folic acid</i> .....	93	H-E-B INCONTROL UNIFINE		<i>hydroxyzine hcl</i> .....	28
<i>gnp gentle laxative</i> .....	97	PENTIP .....	103	<i>hydroxyzine pamoate</i> .....	28
<i>gnp insulin syringe</i> .....	103	<i>heparin (porcine) in nacl</i> .....	32	<i>ibandronate sodium</i> .....	85
<i>gnp insulin syringes</i> .....	103	<i>heparin na (pork) lock flsh pf</i> .....	32	IBRANCE .....	55
<i>gnp insulin syringes 28gx1/2"</i> .....	103	<i>heparin sod (porcine) in d5w</i> .....	32	Ibu .....	21
<i>gnp insulin syringes 29gx1/2"</i> .....	103	<i>heparin sod (pork) lock flush</i> .....	32	<i>ibuprofen</i> .....	21
<i>gnp insulin syringes 30gx5/16"</i> .....	103	<i>heparin sodium (porcine)</i> .....	32	<i>ibutilide fumarate</i> .....	29
<i>gnp insulin syringes 31gx5/16"</i> .....	103	<i>heparin sodium (porcine) pf</i> .....	32	<i>icatibant acetate</i> .....	91
<i>gnp magnesium citrate</i> .....	97	HEPLISAV-B .....	133	Iclevia .....	73
<i>gnp milk of magnesia</i> .....	97	HER STYLE .....	73	<i>icosapent ethyl</i> .....	45
<i>gnp nicotine</i> .....	126	HERCEPTIN .....	53	ILEVRO .....	119
<i>gnp nicotine mini</i> .....	126	HERCEPTIN HYLECTA .....	55	<i>imatinib mesylate</i> .....	53
<i>gnp nicotine polacrilex</i> .....	126	<i>hetastarch-nacl</i> .....	92	IMBRUVICA .....	53
<i>gnp prenatal</i> .....	114	HIBERIX .....	131	<i>imipenem-cilastatin</i> .....	50
<i>gnp ulticare pen needles</i> .....	103	Hidex 6-Day .....	75	<i>imipramine hcl</i> .....	37
GNP ULTIGUARD SAFEPAK		HIZENTRA .....	121	<i>imipramine pamoate</i> .....	37
NEEDLE .....	103	HM CLEARLAX .....	96	<i>imiquimod</i> .....	81
<i>gnp ultra com insulin syringe</i> .....	103	<i>hm milk of magnesia</i> .....	97	<i>imiquimod pump</i> .....	81
<i>gnp womens gentle laxative</i> .....	97	<i>hm nicotine polacrilex</i> .....	126	IMOVAX RABIES .....	133
GONAL-F .....	86	HM ULTICARE INSULIN SYRINGE .....	103	INATAL GT .....	114
GONAL-F RFF .....	86	HM ULTICARE MINI PEN		Incassia .....	74
GONAL-F RFF REDIJECT .....	86	NEEDLES .....	103	INCONTROL ULTICARE PEN	
<i>goodsense aspirin</i> .....	23	HM ULTICARE SHORT PEN		NEEDLES .....	103
<i>goodsense aspirin low dose</i> .....	23	NEEDLES .....	103	<i>indapamide</i> .....	84
<i>goodsense bisacodyl ec</i> .....	97	HUMALOG .....	38, 39	<i>indomethacin</i> .....	21
<i>goodsense bisacodyl laxative</i> .....	98	HUMALOG JUNIOR KWIKPEN .....	38	<i>indomethacin er</i> .....	21
GOODSENSE CLEARLAX .....	96	HUMALOG KWIKPEN .....	39	INFANRIX .....	129
<i>goodsense clickfine pen needle</i> .....	103	HUMALOG MIX 50/50 .....	39	INFED .....	94
<i>goodsense magnesium citrate</i> .....	97	HUMALOG MIX 50/50 KWIKPEN .....	39	<i>influximab</i> .....	90
<i>goodsense milk of magnesia</i> .....	97	HUMALOG MIX 75/25 .....	39	INGREZZA .....	123
<i>goodsense nicotine</i> .....	126	HUMALOG MIX 75/25 KWIKPEN .....	39	INLYTA .....	57
GOODSENSE PEN NEEDLE		HUMATROPE .....	85	<i>insulin lispro</i> .....	39
PENFINE .....	103	HUMIRA (2 PEN) .....	20	<i>insulin lispro (1 unit dial)</i> .....	39
<i>granisetron hcl</i> .....	43	HUMIRA (2 SYRINGE) .....	20	<i>insulin lispro junior kwikpen</i> .....	39

