



Listado de medicamentos nacional de 2026

Lista de medicamentos — Plan de medicamentos de cuatro niveles CT Totalmente Asegurado

Su beneficio de receta viene con una lista de medicamentos, que también se llama formulario. Esta lista se compone de medicamentos recetados de marca y genéricos aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA).

Aquí hay cosas que debe recordar sobre la lista de medicamentos:

- Usted y su médico pueden usarlo como una guía para elegir los medicamentos que mejor se adapten a usted. Los medicamentos que no están en esta lista pueden no estar cubiertos por su plan y pueden costarle más de su bolsillo.
- Hay reglas que afectan qué medicamentos están cubiertos por su plan. Estas limitaciones y exclusiones se incluyen en su *Evidencia de Cobertura (EOC)* y *Descripción Resumida del Plan (SPD)*. Para acceder a ellos, inicie sesión en [anthem.com](#) y vaya a **Mis planes > documentos** del plan de > **médica**.
- Actualizamos este folleto trimestralmente si se agregará o eliminará un medicamento según la guía de la FDA. Para acceder a la lista de medicamentos más actualizada de su plan, inicie sesión en [anthem.com](#) y elija **Mis planes > farmacia**.

Si tiene preguntas sobre sus beneficios de farmacia, estamos aquí para ayudarlo. Simplemente llámenos al número de Servicios para Miembros de Farmacia que figura en su tarjeta de identificación.



Preguntas frecuentes

¿Qué es una lista de medicamentos?

La lista de medicamentos, también llamada formulario, es una lista de medicamentos recetados que cubre su plan. Incluye medicamentos de marca y genéricos aprobados por la FDA.

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

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

Los medicamentos de marca están en **MAYÚSCULAS**, **tipo negrita** en la lista de medicamentos.

Un **medicamento genérico** también está aprobado por la FDA. Tiene los mismos ingredientes activos y funciona igual que el medicamento de marca. Un medicamento genérico generalmente está disponible solo después de que finalice la patente del medicamento de marca.

Los medicamentos genéricos están en minúsculas, tipo simple en la lista de medicamentos.

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

Sí, esta lista incluye todos los medicamentos cubiertos por su plan.

¿Por qué no se incluyen ciertos medicamentos?

Hay reglas que afectan qué medicamentos cubre su plan y cuáles no. Estas limitaciones y exclusiones se enumeran en su *Evidencia de cobertura (EOC)* y *Descripción resumida del plan (SPD)*. Para acceder a ellos, inicie sesión en anthem.com y vaya a **Mis planes > documentos del plan de > médica**.

¿Cómo puedo encontrar un medicamento en la lista?

Las alfombras D están organizadas por su clase de droga, también llamada clase terapéutica.

Veo un nivel al lado de cada medicamento. ¿Qué significan los niveles?

La lista de medicamentos se establece en tres niveles o niveles. Colocamos los medicamentos en diferentes niveles basados en:

- Qué tan bien funcionan para mejorar la salud.
- Si hay opciones de venta libre (OTC) disponibles.
- Sus costos en comparación con otros medicamentos utilizados para el mismo tipo de tratamiento.



¿Cómo afectan los niveles a cuánto cuesta un medicamento?

Cuento más bajo sea el nivel, menor será su participación en el costo. Aquí hay un desglose de los niveles de su plan:

- Los medicamentos de nivel 1 tienen el costo compartido más bajo para usted. Por lo general, estos son medicamentos genéricos que ofrecen el mejor valor en comparación con otros medicamentos que tratan las mismas afecciones.
- Los medicamentos de Nivel 2 tienen una participación de costo más alta que los de 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 genéricos y de marca no preferidos. Pueden costar más que los medicamentos en los niveles más bajos 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.
- Los medicamentos de nivel 4 tienen el costo compartido más alto y generalmente incluyen medicamentos de marca especializados y genéricos. Pueden costar más que los medicamentos en niveles inferiores que se usan para tratar la misma afección. El Nivel 4 también puede incluir medicamentos recientemente aprobados por la FDA o medicamentos especializados utilizados para tratar afecciones de salud graves a largo plazo y que pueden necesitar un manejo especial.

¿Cómo puedo saber cuál puede ser mi costo compartido?

Puede iniciar sesión en anthem.com e ingresar el nombre del medicamento en nuestra herramienta Precio a medicamento. Los resultados de la búsqueda mostrarán cuánto cuesta el medicamento en las farmacias cercanas a usted.

Si un medicamento que tomo no está en la lista, ¿cuáles son mis opciones?

Aquí hay cosas en las que pensar:

- Si desea tomar un medicamento que no está en la lista de medicamentos, es posible que tenga que pagar el costo total por ello.
- Su plan puede cubrir otro medicamento de marca o genérico que funcione igual de bien. Puede buscar actualizaciones recientes sobre medicamentos genéricos en anthem.com.



- Hable con un médico o farmacéutico para ver si los medicamentos de venta libre (OTC) son una opción. Los medicamentos de venta libre no están incluidos en la lista de medicamentos.
- Si un medicamento que toma no está cubierto, su médico puede pedirnos que revisemos su cobertura. Este proceso se denomina **preaprobación** o **autorización previa**. El médico puede comenzar el proceso llamando al número de Servicios para Miembros de Farmacia en su tarjeta de identificación de miembro o descargando un formulario de autorización previa de nuestro sitio web. Si aprobamos la solicitud, la cantidad que pague por el medicamento dependerá del beneficio de su plan.
- Solo usted y su médico pueden decidir qué medicamentos son los mejores para usted.

¿Qué debo buscar en la columna Notas?

Si un medicamento necesita aprobación previa o autorización previa, verá "PA" al lado. Si necesita probar otro medicamento primero, que se llama terapia escalonada, verá "ST" al lado.

¿Quién decide qué medicamentos incluir 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 independientes, farmacéuticos y profesionales de la salud decide qué medicamentos incluimos. El grupo se reúne regularmente para revisar medicamentos nuevos y existentes. Recomiendan medicamentos en función de su seguridad, lo bien que funcionan para mejorar la salud y el valor que ofrecen a nuestros miembros.

¿Cambia la lista de medicamentos? ¿Cómo sabré si lo hace?

Los medicamentos en nuestra lista se revisan regularmente. A veces se agregan, eliminan o mueven a un nivel diferente. Sin embargo, los cambios en su formulario ocurrirán cuando renueve su plan de salud o de acuerdo con la guía de la FDA recibida durante el año del plan. Le enviaremos una carta 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 consultar la lista de medicamentos para asegurarse de que los medicamentos que toma todavía estén en ella. Para acceder a la lista de medicamentos más actualizada, inicie sesión en anthem.com.