<i>insulin lispro prot &amp; lispro</i> .....	39	<i>ketoprofen er</i> .....	21	<i>leflunomide</i> .....	22
<i>insulin syringe</i> .....	103	<i>ketorolac tromethamine</i> .....	21, 119	<i>lenalidomide</i> .....	109
<i>insulin syringe-needle u-100</i> .....	103	<i>kinray insulin syringe</i> .....	103	LENVIMA (10 MG DAILY DOSE) .....	57
<i>insupen pen needles</i> .....	103	KINRIX .....	129	LENVIMA (12 MG DAILY DOSE) .....	57
INTELENCE .....	62	Kionex .....	110	LENVIMA (14 MG DAILY DOSE) .....	57
Introvale .....	73	KISQALI (200 MG DOSE) .....	55	LENVIMA (18 MG DAILY DOSE) .....	57
IPOL .....	133	KISQALI (400 MG DOSE) .....	55	LENVIMA (20 MG DAILY DOSE) .....	57
<i>ipratropium bromide</i> .....	30, 116	KISQALI (600 MG DOSE) .....	55	LENVIMA (24 MG DAILY DOSE) .....	57
<i>ipratropium-albuterol</i> .....	29	Klayesta .....	78	LENVIMA (4 MG DAILY DOSE) .....	57
<i>irbesartan</i> .....	48	Klor-Con .....	108	LENVIMA (8 MG DAILY DOSE) .....	57
<i>irbesartan-hydrochlorothiazide</i> .....	48	Klor-Con 10 .....	108	Lessina .....	71
ISENTRESS .....	61, 62	Klor-Con M10 .....	108	<i>letrozole</i> .....	55
Isibloom .....	70	Klor-Con M15 .....	108	<i>leucovorin calcium</i> .....	55
<i>isoflurane</i> .....	90	Klor-Con M20 .....	108	LEUKERAN .....	56
<i>isoniazid</i> .....	51	KLOXXADO .....	42	<i>leuprolide acetate</i> .....	56
<i>isosorb dinitrate-hydralazine</i> .....	68	<i>kls aspirin low dose</i> .....	23	<i>levabuterol hcl</i> .....	30
<i>isosorbide dinitrate</i> .....	27	KLS LAXACLEAR .....	96	<i>levabuterol tartrate</i> .....	30
<i>isosorbide mononitrate</i> .....	27	KLS QUIT2 .....	126	<i>levamlodipine maleate</i> .....	66
<i>isosorbide mononitrate er</i> .....	27	KLS QUIT4 .....	126	<i>levetiracetam</i> .....	34
<i>isotretinoin</i> .....	77	<i>kmart valu insulin syringe 29g</i> .....	103	<i>levetiracetam er</i> .....	34
<i>isradipine</i> .....	66	<i>kmart valu insulin syringe 30g</i> .....	103	<i>levobunolol hcl</i> .....	117
<i>itraconazole</i> .....	44	<i>kobee</i> .....	113	<i>levocarnitine</i> .....	85
<i>ivabradine hcl</i> .....	68	Kourzeq .....	111	<i>levocarnitine sf</i> .....	85
<i>ivermectin</i> .....	27, 82	<i>kp aspirin</i> .....	23	<i>levofloxacin</i> .....	88, 118
IXCHIQ .....	133	<i>kp b complex-c</i> .....	112	<i>levofloxacin in d5w</i> .....	88
IXIARO .....	133	<i>kp bisacodyl</i> .....	98	Levonest .....	74
Jaimiess .....	73	<i>kp folic acid</i> .....	93	<i>levonorgest-eth est &amp; eth est</i> .....	73
JAKAFI .....	56	K-PHOS .....	108	<i>levonorgest-eth estrad 91-day</i> .....	73
Jantoven .....	32	<i>kroger insulin syringe</i> .....	103	<i>levonorgest-eth estradiol-iron</i> .....	71
JANUMET .....	38	<i>kroger pen needles</i> .....	103	<i>levonorgestrel</i> .....	73
JANUMET XR .....	38	Kurvelo .....	71	<i>levonorgestrel-ethinyl estrad</i> .....	71, 73
JANUVIA .....	38	<i>labetalol hcl</i> .....	64	<i>levonorg-eth estrad triphasic</i> .....	74
JARDIANCE .....	40	<i>lacosamide</i> .....	33	Levora 0.15/30 (28) .....	71
Jasmiel .....	70	<i>lactated ringers</i> .....	108, 110	<i>levorphanol tartrate</i> .....	25
Javygtor .....	86	<i>lactulose</i> .....	96	Levo-T .....	128
Jencycla .....	74	<i>lactulose encephalopathy</i> .....	89	<i>levothyroxine sodium</i> .....	129
Jinteli .....	87	LAGEVRIO .....	64	Levoxyl .....	129
Jolessa .....	73	<i>lamivudine</i> .....	62	<i>l-glutamine</i> .....	93
Joyeaux .....	70	<i>lamivudine-zidovudine</i> .....	61	<i>lidocaine</i> .....	82
Juleber .....	71	<i>lamotrigine</i> .....	33	<i>lidocaine hcl</i> .....	82, 98, 111
Junel 1.5/30 .....	71	<i>lamotrigine er</i> .....	33	<i>lidocaine hcl (cardiac)</i> .....	28
Junel 1/20 .....	71	<i>lamotrigine starter kit-blue</i> .....	33	<i>lidocaine hcl (cardiac) pf</i> .....	28
Junel Fe 1.5/30 .....	71	<i>lamotrigine starter kit-green</i> .....	33	<i>lidocaine hcl (pf)</i> .....	98
Junel Fe 1/20 .....	71	<i>lamotrigine starter kit-orange</i> .....	34	<i>lidocaine hcl urethral/mucosal</i> .....	82
Junel Fe 24 .....	71	LANOXIN PEDIATRIC .....	67	<i>lidocaine in d5w</i> .....	29
JYNNEOS .....	133	<i>lanreotide acetate</i> .....	87	<i>lidocaine viscous hcl</i> .....	111
Kaitlib Fe .....	71	<i>lansoprazole</i> .....	130	<i>lidocaine-epinephrine</i> .....	98
KALBITOR .....	92	<i>lanthanum carbonate</i> .....	90	<i>lidocaine-epinephrine (pf)</i> .....	98
Kalliga .....	71	LANTUS .....	39	<i>lidocaine-prilocaine</i> .....	82, 83
KANJINTI .....	53	LANTUS SOLOSTAR .....	39	Lidocan .....	82
Kariva .....	69	<i>lapatinib ditosylate</i> .....	54	<i>linezolid</i> .....	50, 51
KATE FARMS GLUCOSE SUPPORT		Larin 1.5/30 .....	71	LINZESS .....	89
1.2 .....	83	Larin 1/20 .....	71	<i>liothyronine sodium</i> .....	129
KATE FARMS RENAL SUPPORT		Larin 24 Fe .....	71	<i>liraglutide</i> .....	40
1.8 .....	83	Larin Fe 1.5/30 .....	71	<i>lisdexamfetamine dimesylate</i> .....	17
<i>kcl (0.149%) in nacl</i> .....	108	Larin Fe 1/20 .....	71	<i>lisinopril</i> .....	47
<i>kcl (0.298%) in nacl</i> .....	108	<i>latanoprost</i> .....	120	<i>lisinopril-hydrochlorothiazide</i> .....	47
<i>kcl in dextrose-nacl</i> .....	108	<i>laxative</i> .....	98	LITETOUCH INSULIN SYRINGE ...	103
Kelnor 1/35 .....	71	Layolis Fe .....	71	LITETOUCH PEN NEEDLES .....	103
Kelnor 1/50 .....	71	<i>leader insulin syringe</i> .....	103	<i>lithium</i> .....	58
<i>ketamine hcl</i> .....	90	LEADER UNIFINE PENTIPS .....	103	<i>lithium carbonate</i> .....	58
<i>ketoconazole</i> .....	44, 81	LEADER UNIFINE PENTIPS PLUS ..	103	<i>lithium carbonate er</i> .....	58
Ketodan .....	81	Leena .....	74	LMD IN D5W .....	92



LMD IN NACL.....	92	MAYZENT STARTER PACK.....	127	<i>miconazole 3</i> .....	134
LO LOESTRIN FE.....	69	<i>meclizine hcl</i> .....	43	MICRODOT PEN NEEDLE.....	104
Loestrin 1.5/30 (21).....	71	<i>meclofenamate sodium</i> .....	21	Microgestin 1.5/30.....	71
Loestrin 1/20 (21).....	71	<i>medic insulin syringe</i> .....	104	Microgestin 1/20.....	71
Loestrin Fe 1.5/30.....	71	<i>medicine shoppe pen needles</i> .....	104	Microgestin Fe 1.5/30.....	71
Loestrin Fe 1/20.....	71	<i>medroxyprogesterone acetate</i> .....	74, 122	Microgestin Fe 1/20.....	71
Lojaimiess.....	73	<i>mefenamic acid</i> .....	21	<i>midazolam hcl</i> .....	95
LOKELMA.....	110	<i>mefloquine hcl</i> .....	51	<i>midazolam hcl (pf)</i> .....	95
<i>longs insulin syringe</i> .....	103	<i>megestrol acetate</i> .....	56, 122	<i>midodrine hcl</i> .....	135
<i>loperamide hcl</i> .....	42	<i>meijer pen needles</i> .....	104	<i>mifepristone</i> .....	40, 84
<i>lopinavir-ritonavir</i> .....	61	MEKINIST.....	54	MIGERGOT.....	107
<i>lorazepam</i> .....	28	<i>meloxicam</i> .....	21	<i>miglitol</i> .....	37
Lorazepam Intensol.....	28	<i>memantine hcl</i> .....	125	<i>miglustat</i> .....	93
Loryna.....	71	<i>memantine hcl er</i> .....	125	Mili.....	71
<i>losartan potassium</i> .....	48	MENEST.....	88	<i>milk of magnesia</i> .....	97
<i>losartan potassium-hctz</i> .....	48	MENQUADFI.....	131	<i>milrinone lactate</i> .....	67
LOTEMAX.....	119	MENVEO.....	131	<i>milrinone lactate in dextrose</i> .....	67
<i>loteprednol etabonate</i> .....	119	<i>mepерidine hcl</i> .....	25	Mimvey.....	87
<i>lovastatin</i> .....	45	<i>meprobamate</i> .....	28	<i>minocycline hcl</i> .....	128
Low-Ogestrel.....	71	<i>mercaptopurine</i> .....	52	<i>minoxidil</i> .....	49
<i>loxapine succinate</i> .....	60	<i>meropenem</i> .....	50	<i>mirabegron er</i> .....	131
Lo-Zumandimine.....	71	Merzee.....	71	<i>mirtazapine</i> .....	35
<i>lubiprostone</i> .....	88	<i>mesalamine</i> .....	89	<i>misoprostol</i> .....	130
LUCENTIS.....	120	<i>mesalamine er</i> .....	89	Mitigo.....	25
<i>luliconazole</i> .....	81	<i>mesalamine-cleanser</i> .....	89	<i>mm aspirin</i> .....	23
LUMIGAN.....	120	<i>mesna</i> .....	56	MM CLEARLAX.....	96
<i>lurasidone hcl</i> .....	58	<i>metformin hcl</i> .....	38	<i>mm insulin syringe/needle</i> .....	104
Lutera.....	71	<i>metformin hcl er</i> .....	38	MM PEN NEEDLES.....	104
Lyleq.....	74	<i>methadone hcl</i> .....	25	M-M-R II.....	132
Lyllana.....	88	Methadone Hcl Intensol.....	25	<i>m-natal plus</i> .....	114
LYNPARZA.....	56	Methadose.....	25	<i>modafinil</i> .....	19
LYSODREN.....	52	<i>methazolamide</i> .....	83	<i>moexipril hcl</i> .....	47
LYUMJEV.....	39	<i>methenamine hippurate</i> .....	51	<i>molindone hcl</i> .....	60
LYUMJEV KWIKPEN.....	39	Methergine.....	121	<i>mometasone furoate</i> .....	81
Lyza.....	74	<i>methimazole</i> .....	128	Mondoxyne NI.....	128
<i>mafenide acetate</i> .....	79	<i>methocarbamol</i> .....	116	Monoject Flush Syringe.....	109
MAGELLAN INSULIN SAFETY		<i>methotrexate sodium</i> .....	52	MONOJECT INSULIN SYRINGE.....	104
SYR.....	103	<i>methotrexate sodium (pf)</i> .....	52	Monoject Sodium Chloride Flush.....	109
<i>magnesium citrate</i> .....	97	<i>methoxsalen rapid</i> .....	78	MONOJECT ULTRA COMFORT	
<i>magnesium sulfate</i> .....	108	<i>methscopolamine bromide</i> .....	130	SYRINGE.....	104
<i>malathion</i> .....	82	<i>methsuximide</i> .....	35	Mono-Linyah.....	71
<i>manganese chloride</i> .....	108	<i>methylidopa</i> .....	49	MONOVISC.....	116
<i>mannitol</i> .....	84	<i>methylene blue</i> .....	42	<i>montelukast sodium</i> .....	31
MARATHON MEDICAL PENTIPS.....	103	<i>methylene blue (antidote)</i> .....	42	<i>morphine sulfate</i> .....	25
<i>maraviroc</i> .....	61	<i>methylergonovine maleate</i> .....	121	<i>morphine sulfate (concentrate)</i> .....	25
<i>marlissa</i> .....	71	<i>methylphenidate</i> .....	19	<i>morphine sulfate (pf)</i> .....	25
MATULANE.....	55	<i>methylphenidate hcl</i> .....	19	<i>morphine sulfate er</i> .....	25
Matzim La.....	66	<i>methylphenidate hcl er</i> .....	19	<i>morphine sulfate er beads</i> .....	25
MAVENCLAD (10 TABS).....	123	<i>methylphenidate hcl er (cd)</i> .....	19	MOUNJARO.....	40
MAVENCLAD (4 TABS).....	123	<i>methylphenidate hcl er (la)</i> .....	19	<i>moxifloxacin hcl</i> .....	88, 118
MAVENCLAD (5 TABS).....	123	<i>methylphenidate hcl er (osm)</i> .....	19	<i>moxifloxacin hcl (2x day)</i> .....	118
MAVENCLAD (6 TABS).....	123	<i>methylphenidate hcl er (xr)</i> .....	19	MRESVIA.....	133
MAVENCLAD (7 TABS).....	123	<i>methylprednisolone</i> .....	75	<i>ms insulin syringe</i> .....	104
MAVENCLAD (8 TABS).....	123	<i>methylprednisolone sodium succ</i> .....	75	<i>multiple electro type 1 ph 5.5</i> .....	108
MAVENCLAD (9 TABS).....	124	<i>metoclopramide hcl</i> .....	89	<i>multiple electro type 1 ph 7.4</i> .....	108
MAXICOMFORT II PEN NEEDLE.....	103	<i>metolazone</i> .....	84	<i>multivitamin w/fluoride</i> .....	114
MAXI-COMFORT INSULIN		<i>metoprolol succinate er</i> .....	65	<i>multi-vitamin/fluoride</i> .....	114
SYRINGE.....	104	<i>metoprolol tartrate</i> .....	65	<i>multi-vitamin/fluoride/iron</i> .....	114
MAXI-COMFORT SAFETY PEN		<i>metoprolol-hydrochlorothiazide</i> .....	49	<i>mupirocin</i> .....	77
NEEDLE.....	104	<i>metronidazole</i> .....	50, 82, 134	MVASI.....	57
MAXICOMFORT SYR 27G X 1/2".....	104	<i>metryrosine</i> .....	47	MY CHOICE.....	73
<i>maxi-tuss ac</i> .....	76	<i>mexiletine hcl</i> .....	29	MY WAY.....	73
MAYZENT.....	127	Mibelas 24 Fe.....	71	<i>mycophenolate mofetil</i> .....	110