¿Mi plan cubre los medicamentos preventivos?

Cubrimos los medicamentos de atención preventiva con cero participación en el costo de conformidad con la Ley de Cuidado de Salud a Bajo Precio (ACA) cuando se cumplen criterios específicos.

¿Cómo puedo encontrar una farmacia en mi plan?

Vaya a anthem.com para encontrar una farmacia cerca de usted.



Términos clave

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

Los medicamentos de marca están en **MAYÚSCULAS**, tipo negrita.

Los medicamentos genéricos son en minúsculas, de tipo simple.

\$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.

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

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

PA = autorización previa. Es posible que deba obtener la aprobación de los 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 deba obtener este medicamento a través de una farmacia especializada.

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

Recursos de farmacia en línea

Inicie sesión en anthem.com para encontrar su farmacia de la red más cercana y la información más actualizada de la lista de medicamentos, incluidos los precios, las marcas y los genéricos, y las opciones de dosificación. La mayoría de los planes incluyen nuestro conveniente programa de entrega a domicilio sin costo adicional para usted. Obtenga más información en anthem.com o llame al 833-236-6196.

Estamos aquí para ayudarte

Si tiene preguntas sobre la lista de medicamentos o sus beneficios de farmacia, llame al número de Servicios para Miembros de Farmacia que figura en su tarjeta de identificación.

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

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

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Lista Nacional de Medicamentos

Tres Niveles

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Tres Niveles

CURRENT AS OF 1/1/2026

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

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| BENZODIAZEPINAS | | |
| alprazolam er oral tablet extended release 24 hour | 1 or 1b* | QL |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | 3 | QL |
| alprazolam oral tablet | 1 or 1b* | QL |
| alprazolam oral tablet dispersible | 1 or 1b* | QL |
| alprazolam xr oral tablet extended release 24 hour | 1 or 1b* | QL |
| chlordiazepoxide hcl oral capsule | 1 or 1b* | QL |
| clorazepate dipotassium oral tablet | 1 or 1b* | QL |
| diazepam injection solution 10 mg/2ml | 1 or 1a* | |
| diazepam intensol oral concentrate | 1 or 1a* | QL |
| diazepam oral concentrate | 1 or 1a* | QL |
| diazepam oral solution 5 mg/5ml | 1 or 1a* | |
| diazepam oral tablet | 1 or 1a* | QL |
| lorazepam injection solution | 1 or 1b* | |
| lorazepam intensol oral concentrate | 1 or 1b* | QL |
| lorazepam oral concentrate 2 mg/ml | 1 or 1b* | QL |
| lorazepam oral tablet | 1 or 1b* | QL |
| oxazepam oral capsule | 1 or 1b* | QL |
| AGENTES ANTIANGINOSOS | | |
| AGENTES ANTIANGINOSOS - OTRO | | |
| ASPRUZYO SPRINKLE ORAL PACKET 1000 MG | 3 | PA; QL |
| ranolazine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| NITRATOS | | |
| isosorbide dinitrate oral tablet | 1 or 1b* | |
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 or 1b* | |
| isosorbide mononitrate oral tablet | 3 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|---|----------|----------------|
| NITRO-BID TRANSDERMAL OINTMENT | 3 | | FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 2 | | NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| nitroglycerin in d5w intravenous solution | 1 or 1b* | | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| NITROGLYCERIN INTRAVENOUS SOLUTION | 3 | | NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| nitroglycerin sublingual tablet sublingual | 1 or 1b* | | ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG4 KAPPA) | | |
| nitroglycerin transdermal patch 24 hour | 1 or 1b* | | CINQAIR INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| nitroglycerin translingual solution | 1 or 1b* | | ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO | | |
| AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES | | | montelukast sodium oral packet | 1 or 1b* | QL |
| *PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS*** | | | montelukast sodium oral tablet | 1 or 1b* | QL |
| OHTUVAYRE INHALATION SUSPENSION | 3 | PA; LD; QL; SP | montelukast sodium oral tablet chewable | 1 or 1b* | QL |
| *THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** | | | zafirlukast oral tablet | 1 or 1b* | QL |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP | ANTICUERPOS MONOCLORALES ANTI-IGE | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| AGENTES ANTIINFLAMATORIOS | | | XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | | XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA) | | | BETA AGONISTAS | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP | albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|---|----------|--------|
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 or 1b* | QL | tiotropium bromide monohydrate inhalation capsule | 1 or 1b* | QL |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 1 or 1b* | QL | YUPELRI INHALATION SOLUTION | 3 | ST; QL |
| albuterol sulfate oral syrup | 1 or 1b* | | COMBINACIÓN DE ADRENÉRGICOS | | |
| albuterol sulfate oral tablet | 1 or 1b* | | BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 2 | QL |
| arformoterol tartrate inhalation nebulization solution | 1 or 1b* | QL | BREYNA INHALATION AEROSOL | 1 or 1b* | QL |
| formoterol fumarate inhalation nebulization solution | 1 or 1b* | QL | BREZTRI AEROSPHERE INHALATION AEROSOL | 2 | QL |
| isoproterenol hcl injection solution | 1 or 1b* | | budesonide-formoterol fumarate inhalation aerosol | 1 or 1b* | QL |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 or 1b* | QL | COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | ST; QL | fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act | 1 or 1b* | QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL | fluticasone-salmeterol inhalation aerosol | 1 or 1b* | QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act | 1 or 1b* | QL |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 3 | QL | ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | 1 or 1b* | QL |
| terbutaline sulfate injection solution | 1 or 1b* | | STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| terbutaline sulfate oral tablet | 1 or 1b* | | TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 2 | QL |
| BRONCODILATADORES - ANTICOLINÉRGICOS | | | umeclidinium-vilanterol inhalation aerosol powder breath activated | 1 or 1b* | QL |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL | | | |
| ipratropium bromide inhalation solution | 1 or 1b* | QL | | | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL | | | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| wixela inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 or 1b* | QL |
| INHALANTES DE ESTEROIDES | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| budesonide inhalation suspension | 1 or 1b* | QL |
| fluticasone furoate ellipta inhalation aerosol powder breath activated | 1 or 1b* | QL |
| fluticasone propionate diskus inhalation aerosol powder breath activated | 1 or 1b* | QL |
| fluticasone propionate hfa inhalation aerosol | 1 or 1b* | QL |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS | | |
| roflumilast oral tablet | 1 or 1b* | QL |
| XANTINAS | | |
| aminophylline intravenous solution | 1 or 1b* | |
| ELIXOPHYLLIN ORAL ELIXIR | 1 or 1b* | QL |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 or 1b* | QL |
| theophylline er oral tablet extended release 24 hour | 1 or 1b* | QL |
| theophylline oral elixir | 1 or 1b* | QL |
| theophylline oral solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| *BETA-LACTAMASE INHIBITOR - COMBINATIONS** | | |
| XACDURO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *MONOBACTAM COMBINATIONS*** | | |
| EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *URINARY ANTI-INFECTIVES*** | | |
| fosfomycin tromethamine oral packet | 1 or 1b* | |
| methenamine hippurate oral tablet | 1 or 1b* | |
| nitrofurantoin macrocrystal oral capsule | 1 or 1b* | |
| nitrofurantoin monohyd macro oral capsule | 1 or 1b* | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | 1 or 1b* | |
| nitrofurantoin oral suspension 50 mg/5ml | 3 | |
| AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES | | |
| sulfamethoxazole-trimethoprim intravenous solution | 1 or 1b* | |
| sulfamethoxazole-trimethoprim oral suspension | 1 or 1a* | |
| sulfamethoxazole-trimethoprim oral tablet | 1 or 1a* | |
| sulfatrim pediatric oral suspension | 1 or 1a* | |
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| IMPAVIDO ORAL CAPSULE | 3 | PA; QL |
| metronidazole oral capsule | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|--|----------|-------|
| metronidazole oral tablet 250 mg, 500 mg | 1 or 1a* | | GLUCOPÉPTIDOS | | |
| pentamidine isethionate inhalation solution reconstituted | 1 or 1b* | | DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| pentamidine isethionate injection solution reconstituted | 1 or 1b* | | KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| tinidazole oral tablet | 1 or 1b* | QL | ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TRIMETHOPRIM ORAL TABLET | 1 or 1a* | | vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-% | 3 | QL |
| XIFAXAN ORAL TABLET | 3 | PA; QL | VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-% | 3 | QL |
| AGENTES ANTIPROTOZOARIOS | | | VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-% | 3 | QL |
| atovaquone oral suspension | 1 or 1b* | | VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML | 3 | QL |
| LAMPIT ORAL TABLET | 3 | | vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg | 3 | QL |
| nitazoxanide oral tablet | 1 or 1b* | QL | vancomycin hcl intravenous solution reconstituted 100 gm | 1 or 1b* | QL |
| AGENTES LEPROSTÁTICOS | | | vancomycin hcl oral capsule | 1 or 1b* | QL |
| dapsone oral tablet | 1 or 1b* | | vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml | 1 or 1b* | QL |
| CARBAPENEMAS | | | VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML | 1 or 1b* | QL |
| ertapenem sodium injection solution reconstituted | 1 or 1b* | | | | |
| meropenem intravenous solution reconstituted 1 gm, 500 mg | 1 or 1b* | | | | |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML | 3 | | | | |
| CLORANFENICOLES | | | | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 1 or 1b* | | | | |
| COMBINACIONES DE CARBAPENEMAS | | | | | |
| imipenem-cilastatin intravenous solution reconstituted | 1 or 1b* | | | | |
| RECARBRIOS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | | | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | | | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 3 | |
| LINCOSEAMIDAS | | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION 9 GM/60ML | 3 | |
| clindamycin hcl oral capsule | 1 or 1b* | |
| clindamycin palmitate hcl oral solution reconstituted | 1 or 1b* | |
| clindamycin phosphate in d5w intravenous solution | 1 or 1b* | |
| CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION | 3 | |
| clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml | 1 or 1b* | |
| lincomycin hcl injection solution | 1 or 1b* | |
| LIPOPÉPTIDOS CÍCLICOS | | |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| daptomycin-sodium chloride intravenous solution | 3 | |
| MONOBACTÁMICOS | | |
| aztreonam injection solution reconstituted | 1 or 1b* | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | 3 | LD; QL; SP |
| OXAZOLIDONAS | | |
| linezolid in sodium chloride intravenous solution | 3 | |
| linezolid intravenous solution 600 mg/300ml | 1 or 1b* | |
| linezolid oral suspension reconstituted | 1 or 1b* | PA; QL |
| linezolid oral tablet | 1 or 1b* | PA; QL |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| SIVEXTRO ORAL TABLET | 3 | PA; QL |
| POLIMIXINAS | | |
| colistimethate sodium (cba) injection solution reconstituted | 1 or 1b* | |
| polymyxin b sulfate injection solution reconstituted | 1 or 1b* | |
| AGENTES ANTIMIASETÉNICOS | | |
| AGENTES ANTIMIASETÉNICOS | | |
| BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| FIRDAPSE ORAL TABLET | 3 | PA; LD; QL |
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML | 3 | |
| neostigmine methylsulfate rfid intravenous solution | 3 | |
| pyridostigmine bromide er oral tablet extended release | 1 or 1b* | |
| pyridostigmine bromide oral solution | 1 or 1b* | |
| pyridostigmine bromide oral tablet | 1 or 1b* | |
| REGONOL INTRAVENOUS SOLUTION | 3 | |
| AGENTES ANTIMICOBACTERIALES | | |
| AGENTES ANTIMICOBACTERIALES | | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 1 or 1b* | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| PRETOMANID ORAL TABLET | 3 | |
| PRIFTIN ORAL TABLET | 2 | |
| pyrazinamide oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|-----------------------|
| rifabutin oral capsule | 1 or 1b* | |
| rifampin intravenous solution reconstituted | 1 or 1b* | |
| rifampin oral capsule | 1 or 1b* | |
| SIRTURO ORAL TABLET | 3 | LD |
| AGENTES ANTIPSICÓTICOS/ANTI MANÍACOS | | |
| AGENTES ANTIMANÍACOS | | |
| lithium carbonate er oral tablet extended release | 1 or 1a* | QL |
| lithium carbonate oral capsule | 1 or 1a* | QL |
| lithium carbonate oral tablet | 1 or 1a* | QL |
| lithium oral solution | 1 or 1b* | |
| ANTIPSORIÁSICOS - VARIOS | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG | 3 | DO; AL |
| CAPLYTA ORAL CAPSULE 42 MG | 3 | AL; QL |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | QL |
| lurasidone hcl oral tablet 120 mg, 80 mg | 1 or 1b* | AL; QL |
| lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg | 1 or 1b* | DO; AL |
| NUPLAZID ORAL CAPSULE | 3 | PA; LD; QL; SP |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA; LD; QL; SP |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG | 2 | DO; AL |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | 2 | AL; QL |
| ziprasidone hcl oral capsule 20 mg, 40 mg | 1 or 1b* | DO; AL |
| ziprasidone hcl oral capsule 60 mg, 80 mg | 1 or 1b* | AL; QL |
| ziprasidone mesylate intramuscular solution reconstituted | 1 or 1b* | AL; QL |
| BENZISOXAZOLES | | |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG | 3 | ST; DO |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|---------------|
| FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG | 3 | ST; QL |
| FANAPT TITRATION PACK A ORAL TABLET | 3 | ST; QL |
| FANAPT TITRATION PACK B ORAL TABLET | 3 | ST; QL |
| FANAPT TITRATION PACK C ORAL TABLET | 3 | ST; QL |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | 3 | AL; QL |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg | 1 or 1b* | ST; DO |
| paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg | 1 or 1b* | ST; QL |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | 3 | AL; QL |
| risperidone microspheres er intramuscular suspension reconstituted er | 1 or 1b* | AL; QL |
| risperidone oral solution | 1 or 1b* | AL; QL |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet 3 mg, 4 mg | 1 or 1b* | AL; QL |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet dispersible 3 mg, 4 mg | 1 or 1b* | AL; QL |
| BENZODIACEPINAS | | |
| olanzapine intramuscular solution reconstituted | 1 or 1b* | AL; QL |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | DO; AL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| olanzapine oral tablet 15 mg, 20 mg | 1 or 1b* | AL; QL |
| olanzapine oral tablet dispersible 10 mg, 5 mg | 1 or 1b* | DO; AL |
| olanzapine oral tablet dispersible 15 mg, 20 mg | 1 or 1b* | AL; QL |
| BUTIROFENONAS | | |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | 1 or 1b* | AL; QL |
| haloperidol lactate injection solution 5 mg/ml | 1 or 1b* | AL |
| haloperidol lactate oral concentrate 2 mg/ml | 1 or 1b* | AL; QL |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| haloperidol oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | AL; QL |
| DERIVADOS DE LAS QUINOLEÍNAS | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 3 | AL; QL |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | AL; QL |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG | 3 | ST; DO |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG | 3 | ST; QL |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG | 3 | ST; DO |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG | 3 | ST; QL |
| aripiprazole oral solution | 1 or 1b* | AL; QL |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg | 1 or 1b* | DO; AL |
| aripiprazole oral tablet 20 mg, 30 mg | 1 or 1b* | AL; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| aripiprazole oral tablet dispersible | 1 or 1b* | AL; QL |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | 3 | AL; QL |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | 3 | AL; QL |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG | 3 | DO; AL |
| REXULTI ORAL TABLET 4 MG | 3 | AL; QL |
| DIBENZODIACEPÍNICO S | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | 1 or 1b* | DO; AL |
| quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg | 1 or 1b* | AL; QL |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg | 1 or 1b* | AL; QL |
| DIBENZODIAZEPINAS | | |
| clozapine oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| clozapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO; AL |
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg | 1 or 1b* | AL; QL |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | 1 or 1b* | DO; AL |
| VERSACLOZ ORAL SUSPENSION | 3 | AL; QL |
| DIBENZOOXEPINO PIRROLES | | |
| asenapine maleate sublingual tablet sublingual 10 mg | 1 or 1b* | AL; QL |
| asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg | 1 or 1b* | DO; AL |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| DIBENZOAZEPINAS | | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | AL |
| loxpaine succinate oral capsule 10 mg, 25 mg, 5 mg | 1 or 1b* | DO; AL |
| loxpaine succinate oral capsule 50 mg | 1 or 1b* | AL; QL |
| DIHIDROINDOLONAS | | |
| molindone hcl oral tablet 10 mg, 5 mg | 1 or 1b* | DO; AL |
| molindone hcl oral tablet 25 mg | 1 or 1b* | AL; QL |
| FENOTIAZINAS | | |
| chlorpromazine hcl injection solution | 1 or 1b* | AL |
| CHLORPROMAZINE HCL ORAL CONCENTRATE | 1 or 1b* | AL; QL |
| chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| chlorpromazine hcl oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| compro rectal suppository | 1 or 1b* | AL |
| fluphenazine decanoate injection solution | 1 or 1b* | AL |
| fluphenazine hcl injection solution | 1 or 1b* | AL |
| fluphenazine hcl oral concentrate | 1 or 1b* | AL; QL |
| fluphenazine hcl oral elixir | 1 or 1b* | AL; QL |
| fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg | 1 or 1b* | DO; AL |
| fluphenazine hcl oral tablet 10 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 16 mg, 4 mg, 8 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 2 mg | 1 or 1b* | DO; AL |
| prochlorperazine edisylate injection solution 10 mg/2ml | 1 or 1b* | AL |
| prochlorperazine maleate oral tablet | 1 or 1a* | AL |
| prochlorperazine rectal suppository | 1 or 1b* | AL |
| thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| thioridazine hcl oral tablet 100 mg | 1 or 1b* | AL; QL |