<i>mycophenolate sodium</i> .....	110	<i>nilutamide</i> .....	52	OMNIPOD DASH INTRO (GEN 4)...	100
<i>mycophenolic acid</i> .....	110	<i>nimodipine</i> .....	67	OMNIPOD DASH PDM (GEN 4).....	100
MYLERAN .....	52	<i>nisoldipine er</i> .....	67	OMNIPOD DASH PODS (GEN 4)....	100
MYRBETRIQ .....	131	<i>nitazoxanide</i> .....	50	<i>ondansetron</i> .....	43
<i>na ferric gluc cplx in sucrose</i> .....	94	<i>nitisinone</i> .....	85	<i>ondansetron hcl</i> .....	43
<i>na sulfate-k sulfate-mg sulf</i> .....	95	NITRO-DUR .....	27	<i>one vite womens plus</i> .....	114
<i>nabumetone</i> .....	21	<i>nitrofurantoin</i> .....	51	ONELAX MAGNESIUM CITRATE....	97
<i>nadolol</i> .....	65	<i>nitrofurantoin macrocrystal</i> .....	51	ONETOUCH DELICA PLUS	
<i>nafcillin sodium</i> .....	122	<i>nitrofurantoin monohyd macro</i> .....	51	LANCET30G .....	100
<i>naftifine hcl</i> .....	78	<i>nitroglycerin</i> .....	27	ONETOUCH DELICA PLUS	
<i>nalbuphine hcl</i> .....	26	<i>nitroglycerin in d5w</i> .....	27	LANCET33G .....	100
<i>naloxone hcl</i> .....	42	NIVA-PLUS .....	114	ONETOUCH ULTRA .....	83
<i>naltrexone hcl</i> .....	42	<i>nizatidine</i> .....	130	ONETOUCH ULTRA BLUE TEST .....	83
<i>naproxen</i> .....	22	Nora-Be .....	74	ONETOUCH ULTRA TEST .....	83
<i>naproxen dr</i> .....	22	<i>norelgestromin-eth estradiol</i> .....	72	ONETOUCH ULTRASOFT 2	
<i>naproxen sodium</i> .....	22	<i>norethin ace-eth estrad-fe</i> .....	72	LANCETS .....	100
<i>naratriptan hcl</i> .....	107	<i>norethindrone</i> .....	74	ONETOUCH VERIO .....	83
NATALVIT .....	114	<i>norethindrone acetate</i> .....	122	OPCICON ONE-STEP .....	73
NATAZIA .....	74	<i>norethindrone acet-ethinyl est</i> .....	72	OPILL .....	74
<i>nateglinide</i> .....	40	<i>norethindrone-eth estradiol</i> .....	88	OPSUMIT .....	68
<i>nebivolol hcl</i> .....	65	<i>norethindron-ethinyl estrad-fe</i> .....	74	OPTION 2 .....	73
Nebusal .....	76	<i>norethin-eth estradiol-fe</i> .....	72	OPTIONS GYNOL II	
Necon 0.5/35 (28) .....	71	Norgesic .....	116	CONTRACEPTIVE .....	134
<i>nefazodone hcl</i> .....	36	<i>norgestimate-eth estradiol</i> .....	72	OPVEE .....	42
NEOCATE SYNEO JUNIOR .....	83	<i>norgestim-eth estrad triphasic</i> .....	74	OPZELURA .....	79
<i>neomycin sulfate</i> .....	19	Norlyroc .....	74	Oralone .....	111
<i>neomycin-bacitracin zn-polymyx</i> .....	118	<i>normal saline flush</i> .....	109	ORILISSA .....	85
<i>neomycin-polymyxin b gu</i> .....	91	NORPACE CR .....	28	<i>orlistat</i> .....	18
<i>neomycin-polymyxin-dexameth</i> .....	119	Nortrel 0.5/35 (28) .....	72	Ormalvi .....	84
<i>neomycin-polymyxin-gramicidin</i> .....	118	Nortrel 1/35 (21) .....	72	<i>orphenadrine citrate</i> .....	116
<i>neomycin-polymyxin-hc</i> .....	119, 120	Nortrel 1/35 (28) .....	72	<i>orphenadrine citrate er</i> .....	116
Neo-Polycin .....	118	Nortrel 7/7/7 .....	74	<i>orphenadrine-aspirin-caffeine</i> .....	116
Neo-Polycin Hc .....	119	<i>nortriptyline hcl</i> .....	37	Orphengesic Forte .....	116
<i>nephro vitamins</i> .....	112	NOVAREL .....	86	ORTHOVISC .....	116
NEPHRO-VITE .....	112	NOVOFINE PEN NEEDLE .....	104	<i>oseltamivir phosphate</i> .....	64
Neuac .....	77	NOVOFINE PLUS PEN NEEDLE .....	104	OSMITROL .....	84
NEULASTA .....	94	NP THYROID .....	129	OTEZLA .....	22
NEULASTA ONPRO .....	94	NUBEQA .....	52	<i>oxacillin sodium</i> .....	122
<i>nevirapine</i> .....	62	NUCALA .....	31	<i>oxaprozin</i> .....	22
<i>nevirapine er</i> .....	62	NURTEC .....	106	<i>oxazepam</i> .....	28
NEW DAY .....	73	Nyamyc .....	78	<i>oxcarbazepine</i> .....	34
NEXTSTELLIS .....	71	Nylia 1/35 .....	72	<i>oxiconazole nitrate</i> .....	81
<i>niacin (antihyperlipidemic)</i> .....	46	Nylia 7/7/7 .....	74	<i>oxybutynin chloride</i> .....	131
<i>niacin er (antihyperlipidemic)</i> .....	46	<i>nystatin</i> .....	44, 78	<i>oxybutynin chloride er</i> .....	131
NIACOR .....	46	<i>nystatin-triamcinolone</i> .....	78	<i>oxycodone hcl</i> .....	25
<i>nicardipine hcl</i> .....	66	Nystop .....	78	<i>oxycodone-acetaminophen</i> .....	26
NICODERM CQ .....	126	Ocella .....	72	<i>oxymorphone hcl</i> .....	25
NICORETTE .....	126	OCTAGAM .....	121	<i>oxymorphone hcl er</i> .....	25
NICORETTE MINI .....	126	OFEV .....	128	<i>oxytocin</i> .....	121
NICORETTE STARTER KIT .....	126	<i>ofloxacin</i> .....	88, 118, 120	OZEMPIC (0.25 OR 0.5 MG/DOSE)....	40
<i>nicotine</i> .....	126	<i>olanzapine</i> .....	61	OZEMPIC (1 MG/DOSE) .....	40
<i>nicotine mini</i> .....	126	<i>olanzapine-fluoxetine hcl</i> .....	127	OZEMPIC (2 MG/DOSE) .....	40
<i>nicotine polacrilex</i> .....	126	<i>olmesartan medoxomil</i> .....	48	Pacerone .....	29
<i>nicotine polacrilex mini</i> .....	126	<i>olmesartan medoxomil-hctz</i> .....	48	<i>paliperidone er</i> .....	59
<i>nicotine step 1</i> .....	126	<i>olmesartan-amlodipine-hctz</i> .....	49	<i>palonosetron hcl</i> .....	43
<i>nicotine step 2</i> .....	126	<i>olopatadine hcl</i> .....	116	<i>pantoprazole sodium</i> .....	130
<i>nicotine step 3</i> .....	126	<i>omega-3-acid ethyl esters</i> .....	45	<i>paricalcitol</i> .....	86
NICOTROL .....	126	<i>omeprazole</i> .....	130	<i>paroxetine hcl</i> .....	36
NICOTROL NS .....	126	OMNIPOD 5 DEXG7G6 INTRO GEN		<i>paroxetine hcl er</i> .....	36
<i>nifedipine</i> .....	66	5 .....	100	<i>paroxetine mesylate</i> .....	127
<i>nifedipine er</i> .....	66	OMNIPOD 5 DEXG7G6 PODS GEN		PAXLOVID (150/100) .....	63
<i>nifedipine er osmotic release</i> .....	66	5 .....	100	PAXLOVID (300/100) .....	63
Nikki .....	72	OMNIPOD CLASSIC PODS (GEN 3) 100		<i>pazopanib hcl</i> .....	54

<i>pc unifine pentips</i> .....	104	<i>pip pen needles 31g x 5mm</i> .....	104	PREVENT SAFETY PEN NEEDLES .....	104
PEDIARIX .....	129	<i>pip pen needles 32g x 4mm</i> .....	104	PREVNAR 20 .....	132
PEDVAX HIB .....	131	<i>piperacillin sod-tazobactam so</i> .....	122	PREZISTA .....	62
<i>peg 3350</i> .....	96	<i>pirfenidone</i> .....	128	PRIFTIN .....	51
<i>peg 3350-kcl-na bicarb-nacl</i> .....	95	<i>piroxicam</i> .....	22	<i>primidone</i> .....	34
<i>peg-3350/electrolytes</i> .....	95	PLEGRIDY .....	124	PRIORIX .....	132
<i>peg-3350/electrolytes/ascorbat</i> .....	95	PLEGRIDY STARTER PACK .....	124	PRO COMFORT INSULIN SYRINGE	
<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	96	Plenaminate .....	117	.....	104
<i>pen needles</i> .....	104	PNEUMOVAX 23 .....	132	<i>pro comfort pen needles</i> .....	104
<i>pen needles 5/16"</i> .....	104	<i>pnv prenatal plus multivit+dha</i> .....	114	PROAIR RESPICLICK .....	30
PENBRAYA .....	131	<i>pnv-dha</i> .....	115	<i>probenecid</i> .....	91
<i>penciclovir</i> .....	79	<i>pnv-select</i> .....	114	<i>procainamide hcl</i> .....	28
<i>penicillamine</i> .....	109	<i>podofilox</i> .....	81	Procentra .....	17
<i>penicillin g potassium</i> .....	121	POLOCAINE .....	98	<i>prochlorperazine</i> .....	60
<i>penicillin g sodium</i> .....	121	POLOCAINE-MPF .....	98	<i>prochlorperazine edisylate</i> .....	60
<i>penicillin v potassium</i> .....	121	Polycin .....	118	<i>prochlorperazine maleate</i> .....	60
PENTACEL .....	129	<i>polyethylene glycol 3350</i> .....	96	PROCRIT .....	93
<i>pentamidine isethionate</i> .....	50	<i>polymyxin b sulfate</i> .....	51	Proctocort .....	27
PENTASA .....	89	<i>polymyxin b-trimethoprim</i> .....	118	Procto-Med Hc .....	27
<i>pentazocine-naloxone hcl</i> .....	26	<i>poly-tussin ac</i> .....	76	Proctosol Hc .....	27
PENTIPS .....	104	POMALYST .....	54	Proctozone-Hc .....	27
<i>pentobarbital sodium</i> .....	94	Portia-28 .....	72	PRODIGY INSULIN SYRINGE .....	104
<i>pentoxifylline er</i> .....	92	<i>posaconazole</i> .....	44	<i>progesterone</i> .....	122
<i>perindopril erbumine</i> .....	47	<i>potassium chloride</i> .....	109	PROLIA .....	87
Periogard .....	111	<i>potassium chloride crys er</i> .....	108	PROMACTA .....	94
<i>permethrin</i> .....	82	<i>potassium chloride er</i> .....	108, 109	<i>promethazine hcl</i> .....	44
<i>perphenazine</i> .....	60	<i>potassium citrate er</i> .....	91	<i>promethazine vc</i> .....	76
<i>perphenazine-amitriptyline</i> .....	125	<i>potassium cl in dextrose 5%</i> .....	108	<i>promethazine-codeine</i> .....	76
PFIZER COVID-19 VAC-TRIS 5-11Y		<i>potassium phosphates</i> .....	108	<i>promethazine-dm</i> .....	76
.....	133	<i>pramipexole dihydrochloride</i> .....	58	Promethegan .....	44
<i>pfizer covid-19 vac-tris 6m-4y</i> .....	133	<i>pramipexole dihydrochloride er</i> .....	58	PROMETHEGAN .....	45
PFIZERPEN .....	121	PRAMOSONE .....	82	<i>propafenone hcl</i> .....	29
PHEBURANE .....	87	<i>prasugrel hcl</i> .....	92	<i>propafenone hcl er</i> .....	29
<i>phendimetrazine tartrate</i> .....	18	<i>pravastatin sodium</i> .....	45, 46	<i>propracaine hcl</i> .....	119
<i>phenelzine sulfate</i> .....	36	<i>praziquantel</i> .....	27	<i>propofol</i> .....	90
<i>phenobarbital</i> .....	94, 95	<i>prazosin hcl</i> .....	49	<i>propofol-lipuro</i> .....	90
<i>phenobarbital sodium</i> .....	95	PRECISION SURE-DOSE SYRINGE .....	104	<i>propranolol hcl</i> .....	65
<i>phenoxybenzamine hcl</i> .....	47	<i>prednisolone</i> .....	75	<i>propranolol hcl er</i> .....	65
<i>phentermine hcl</i> .....	18	<i>prednisolone acetate</i> .....	120	<i>propylthiouracil</i> .....	128
<i>phentolamine mesylate</i> .....	47	<i>prednisolone sodium phosphate</i> .....	75	PROQUAD .....	132
<i>phenylephrine hcl</i> .....	117	<i>prednisone</i> .....	75	<i>protamine sulfate</i> .....	92
Phenytek .....	35	<i>preferred plus insulin syringe</i> .....	104	<i>protriptyline hcl</i> .....	37
<i>phenytoin</i> .....	35	<i>preferred plus unifine pentips</i> .....	104	PROVIDA OB .....	114
Phenytoin Infatabs .....	35	<i>pregabalin</i> .....	34	<i>pseudoeph-bromphen-dm</i> .....	76
<i>phenytoin sodium</i> .....	35	<i>pregabalin er</i> .....	125	Pulmosal .....	76
<i>phenytoin sodium extended</i> .....	35	PREHEVBRIO .....	133	PULMOZYME .....	127
PHEXXI .....	134	PREMARIN .....	88, 134	<i>pure comfort pen needle</i> .....	104
Philith .....	72	PREMPHASE .....	88	<i>pure comfort safety pen needle</i> .....	104
PHILLIPS MILK OF MAGNESIA .....	97	PREMPRO .....	88	<i>px extra short pen needles</i> .....	104
Phospha 250 Neutral .....	108	<i>prena 1 true</i> .....	115	<i>px insulin syringe</i> .....	104
<i>phosphorous</i> .....	108	<i>prenatal</i> .....	114	<i>px mini pen needles</i> .....	104
Phospho-Trin K500 .....	108	<i>prenatal (w/iron &amp; fa)</i> .....	114	<i>px pen needle</i> .....	104
Physiolyte .....	110	<i>prenatal 19</i> .....	114	<i>pyrazinamide</i> .....	51
Physiosol Irrigation .....	110	<i>prenatal complete</i> .....	114	<i>pyridostigmine bromide</i> .....	51
<i>phytonadione</i> .....	135	PRENATAL MULTIVITAMIN +		<i>pyridostigmine bromide er</i> .....	51
<i>pilocarpine hcl</i> .....	111, 118	DHA .....	115	<i>pyrimethamine</i> .....	51
<i>pimecrolimus</i> .....	82	<i>prenatal plus</i> .....	114	<i>qc aspirin low dose</i> .....	23
<i>pimozide</i> .....	125	<i>prenatal plus vitamin/mineral</i> .....	114	<i>qc b50 prolonged release</i> .....	113
Pimtree .....	69	<i>prenatal vitamin and mineral</i> .....	114	<i>qc b-complex/vitamin c</i> .....	112
<i>pindolol</i> .....	65	PRENATAL-U .....	114	<i>qc childrens aspirin</i> .....	24
<i>pioglitazone hcl</i> .....	42	Prevalite .....	45	<i>qc folic acid</i> .....	93
<i>pioglitazone hcl-glimepiride</i> .....	41	PREVENT DROPSAFE PEN		<i>qc gentle laxative</i> .....	98
<i>pioglitazone hcl-metformin hcl</i> .....	42	NEEDLES .....	104	<i>qc gentle laxative womens</i> .....	98