| Nombre del Medicamento | Nivel | Notas |
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| trifluoperazine hcl oral tablet 1 mg, 2 mg | 1 or 1b* | DO; AL |
| trifluoperazine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | AL; QL |
| TIOXANTENOS | | |
| thiothixene oral capsule 1 mg, 2 mg, 5 mg | 1 or 1b* | PA; DO |
| thiothixene oral capsule 10 mg | 1 or 1b* | PA; QL |
| AGENTES CARDIOVASCULARES VARIOS | | |
| *CARDIAC MYOSIN INHIBITORS*** | | |
| CAMZYOS ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| OPSYNVI ORAL TABLET | 3 | PA; LD; QL; SP |
| *PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR*** | | |
| WINREVAIR SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |
| *TRANSTHYRETIN STABILIZERS*** | | |
| ATTRUBY ORAL TABLET THERAPY PACK | 3 | PA; QL |
| VYNDAMAX ORAL CAPSULE | 3 | PA; LD; QL; SP |
| VYNDAQEL ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO ORAL TABLET | 3 | PA; QL |
| AGENTES SÉPTICOS - ABLACIÓN | | |
| dehydrated alcohol intra-arterial solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg | 1 or 1b* | QL |
| amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg | 1 or 1b* | DO |
| COMBINACIÓN DE INHIBIDORES DE NEPRISILINA (ARNI) - ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | |
| ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL |
| sacubitril-valsartan oral tablet | 1 or 1b* | QL |
| COMBINACIONES DE NITRATOS Y VASODILATADORES | | |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 1 or 1b* | QL |
| HIPERTENSIÓN PULMONAR - AGONISTA DEL RECEPTOR DE PROSTACICLINA | | |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| UPTRAVI ORAL TABLET | 3 | PA; LD; QL; SP |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA | | |
| ambrisentan oral tablet | 1 or 1b* | PA; QL; SP |
| bosentan oral tablet | 1 or 1b* | PA; LD; QL; SP |
| OPSUMIT ORAL TABLET | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| TRACLEER ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - ESTIMULADOR DE GUANILATO CICLASA SOLUBLE (SGC) | | |
| ADEMPAS ORAL TABLET | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA | | |
| alyq oral tablet | 1 or 1b* | PA; QL; SP |
| sildenafil citrate intravenous solution | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 1 or 1b* | PA; QL; SP |
| tadalafil (pah) oral tablet | 1 or 1b* | PA; QL; SP |
| TADLIQ ORAL SUSPENSION | 3 | PA; QL; SP |
| INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP) | | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | PA |
| tadalafil oral tablet 10 mg, 20 mg | 1 or 1b* | PA |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; QL |
| vardenafil hcl oral tablet dispersible | 1 or 1b* | PA |
| INHIBIDORES DEL NÓDULO SINUSAL | | |
| CORLANOR ORAL SOLUTION | 3 | PA |
| ivabradine hcl oral tablet | 1 or 1b* | PA |
| PROSTAGLANDINAS - AGENTES PARA LA IMPOTENCIA | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 3 | PA |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|---|-------|----------------|
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED | 3 | PA | TYVASO REFILL KIT INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| EDEX INTRACAVERNOSAL KIT | 3 | PA | TYVASO STARTER KIT INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| VASODILATADORES DE LA PROSTAGLANDINA | | | VENTAVIS INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| alprostadil injection solution | 1 or 1b* | | YUTREPIA INHALATION CAPSULE | 3 | PA; QL; SP |
| AURLUMYN INTRAVENOUS SOLUTION | 3 | | AGENTES DE INMUNIZACIÓN PASIVA | | |
| epoprostenol sodium intravenous solution reconstituted | 1 or 1b* | PA; SP | ANTICUERPOS MONOCLONALES ANTIVIRALES | | |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP | BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; \$0; QL |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP | PEMGARDA INTRAVENOUS SOLUTION | 3 | |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP | SYNAGIS INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 3 | PA; LD; SP | ANTICUERPOS MONOCLONALES BACTERIANOS | | |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 3 | PA; LD; SP | ZINPLAVA INTRAVENOUS SOLUTION | 3 | PA |
| treprostинil injection solution | 1 or 1b* | PA; LD; SP | ANTITOXINAS - CONTRAVENENOS | | |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER | 3 | PA; LD; QL; SP | ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; LD; QL; SP | ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | 3 | PA; LD; QL; SP | ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 3 | |
| TYVASO INHALATION SOLUTION | 3 | PA; LD; QL; SP | ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|---|-------|------------|
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | KEDRAB INJECTION SOLUTION | 3 | SP |
| SUEROS INMUNOLÓGICOS | | | NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML | 3 | LD; SP |
| BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; LD; SP |
| CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL | 3 | | RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | QL; SP |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP | RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| CYTOGAM INTRAVENOUS SOLUTION | 3 | SP | VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| GAMASTAN INTRAMUSCULAR INJECTABLE | 3 | PA; LD; SP | WINRHO SDF INJECTION SOLUTION | 3 | QL; SP |
| GAMUNEX-C INJECTION SOLUTION | 3 | PA; LD; SP | XEMBIFY SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| HEPAGAM B INJECTION SOLUTION 312 UNIT/ML | 3 | SP | AGENTES DERMATOLÓGICOS | | |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 3 | PA; LD; SP | *ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** | | |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | OPZELURA EXTERNAL CREAM | 3 | PA; QL |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 3 | LD; SP | *MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** | | |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML | 3 | LD; SP | SCENESSE SUBCUTANEOUS IMPLANT | 3 | PA; LD; QL |
| HYPERRAB INJECTION SOLUTION | 3 | SP | *MICROTUBULE INHIBITORS - TOPICAL*** | | |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP | KLISYRI (250 MG) EXTERNAL OINTMENT | 3 | ST; QL |
| HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | | KLISYRI (350 MG) EXTERNAL OINTMENT | 3 | ST; QL |

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| AGENTES ALQUILANTES TÓPICOS | | |
| VALCHLOR EXTERNAL GEL | 3 | PA; LD; QL |
| AGENTES DE MÁXIMO FRUNCIMIENTO (LÍNEAS GLABELARES) | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; LD |
| JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| AGENTES DE TERAPIA FOTODINÁMICA TÓPICOS | | |
| AMELUZ EXTERNAL GEL | 3 | |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| AGENTES PARA ARRUGAS FACIALES - RETINOIDEOS | | |
| RENOVA EXTERNAL CREAM | 3 | PA; QL |
| RENOVA PUMP EXTERNAL CREAM | 3 | PA; QL |
| AGENTES PARA ROSÁcea | | |
| azelaic acid external gel | 1 or 1b* | QL |
| brimonidine tartrate external gel | 1 or 1b* | QL |
| FINACEA EXTERNAL FOAM | 2 | QL |
| ivermectin external cream | 1 or 1b* | QL |
| metronidazole external cream | 1 or 1b* | QL |
| metronidazole external gel | 1 or 1b* | QL |
| metronidazole external lotion | 1 or 1b* | QL |
| MIRVASO EXTERNAL GEL | 3 | QL |
| SOOLANTRA EXTERNAL CREAM | 2 | QL |

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| ZILXI EXTERNAL FOAM | 2 | QL |
| AGENTES PARA VERRUGAS GENITALES EXTERNAS Y ANALES | | |
| VEREGEN EXTERNAL OINTMENT | 3 | ST; QL |
| AGENTES QUEROTOLÍTICOS/ANT IMICÓTICOS | | |
| podofilox external gel | 1 or 1b* | QL |
| podofilox external solution | 1 or 1b* | QL |
| YCANTH EXTERNAL SOLUTION | 3 | PA; QL |
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS TÓPICOS | | |
| bexarotene external gel | 1 or 1b* | PA; QL; SP |
| ANESTÉSICOS LOCALES TÓPICOS | | |
| dyclopro external solution | 3 | |
| glydo external prefilled syringe | 1 or 1b* | |
| lidocaine external ointment 5 % | 1 or 1b* | QL |
| lidocaine external patch 5 % | 1 or 1b* | PA; QL |
| lidocaine hcl external solution | 1 or 1b* | QL |
| lidocaine hcl urethral/mucosal external gel | 1 or 1b* | |
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 or 1b* | |
| TRIDACAIN II EXTERNAL PATCH | 1 or 1b* | PA; QL |
| TRIDACAIN III EXTERNAL PATCH | 1 or 1b* | PA; QL |
| ANTIBIÓTICOS PARA EL ACNÉ | | |
| clindacin etz external swab | 1 or 1b* | QL |
| CLINDACIN EXTERNAL FOAM | 1 or 1b* | QL |
| clindacin-p external swab | 1 or 1b* | QL |
| clindamycin phos (once-daily) external gel | 1 or 1b* | QL |
| clindamycin phos (twice-daily) external gel | 1 or 1b* | QL |