<i>qc laxative</i> .....	98	RELION PEN NEEDLES .....	105	SECURESAFE SAFETY PEN	
<i>qc magnesium citrate</i> .....	97	RELION SHORT PEN NEEDLES .....	105	NEEDLES .....	105
<i>qc milk of magnesia</i> .....	97	REMICADE .....	90	SELECT-OB .....	115
<i>qc natura-lax</i> .....	96	<i>remifentanil hcl</i> .....	25	<i>selegiline hcl</i> .....	57
<i>qc nicotine transdermal system</i> .....	126	<i>renal vitamin</i> .....	112	<i>selenious acid</i> .....	109
<i>qc pen needles</i> .....	104	<i>rena-vite</i> .....	112	<i>selenium sulfide</i> .....	79
<i>qc prenatal</i> .....	115	<i>repaglinide</i> .....	40	<i>se-natal 19</i> .....	115
<i>qc unifine pentips</i> .....	104	REPATHA .....	46	Sensorcaine .....	98
QUADRACEL .....	129	REPATHA PUSHTRONEX SYSTEM .....	46	Sensorcaine/Epinephrine .....	98
<i>quazepam</i> .....	95	REPATHA SURECLICK .....	46	Sensorcaine-Mpf .....	98
<i>quetiapine fumarate</i> .....	59	RESTASIS .....	119	Sensorcaine-Mpf/Epinephrine .....	98
<i>quetiapine fumarate er</i> .....	59	RESTASIS MULTIDOSE .....	119	SEREVENT DISKUS .....	30
<i>quin b strong b-25</i> .....	113	RETACRIT .....	93	<i>sertraline hcl</i> .....	36
<i>quinapril hcl</i> .....	47	REVLIMID .....	109	Setlakin .....	73
<i>quinapril-hydrochlorothiazide</i> .....	47	Revonto .....	116	<i>sevelamer carbonate</i> .....	90
<i>quinidine gluconate er</i> .....	28	REXTOVY .....	42	<i>sevelamer hcl</i> .....	90
<i>quinidine sulfate</i> .....	28	REXULTI .....	60, 61	<i>sevoflurane</i> .....	90
<i>quinine sulfate</i> .....	51	REYATAZ .....	62	<i>sf</i> .....	111
QULIPTA .....	106	<i>ribavirin</i> .....	63, 64	<i>sf 5000 plus</i> .....	111
QVAR REDHALER .....	31	RIDAURA .....	21	Sharobel .....	74
<i>ra aspirin adult low dose</i> .....	24	<i>rifabutin</i> .....	51	SHINGRIX .....	134
<i>ra aspirin adult low strength</i> .....	24	<i>rifampin</i> .....	51	<i>sildenafil citrate</i> .....	68
<i>ra aspirin childrens</i> .....	24	<i>riluzole</i> .....	116	<i>silodosin</i> .....	90
<i>ra aspirin ec</i> .....	24	<i>rimantadine hcl</i> .....	64	<i>silver sulfadiazine</i> .....	80
<i>ra aspirin ec adult low st</i> .....	24	<i>ringers</i> .....	108	SIMBRINZA .....	117
<i>ra balanced b-100</i> .....	113	<i>ringers irrigation</i> .....	110	Simliya .....	69
<i>ra balanced b-100 cr</i> .....	113	RINVOQ .....	20	Simpesse .....	73
<i>ra balanced b-50</i> .....	113	RINVOQ LQ .....	20	SIMPONI .....	20, 21
<i>ra balanced b-50 tr</i> .....	113	<i>risedronate sodium</i> .....	85	SIMPONI ARIA .....	20
<i>ra b-complex</i> .....	111	<i>risperidone</i> .....	59	<i>simvastatin</i> .....	46
<i>ra b-complex with b-12</i> .....	112	<i>risperidone microspheres er</i> .....	59	<i>sirolimus</i> .....	110
<i>ra folic acid</i> .....	93	<i>ritonavir</i> .....	62	SKYRIZI .....	79, 89
<i>ra insulin syringe</i> .....	104	<i>rivastigmine</i> .....	123	SKYRIZI PEN .....	79
<i>ra laxative</i> .....	96, 98	<i>rivastigmine tartrate</i> .....	123	SKYTROFA .....	85
<i>ra magnesium citrate</i> .....	97	Rivelsa .....	73	SLYND .....	74
<i>ra milk of magnesia</i> .....	97	<i>rizatriptan benzoate</i> .....	107	<i>sm aspirin adult low strength</i> .....	24
<i>ra mini nicotine</i> .....	126	<i>rocuronium bromide</i> .....	117	<i>sm aspirin ec low strength</i> .....	24
<i>ra nicotine</i> .....	126	<i>roflumilast</i> .....	31	<i>sm aspirin low dose</i> .....	24
<i>ra nicotine gum</i> .....	126	<i>ropinirole hcl</i> .....	58	<i>sm b super vitamin complex</i> .....	112
<i>ra nicotine polacrilex</i> .....	126	<i>ropinirole hcl er</i> .....	58	<i>sm b100 complex</i> .....	113
<i>ra pen needles</i> .....	104	<i>ropivacaine hcl</i> .....	98	<i>sm balanced b-100</i> .....	113
<i>ra prenatal</i> .....	115	<i>rosuvastatin calcium</i> .....	46	<i>sm balanced b-50</i> .....	113
<i>ra womens laxative</i> .....	98	ROTARIX .....	133	<i>sm b-complex</i> .....	113
RABAVERT .....	133	ROTATEQ .....	133	<i>sm b-complex/vitamin c</i> .....	112
<i>raloxifene hcl</i> .....	87	Roweepra .....	34	<i>sm childrens aspirin</i> .....	24
<i>ramelteon</i> .....	95	RUCONEST .....	92	SM CLEARLAX .....	96
<i>ramipril</i> .....	47	<i>rufinamide</i> .....	34	<i>sm folic acid</i> .....	93
<i>ranolazine er</i> .....	27	RYBELSUS .....	40	<i>sm gentle laxative</i> .....	98
<i>rasagiline mesylate</i> .....	57	<i>safety pen needles</i> .....	105	<i>sm milk of magnesia</i> .....	97
RASUVO .....	20	Sajazir .....	91	<i>sm nicotine</i> .....	127
<i>raya sure pen needle</i> .....	104	<i>sapropterin dihydrochloride</i> .....	86	<i>sm nicotine polacrilex</i> .....	127
REACT .....	73	SAXENDA .....	18	<i>sm prenatal vitamins</i> .....	115
<i>reality insulin syringe</i> .....	104	<i>sb bisacodyl laxative ec</i> .....	98	<i>sm super b complex/c</i> .....	112
REBIF .....	124	<i>sb childrens aspirin</i> .....	24	<i>sm vitamin b complex/vitamin c</i> .....	112
REBIF REBIDOSE .....	124	<i>sb gentle lax-women</i> .....	98	SMOOTH LAX .....	96
REBIF REBIDOSE TITRATION		<i>sb insulin syringe</i> .....	105	<i>sodium acetate</i> .....	107
PACK .....	124	<i>sb low dose asa ec</i> .....	24	<i>sodium bicarbonate</i> .....	107
REBIF TITRATION PACK .....	124	<i>sb magnesium citrate</i> .....	97	<i>sodium chloride</i> .....	76, 91, 109
Reclipsen .....	72	<i>sb milk of magnesia</i> .....	97	<i>sodium chloride (pf)</i> .....	109
RECOMBIVAX HB .....	133	<i>sb polyethylene glycol 3350</i> .....	96	<i>sodium chloride flush</i> .....	109
RELENZA DISKHALER .....	64	<i>scopolamine</i> .....	43	<i>sodium fluoride</i> .....	108, 111
RELION INSULIN SYRINGE .....	105	SECURESAFE INSULIN SYRINGE .....	105	<i>sodium fluoride 5000 plus</i> .....	111
RELION MINI PEN NEEDLES .....	105			<i>sodium fluoride 5000 ppm</i> .....	111

<i>sodium phenylbutyrate</i> .....	87	SUPER QUINTS B-50 .....	113	THALOMID .....	109
<i>sodium phosphates</i> .....	108	<i>sure comfort insulin syringe</i> .....	105	THEO-24 .....	31, 32
<i>sodium polystyrene sulfonate</i> .....	110	<i>sure comfort pen needles</i> .....	105	<i>theophylline</i> .....	32
<i>sodium tetradecyl sulfate</i> .....	110	SUTAB .....	96	<i>theophylline er</i> .....	32
<i>sodium thiosulfate</i> .....	42	Syeda .....	72	<i>thiamine hcl</i> .....	135
<i>solifenacin succinate</i> .....	131	SYMLINPEN 120 .....	37	<i>thioridazine hcl</i> .....	60
SOLQUA .....	40	SYMLINPEN 60 .....	37	<i>thiothixene</i> .....	61
SOLTAMOX .....	52	SYNAREL .....	86	THRIVE .....	127
SOLU-CORTEF .....	75	SYNJARDY .....	41	<i>thrivite rx</i> .....	115
SOMATULINE DEPOT .....	87	SYNJARDY XR .....	41	Tiadylt Er .....	67
SOMAVERT .....	85	SYNVISC .....	116	<i>tiagabine hcl</i> .....	34
<i>sorafenib tosylate</i> .....	55	SYNVISC ONE .....	116	TICOVAC .....	134
<i>sotalol hcl</i> .....	65	TABLOID .....	52	Tilia Fe .....	74
<i>sotalol hcl (af)</i> .....	65	<i>tacrolimus</i> .....	82, 110	<i>timolol maleate</i> .....	65, 117
SOTRADECOL .....	110	<i>tadalafil</i> .....	68	<i>timolol maleate (once-daily)</i> .....	117
SPIKEVAX .....	134	<i>tadalafil (pah)</i> .....	68	Timolol Maleate OcuDose .....	117
<i>spinosad</i> .....	82	TAFINLAR .....	53	<i>timolol maleate pf</i> .....	117
SPIRIVA HANDIHALER .....	30	<i>tafluprost (pf)</i> .....	120	<i>tinidazole</i> .....	50
SPIRIVA RESPIMAT .....	31	TAKE ACTION .....	73	<i>tiopronin</i> .....	91
<i>spironolactone</i> .....	84	TAKHZYRO .....	92	<i>tiotropium bromide monohydrate</i> .....	31
<i>spironolactone-hctz</i> .....	84	TALTZ .....	79	<i>tirofiban hcl in nacl</i> .....	92
Sprintec 28 .....	72	<i>tamoxifen citrate</i> .....	52	Tis-U-Sol .....	110
Sps (Sodium Polystyrene Sulf) .....	110	<i>tamsulosin hcl</i> .....	90	TIVICAY .....	62
SPS (SODIUM POLYSTYRENE		TAPERDEX 12-DAY .....	76	TIVICAY PD .....	62
SULF) .....	110	Taperdex 6-Day .....	76	<i>tizanidine hcl</i> .....	116
Sronyx .....	72	TAPERDEX 7-DAY .....	76	TOBRADEX .....	119
Ssd .....	80	Targadox .....	128	<i>tobramycin</i> .....	20, 118
ST JOSEPH ASPIRIN .....	24	Tarina 24 Fe .....	72	<i>tobramycin sulfate</i> .....	20
ST JOSEPH LOW DOSE .....	24	Tarina Fe 1/20 Eq .....	72	<i>tobramycin-dexamethasone</i> .....	119
<i>stamaril</i> .....	134	TARON-C DHA .....	115	TODAY SPONGE .....	134
STELARA .....	79, 89	TASIGNA .....	53	<i>today's health pen needles</i> .....	105
<i>sterile water for irrigation</i> .....	110	<i>tasimelteon</i> .....	95	<i>today's health short pen needle</i> .....	105
STIOLTO RESPIMAT .....	29	<i>tavorole</i> .....	82	<i>tolcapone</i> .....	58
STIVARGA .....	55	Taysofy .....	72	<i>tolmetin sodium</i> .....	22
STRENSIQ .....	86	<i>tazarotene</i> .....	79	<i>tolterodine tartrate</i> .....	131
<i>streptomycin sulfate</i> .....	20	Tazicef .....	69	<i>tolterodine tartrate er</i> .....	131
<i>stress formula (folic acid)</i> .....	112	TAZICEF .....	69	<i>tolvaptan</i> .....	87
STRIBILD .....	61	TDVAX .....	129	<i>topcare clickfine pen needles</i> .....	105
Subvenite .....	34	<i>techlite insulin syringe</i> .....	105	<i>topcare ultra comfort ins syr</i> .....	105
Subvenite Starter Kit-Blue .....	34	TECHLITE PEN NEEDLES .....	105	<i>topiramate</i> .....	34
Subvenite Starter Kit-Green .....	34	TECHLITE PLUS PEN NEEDLES .....	105	<i>topiramate er</i> .....	34
Subvenite Starter Kit-Orange .....	34	<i>telmisartan</i> .....	48	<i>toremifene citrate</i> .....	52
<i>sucralfate</i> .....	130	<i>telmisartan-amlodipine</i> .....	48	Torpenz .....	54
<i>sufentanil citrate</i> .....	25	<i>telmisartan-hctz</i> .....	48	<i>toremide</i> .....	84
<i>sulconazole nitrate</i> .....	81	<i>temazepam</i> .....	95	TOUJEO MAX SOLOSTAR .....	39
<i>sulfacetamide sodium</i> .....	120	<i>temozolomide</i> .....	56	TOUJEO SOLOSTAR .....	39
<i>sulfacetamide sodium (acne)</i> .....	77	TENCON .....	22	Tovet .....	81
<i>sulfacetamide-prednisolone</i> .....	119	TENIVAC .....	129	TRACLEER .....	68
<i>sulfadiazine</i> .....	128	<i>tenofovir disoproxil fumarate</i> .....	63	<i>tramadol hcl</i> .....	26
<i>sulfamethoxazole-trimethoprim</i> .....	50	<i>terazosin hcl</i> .....	49	<i>tramadol hcl (er biphasic)</i> .....	25
<i>sulfasalazine</i> .....	89	<i>terbinafine hcl</i> .....	44	<i>tramadol hcl er</i> .....	26
Sulfatrim Pediatric .....	50	<i>terbutaline sulfate</i> .....	30	<i>tramadol-acetaminophen</i> .....	26
<i>sulindac</i> .....	22	<i>terconazole</i> .....	134	<i>trandolapril</i> .....	47
<i>sumatriptan</i> .....	107	<i>teriflunomide</i> .....	123	<i>trandolapril-verapamil hcl er</i> .....	46
<i>sumatriptan succinate</i> .....	107	<i>teriparatide</i> .....	86	<i>tranexamic acid</i> .....	94
<i>sumatriptan succinate refill</i> .....	107	Terrell .....	90	<i>tranlycypromine sulfate</i> .....	36
<i>sunitinib malate</i> .....	55	<i>testosterone</i> .....	26, 27	<i>travoprost (bak free)</i> .....	120
<i>super b complex/fa/vit c</i> .....	112	<i>testosterone cypionate</i> .....	26	<i>trazodone hcl</i> .....	36
<i>super b complex/vitamin c</i> .....	112	<i>testosterone enanthate</i> .....	26	TRELEGY ELLIPTA .....	29
<i>super b-complex</i> .....	113	<i>tetanus-diphtheria toxoids td</i> .....	129	TRELSTAR MIXJECT .....	56
<i>super b-complex + vitamin c</i> .....	112	<i>tetrabenazine</i> .....	123	TREMFYA .....	79
<i>super b-complex/vit c/fa</i> .....	112	<i>tetracaine hcl</i> .....	119	<i>treprostinil</i> .....	68
SUPER DEC B-100 .....	113	<i>tetracycline hcl</i> .....	128	TRESIBA .....	39