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| clindamycin phosphate external foam | 1 or 1b* | QL |
| clindamycin phosphate external lotion | 1 or 1b* | QL |
| clindamycin phosphate external solution | 1 or 1b* | QL |
| clindamycin phosphate external swab | 1 or 1b* | QL |
| dapsone external gel | 3 | ST; QL |
| ery external pad | 1 or 1b* | QL |
| erythromycin external gel | 1 or 1b* | QL |
| erythromycin external solution | 1 or 1b* | QL |
| sulfacetamide sodium (acne) external lotion | 1 or 1b* | |
| ANTIBIÓTICOS TÓPICOS | | |
| gentamicin sulfate external cream | 1 or 1b* | QL |
| gentamicin sulfate external ointment | 1 or 1b* | QL |
| mupirocin external ointment | 1 or 1b* | QL |
| ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS | | |
| fluorouracil external cream 0.5 % | 3 | ST; QL |
| fluorouracil external cream 5 % | 1 or 1b* | AL; QL |
| fluorouracil external solution | 1 or 1b* | AL; QL |
| TOLAK EXTERNAL CREAM | 3 | ST; QL |
| ANTIMICÓTICOS - COMBINACIONES TÓPICAS | | |
| CLOBEZIN EXTERNAL THERAPY PACK | 3 | |
| clotrimazole-betamethasone external cream | 1 or 1b* | QL |
| clotrimazole-betamethasone external lotion | 1 or 1b* | QL |
| FUNGIMEZ EXTERNAL SOLUTION | 3 | |
| miconazole-zinc oxide-petrolat external ointment | 1 or 1b* | QL |
| nystatin-triamcinolone external cream | 1 or 1b* | QL |
| nystatin-triamcinolone external ointment | 1 or 1b* | QL |

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| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS | | |
| clotrimazole external cream | 1 or 1b* | QL |
| econazole nitrate external cream | 1 or 1b* | QL |
| ECOZA EXTERNAL FOAM | 3 | ST; QL |
| ERTACZO EXTERNAL CREAM | 3 | ST; QL |
| JUBLIA EXTERNAL SOLUTION | 3 | QL |
| ketoconazole external cream | 1 or 1b* | QL |
| ketoconazole external foam | 3 | QL |
| ketoconazole external shampoo 2 % | 1 or 1b* | QL |
| ketodan external foam | 3 | QL |
| luliconazole external cream | 1 or 1b* | ST; QL |
| oxiconazole nitrate external cream | 3 | ST; QL |
| EXISTAT EXTERNAL LOTION | 3 | ST; QL |
| sulconazole nitrate external cream | 1 or 1b* | ST; QL |
| sulconazole nitrate external solution | 1 or 1b* | ST; QL |
| ANTIMICÓTICOS RELACIONADOS CON EL OXABOROL TÓPICOS | | |
| tavaborole external solution | 1 or 1b* | ST; QL |
| ANTIMICÓTICOS TÓPICOS | | |
| cyclodan external solution | 1 or 1b* | QL |
| ciclopirox external gel | 1 or 1b* | QL |
| ciclopirox external shampoo | 1 or 1b* | QL |
| ciclopirox external solution | 1 or 1b* | QL |
| ciclopirox olamine external cream | 1 or 1b* | QL |
| ciclopirox olamine external suspension | 1 or 1b* | QL |
| KLAYESTA EXTERNAL POWDER | 1 or 1b* | QL |
| naftifine hcl external cream | 1 or 1b* | ST; QL |
| naftifine hcl external gel 2 % | 1 or 1b* | ST; QL |
| nyamyc external powder | 1 or 1b* | QL |
| nystatin external cream | 1 or 1b* | QL |

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| nystatin external ointment | 1 or 1b* | QL | SPEVIGO INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| nystatin external powder | 1 or 1b* | QL | SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3 | PA; LD; QL |
| nystop external powder | 1 or 1b* | QL | SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA; QL |
| ANTINEOPLÁSICO O LESIONES PREMALIGNAS - FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDES (AINE) TÓPICOS | | | STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA; QL; SP |
| diclofenac sodium external gel 3 % | 1 or 1b* | PA; QL | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ANTIPRURIGINOSOS - SISTÉMICOS | | | TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP |
| acitretin oral capsule | 1 or 1b* | QL | TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL; SP |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP | TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-Injector 100 MG/ML | 3 | PA; QL; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML | 3 | PA; LD; QL; SP | TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL; SP |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | ustekinumab subcutaneous solution | 3 | PA; QL; SP |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; LD; QL; SP | ustekinumab subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| methoxsalen rapid oral capsule | 3 | SP | ANTIPRURIGINOSOS - TÓPICOS | | |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | doxepin hcl external cream | 1 or 1b* | PA; QL |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL; SP | ANTIPSORIÁSICOS | | |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | calcipotriene external cream | 1 or 1b* | QL |
| | | | calcipotriene external foam | 3 | QL |
| | | | calcipotriene external ointment | 1 or 1b* | QL |
| | | | calcipotriene external solution | 1 or 1b* | QL |
| | | | calcitrene external ointment | 1 or 1b* | QL |

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| calcitriol external ointment | 1 or 1b* | QL |
| tazarotene external cream | 1 or 1b* | QL |
| tazarotene external gel | 1 or 1b* | QL |
| ANTIVIRALES - TÓPICOS | | |
| acyclovir external cream | 1 or 1b* | PA; QL |
| acyclovir external ointment | 1 or 1b* | QL |
| penciclovir external cream | 1 or 1b* | PA; QL |
| APÓSITOS PARA HERIDAS | | |
| FILSUEZ EXTERNAL GEL | 3 | PA; LD; QL |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | 3 | |
| COMBINACIONES ANESTÉSICAS TÓPICAS | | |
| lidocaine-prilocaine external cream | 1 or 1b* | QL |
| lidocaine-prilocaine external kit | 1 or 1b* | QL |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT | 3 | |
| COMBINACIONES DE ANTIBIÓTICOS TÓPICOS CON ESTEROIDES | | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| COMBINACIONES DE DESPIGMENTACIÓN | | |
| TRI-LUMA EXTERNAL CREAM | 3 | |
| COMBINACIONES DE ESTEROIDES - ANESTÉSICOS LOCALES | | |
| EPIFOAM EXTERNAL FOAM | 3 | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | 2 | |
| PRAMOSONE EXTERNAL LOTION | 2 | |
| COMBINACIONES DE ESTEROIDES TÓPICOS | | |
| calcipotriene-betameth diprop external ointment | 2 | ST; QL |

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| calcipotriene-betameth diprop external suspension | 2 | ST; QL |
| DUOBRII EXTERNAL LOTION | 3 | PA; QL |
| ENSTILAR EXTERNAL FOAM | 3 | QL |
| COMBINACIONES PARA EL ACNÉ | | |
| adapalene-benzoyl peroxide external gel | 1 or 1b* | PA; QL |
| benzoyl peroxide-erythromycin external gel | 1 or 1b* | QL |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 % | 1 or 1b* | QL |
| clindamycin-tretinoin external gel | 3 | PA; QL |
| neuac external gel | 1 or 1b* | QL |
| COMBINACIONES TÓPICAS DE ANTIVIRALES | | |
| XERESE EXTERNAL CREAM | 3 | PA; QL |
| CORTICOESTEROIDES - TÓPICOS | | |
| ala-cort external cream 1 % | 1 or 1a* | QL |
| alclometasone dipropionate external cream | 1 or 1b* | QL |
| alclometasone dipropionate external ointment | 1 or 1b* | QL |
| amcinonide external cream | 3 | QL |
| betamethasone dipropionate aug external cream | 1 or 1b* | QL |
| betamethasone dipropionate aug external gel | 1 or 1b* | QL |
| betamethasone dipropionate aug external lotion | 1 or 1b* | QL |
| betamethasone dipropionate aug external ointment | 1 or 1b* | QL |
| betamethasone dipropionate external cream | 1 or 1b* | QL |
| betamethasone dipropionate external lotion | 1 or 1b* | QL |
| betamethasone dipropionate external ointment | 1 or 1b* | QL |
| betamethasone valerate external cream | 1 or 1b* | QL |

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| betamethasone valerate external foam | 3 | ST; QL |
| betamethasone valerate external lotion | 1 or 1b* | QL |
| betamethasone valerate external ointment | 1 or 1b* | QL |
| clobetasol propionate e external cream | 1 or 1b* | QL |
| clobetasol propionate emulsion external foam | 1 or 1b* | QL |
| clobetasol propionate external cream 0.05 % | 1 or 1b* | QL |
| clobetasol propionate external foam | 1 or 1b* | QL |
| clobetasol propionate external gel | 1 or 1b* | QL |
| clobetasol propionate external liquid | 1 or 1b* | QL |
| clobetasol propionate external lotion | 1 or 1b* | QL |
| clobetasol propionate external ointment | 1 or 1b* | QL |
| clobetasol propionate external shampoo | 1 or 1b* | QL |
| clobetasol propionate external solution | 1 or 1b* | QL |
| clocortolone pivalate external cream | 3 | ST; QL |
| clodan external shampoo | 1 or 1b* | QL |
| desonide external cream | 1 or 1b* | QL |
| desonide external gel | 1 or 1b* | QL |
| desonide external lotion | 1 or 1b* | QL |
| desonide external ointment | 1 or 1b* | QL |
| desoximetasone external cream | 3 | ST; QL |
| desoximetasone external gel | 3 | ST; QL |
| desoximetasone external liquid | 3 | ST; QL |
| desoximetasone external ointment | 3 | ST; QL |
| diflorasone diacetate external cream | 3 | ST; QL |
| diflorasone diacetate external ointment | 3 | ST; QL |
| fluocinolone acetonide body external oil | 1 or 1b* | QL |
| fluocinolone acetonide external cream | 1 or 1b* | QL |

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| fluocinolone acetonide external ointment | 1 or 1b* | QL |
| fluocinolone acetonide external solution | 1 or 1b* | QL |
| fluocinolone acetonide scalp external oil | 1 or 1b* | QL |
| fluocinonide emulsified base external cream | 1 or 1b* | QL |
| fluocinonide external cream | 1 or 1b* | QL |
| fluocinonide external gel | 1 or 1b* | QL |
| fluocinonide external ointment | 1 or 1b* | QL |
| fluocinonide external solution | 1 or 1b* | QL |
| flurandrenolide external lotion | 3 | ST; QL |
| fluticasone propionate external cream | 1 or 1b* | QL |
| fluticasone propionate external lotion | 1 or 1b* | QL |
| fluticasone propionate external ointment | 1 or 1b* | QL |
| halcinonide external cream | 3 | ST; QL |
| halobetasol propionate external cream | 1 or 1b* | QL |
| halobetasol propionate external ointment | 1 or 1b* | QL |
| hydrocortisone butyrate external cream | 3 | ST; QL |
| hydrocortisone butyrate external lotion | 3 | ST; QL |
| hydrocortisone butyrate external ointment | 3 | ST; QL |
| hydrocortisone butyrate external solution | 3 | ST; QL |
| hydrocortisone external cream 2.5 % | 1 or 1a* | QL |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | QL |
| hydrocortisone external ointment 2.5 % | 1 or 1a* | QL |
| hydrocortisone valerate external cream | 3 | ST; QL |
| hydrocortisone valerate external ointment | 3 | ST; QL |
| mometasone furoate external cream | 1 or 1b* | QL |
| mometasone furoate external ointment | 1 or 1b* | QL |

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| mometasone furoate external solution | 1 or 1b* | QL |
| tovet external foam | 1 or 1b* | QL |
| triamcinolone acetonide external aerosol solution | 3 | ST; QL |
| triamcinolone acetonide external cream | 1 or 1a* | QL |
| triamcinolone acetonide external lotion | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.05 % | 3 | ST; QL |
| triamcinolone in absorbase external ointment | 3 | ST; QL |
| triderm external cream 0.5 % | 1 or 1a* | QL |
| DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES | | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 3 | PA; SP |
| ENZIMAS TÓPICAS | | |
| NEXOBRID EXTERNAL GEL | 3 | PA; QL |
| SANTYL EXTERNAL OINTMENT | 3 | PA; QL |
| ESCABICIDAS Y PEDICULICIDAS | | |
| crotan external lotion | 1 or 1b* | QL |
| malathion external lotion | 1 or 1b* | QL |
| permethrin external cream | 1 or 1b* | QL |
| PRURADIK EXTERNAL LOTION | 1 or 1b* | QL |
| spinosad external suspension | 1 or 1b* | QL |
| IMIDAZOQUINOLINAMINAS INMUNOMODULADORAS TÓPICAS | | |
| imiquimod external cream | 1 or 1b* | QL |
| imiquimod pump external cream | 1 or 1b* | ST; QL |