TRESIBA FLEXTOUCH.....	39	UDENYCA ONBODY .....	94	VELIVET .....	75
<i>tretinoin</i> .....	56, 77	ULTICARE INSULIN SAFETY SYR	105	VEMLIDY .....	63
<i>tretinoin microsphere</i> .....	77	ULTICARE INSULIN SYR 1/2 UNIT	105	<i>venlafaxine hcl</i> .....	37
<i>tretinoin microsphere pump</i> .....	77	ULTICARE INSULIN SYRINGE .....	105	<i>venlafaxine hcl er</i> .....	36, 37
TREXALL .....	52	ULTICARE MICRO PEN NEEDLES	105	VENOFER .....	94
TREZIX .....	24	ULTICARE MINI PEN NEEDLES .....	105	VENTAVIS .....	68
<i>triamcinolone acetonide</i> .....	81, 111	ULTICARE PEN NEEDLES .....	105	<i>verapamil hcl</i> .....	67
<i>triamterene</i> .....	84	ULTICARE SHORT PEN NEEDLES	105	<i>verapamil hcl er</i> .....	67
<i>triamterene-hctz</i> .....	84	ULTIGUARD SAFEPAK PEN		VERIFINE INSULIN PEN NEEDLE	106
<i>triazolam</i> .....	95	NEEDLE .....	105	VERIFINE INSULIN SYRINGE .....	106
TRICARE .....	115	ULTIGUARD SAFEPAK		VERIFINE PLUS PEN NEEDLE .....	106
Tridacaine Ii .....	82	SYR/NEEDLE .....	105	VERZENIO .....	55
Tridacaine Iii .....	82	ULTILET PEN NEEDLE .....	105	Vestura .....	72
Triderm .....	81	<i>ultra comfort insulin syringe</i> .....	105	Vienna .....	72
<i>trientine hcl</i> .....	109	ULTRA FLO INSULIN PEN		<i>vigabatrin</i> .....	35
Tri-Estarylla .....	74	NEEDLES .....	105	Vigadrone .....	35
<i>trifluoperazine hcl</i> .....	60	ULTRA FLO INSULIN SYR 1/2		Vigpoder .....	35
<i>trifluridine</i> .....	118	UNIT .....	105	<i>vilazodone hcl</i> .....	36
<i>trihexyphenidyl hcl</i> .....	57	ULTRA FLO INSULIN SYRINGE .....	105	VIOKACE .....	83
TRIJARDY XR .....	40	ULTRA THIN PEN NEEDLES .....	105	<i>viorele</i> .....	69
TRIKAFTA .....	127	<i>ultracare insulin syringe</i> .....	106	VIREAD .....	63
Tri-Legest Fe .....	74	<i>ultracare pen needles</i> .....	106	VITAFOL GUMMIES .....	115
Tri-Linyah .....	75	ULTRA-THIN II INS SYR SHORT ...	106	VITAFOL STRIPS .....	115
Tri-Lo-Estarylla .....	75	ULTRA-THIN II INSULIN SYRINGE		<i>vitamin b complex</i> .....	112
Tri-Lo-Marzia .....	75	.....	106	<i>vitamin b complex w/b-12</i> .....	112
Tri-Lo-Mili .....	75	ULTRA-THIN II MINI PEN NEEDLE		<i>vitamin d (ergocalciferol)</i> .....	135
Tri-Lo-Sprintec .....	75	.....	106	<i>vitamin k1</i> .....	135
<i>trimethobenzamide hcl</i> .....	43	ULTRA-THIN II PEN NEEDLE		<i>vitamin-b complex</i> .....	112
<i>trimethoprim</i> .....	50	SHORT .....	106	<i>vitamins acd-fluoride</i> .....	114
Tri-Mili .....	75	ULTRA-THIN II PEN NEEDLES .....	106	VIVOTIF .....	132
<i>trimipramine maleate</i> .....	37	UNIFINE PENTIPS .....	106	Volnea .....	69
<i>trinatal rx 1</i> .....	115	UNIFINE PENTIPS PLUS .....	106	<i>voriconazole</i> .....	44
TRINATE .....	115	UNIFINE PROTECT PEN NEEDLE ..	106	VOSEVI .....	63
TRINTELLIX .....	36	UNIFINE SAFECONTROL PEN		<i>vp insulin syringe</i> .....	106
Tri-Sprintec .....	75	NEEDLE .....	106	VRAYLAR .....	58
TRIUMEQ .....	61	UNIFINE ULTRA PEN NEEDLE .....	106	VUMERITY .....	124
<i>triumeq pd</i> .....	61	Unithroid .....	129	Vyfemla .....	72
<i>tri-vite/fluoride</i> .....	114	<i>ursodiol</i> .....	88	Vylibra .....	72
Trivora (28) .....	75	VABYSMO .....	118	VYVANSE .....	17, 18
Tri-Vylibra .....	75	<i>valacyclovir hcl</i> .....	63	WAKIX .....	18
Tri-Vylibra Lo .....	75	<i>valganciclovir hcl</i> .....	63	<i>warfarin sodium</i> .....	32
<i>tropicamide</i> .....	117	<i>valproate sodium</i> .....	35	<i>water for irrigation, sterile</i> .....	110
<i>trospium chloride</i> .....	131	<i>valproic acid</i> .....	35	<i>wegmans unifine pentips plus</i> .....	106
<i>trospium chloride er</i> .....	131	<i>valsartan</i> .....	48	WEGOVY .....	18
<i>true comfort insulin syringe</i> .....	105	<i>valsartan-hydrochlorothiazide</i> .....	48	Wera .....	72
<i>true comfort pen needles</i> .....	105	<i>value health insulin syringe</i> .....	106	<i>wesnatal dha complete</i> .....	115
<i>true comfort pro insulin syr</i> .....	105	<i>vancomycin hcl</i> .....	50	<i>westab plus</i> .....	115
<i>true comfort pro pen needles</i> .....	105	VANDAZOLE .....	134	WIDE-SEAL DIAPHRAGM 60 .....	99
<i>true folic acid</i> .....	94	VANISHPOINT INSULIN SYRINGE	106	WIDE-SEAL DIAPHRAGM 65 .....	99
<i>true laxative</i> .....	96	VAQTA .....	134	WIDE-SEAL DIAPHRAGM 70 .....	99
TRUEPLUS 5-BEVEL PEN		<i>vardenafil hcl</i> .....	68	WIDE-SEAL DIAPHRAGM 75 .....	99
NEEDLES .....	105	<i>varenicline tartrate</i> .....	127	WIDE-SEAL DIAPHRAGM 80 .....	99
TRUEPLUS INSULIN SYRINGE .....	105	<i>varenicline tartrate (starter)</i> .....	127	WIDE-SEAL DIAPHRAGM 85 .....	99
TRUEPLUS PEN NEEDLES .....	105	<i>varenicline tartrate(continue)</i> .....	127	WIDE-SEAL DIAPHRAGM 90 .....	99
TRULICITY .....	40	VARIVAX .....	134	WIDE-SEAL DIAPHRAGM 95 .....	99
TRUMENBA .....	132	VASCEPA .....	45	Wixela Inhub .....	30
Turqoz .....	72	<i>vasopressin</i> .....	87	<i>womens laxative</i> .....	98
TWINRIX .....	132	<i>vasopressin +rfid</i> .....	87	<i>womens laxative</i> .....	98
TWIRLA .....	72	VAXCHORA .....	132	Wymzya Fe .....	72
Tydemy .....	72	VAXELIS .....	129	XALKORI .....	53
TYPHIM VI .....	132	VAXNEUVANCE .....	132	XARELTO .....	32
UBRELVY .....	106	VCF VAGINAL CONTRACEPTIVE	134	XARELTO STARTER PACK .....	32
UDENYCA .....	94	<i>vecuronium bromide</i> .....	117	XELJANZ .....	20

XELJANZ XR .....	20
XEMBIFY .....	121
XIFAXAN .....	50
XIGDUO XR .....	41
XIIDRA .....	117
XOFLUZA (40 MG DOSE) .....	64
XOFLUZA (80 MG DOSE) .....	64
XOLAIR .....	30
XTANDI .....	52
Xulane .....	72
XULTOPHY .....	40
XYOSTED .....	27
Yargesa .....	93
YF-VAX .....	134
<i>yl balanced b-100</i> .....	113
<i>yl folic acid</i> .....	94
Yuvafem .....	134
Zafemy .....	72
<i>zafirlukast</i> .....	31
<i>zaleplon</i> .....	95
ZARXIO .....	94
ZEGALOGUE .....	38
ZELBORAF .....	53
Zenatane .....	77
ZENPEP .....	83
Zenzedi .....	18
ZEPBOUND .....	18
ZEPOSIA .....	127
ZEPOSIA 7-DAY STARTER PACK ..	127
ZEPOSIA STARTER KIT .....	127
<i>zevrx insulin syringe</i> .....	106
<i>zevrx pen needles</i> .....	106
<i>zidovudine</i> .....	62, 63
ZILXI .....	82
ZIMHI .....	42
<i>zinc sulfate</i> .....	109
<i>ziprasidone hcl</i> .....	58
<i>ziprasidone mesylate</i> .....	58
ZOLINZA .....	54
<i>zolmitriptan</i> .....	107
<i>zolpidem tartrate</i> .....	95
<i>zolpidem tartrate er</i> .....	95
<i>zonisamide</i> .....	34
ZORYVE .....	79
Zovia 1/35 (28) .....	72
Zumandimine .....	72
ZYLET .....	119

**Para obtener información sobre tu beneficio de farmacia,  
inicia sesión en [anthem.com/ca](https://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.

Rev. 3/19

# 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 помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

## Arabic

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

## Armenian

Ձեր 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, chiami 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 ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (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>.