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| ZYCLARA PUMP EXTERNAL CREAM 2.5 % | 3 | ST; QL |
| INHIBIDORES DE LA 5-ALFA REDUCTASA TIPO II | | |
| finasteride oral tablet 1 mg | 1 or 1b* | |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) TÓPICOS | | |
| EUCRISA EXTERNAL OINTMENT | 3 | ST; QL |
| ZORYVE EXTERNAL CREAM 0.3 % | 3 | PA; QL |
| ZORYVE EXTERNAL FOAM | 3 | PA; QL |
| INMUNODEPRESORES MACRÓLIDOS - TÓPICOS | | |
| HYFTOR EXTERNAL GEL | 3 | PA; QL |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| LINIMENTOS | | |
| TURPENTINE EXTERNAL SPIRIT | 3 | |
| PRODUCTOS ANTISEBORREICOS | | |
| selenium sulfide external lotion | 1 or 1a* | QL |
| PRODUCTOS DE ALQUITRÁN | | |
| coal tar external solution | 1 or 1b* | |
| PRODUCTOS DE QUEMA | | |
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |
| SULFAMYLYON EXTERNAL CREAM | 3 | |
| PRODUCTOS DE QUERATOSIS SEBORREICA | | |
| ESKATA EXTERNAL SOLUTION | 3 | |

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| PRODUCTOS DERMATOLÓGICOS VARIOS | | | AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED | 3 | |
| ILIDERM EXTERNAL EMULSION | 3 | | CYGNUS DUAL EXTERNAL SHEET | 3 | |
| PRODUCTOS PARA EL ACNÉ | | | KARDIAMEMBRANE EXTERNAL SHEET | 3 | |
| ABSORICA LD ORAL CAPSULE | 3 | PA | NEOX 100 EXTERNAL SHEET | 3 | |
| ABSORICA ORAL CAPSULE | 3 | PA | NEOX CORD 1K EXTERNAL SHEET | 3 | |
| accutane oral capsule | 2 | PA | PALINGEN FLOW INJECTION INJECTABLE | 3 | |
| adapalene external cream | 1 or 1b* | PA; QL | PALINGEN HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| adapalene external gel | 1 or 1b* | PA; QL | PALINGEN INOVOFLO INJECTION INJECTABLE | 3 | |
| adapalene external pad | 1 or 1b* | PA; QL | PALINGEN MEMBRANE EXTERNAL SHEET | 3 | |
| AKLIEF EXTERNAL CREAM | 3 | ST; QL | PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| amnesteem oral capsule 10 mg, 20 mg, 40 mg | 2 | PA | PALINGEN XPLUS MEMBRANE EXTERNAL SHEET | 3 | |
| AMNESTEEM ORAL CAPSULE 30 MG | 2 | PA | VIA MATRIX EXTERNAL SHEET | 3 | |
| ARAZLO EXTERNAL LOTION | 3 | ST; QL | RETINOIDES ANTINEOPLÁSICOS - TÓPICOS | | |
| claravis oral capsule | 2 | PA | PANRETIN EXTERNAL GEL | 3 | SP |
| isotretinoin oral capsule | 2 | PA | AGENTES DIARRÉICOS/PROBIÓTICOS | | |
| tretinoin external cream | 1 or 1b* | PA; QL | AGENTES ANTIDIARRÉICOS VARIOS | | |
| tretinoin external gel | 1 or 1b* | PA; QL | BACILLEX ORAL CAPSULE | 3 | |
| tretinoin microsphere external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL | AGENTES ANTIPERTISTÁLTICOS | | |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL | diphenoxylate-atropine oral liquid | 1 or 1b* | |
| zenatane oral capsule | 2 | PA | diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| PRODUCTOS PARA EL TRATAMIENTO DE CICATRICES | | | loperamide hcl oral capsule | 1 or 1b* | QL |
| COPASIL EXTERNAL GEL | 3 | | | | |
| PRODUCTOS TÓPICOS VARIOS | | | | | |
| QBREXZA EXTERNAL PAD | 3 | PA; QL | | | |
| PROSTAGLANDINAS - TÓPICAS | | | | | |
| bimatoprost external solution | 1 or 1b* | | | | |
| REEMPLAZOS DE TEJIDO | | | | | |
| AMNIOTEXT EXTERNAL SHEET | 3 | | | | |

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| MOTOFEN ORAL TABLET | 3 | | *INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** | | |
| ANTIDIARRÉICOS - ANTAGONISTAS DE CANALES DE CLORURO | | | TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; QL | *LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS*** | | |
| AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS | | | TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| *ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** | | | *MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** | | |
| LAMZEDÉ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD |
| *ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS*** | | | *Natriuretic Peptides*** | | |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL | VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| *CKD AGENT- SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** | | | *NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** | | |
| XPHOZAH ORAL TABLET | 3 | PA; QL | VEOZAH ORAL TABLET | 3 | PA; QL |
| *CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG* | | | *NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** | | |
| CRENESSITY ORAL CAPSULE | 3 | PA; LD; QL | KERENDIA ORAL TABLET | 3 | PA; QL |
| CRENESSITY ORAL SOLUTION | 3 | PA; LD; QL | ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA | | |
| *CORTISOL SYNTHESIS INHIBITORS*** | | | mifepristone oral tablet 200 mg | 1 or 1b* | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | PA; LD; QL | AGENTES CALCIOMIMÉTICOS | | |
| *HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS*** | | | cinacalcet hcl oral tablet | 1 or 1b* | PA; QL |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-Injector | 3 | PA; LD; QL | PARSABIV INTRAVENOUS SOLUTION | 3 | PA; LD |

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| AGENTES DE SOMATOSTATINA | | | ORILISSA ORAL TABLET | 2 | PA; QL |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP | ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO | | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL | SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 or 1b* | PA; SP | ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2 | | |
| octreotide acetate intramuscular kit 10 mg | 3 | PA; QL; SP | tolvaptan oral tablet 15 mg, 30 mg | 3 | PA; LD; QL; SP |
| octreotide acetate intramuscular kit 20 mg, 30 mg | 1 or 1b* | PA; QL; SP | tolvaptan oral tablet therapy pack | 3 | PA; LD; QL |
| octreotide acetate subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP | BISFOSFONATOS | | |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; LD; QL | alendronate sodium oral solution | 1 or 1b* | QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL | alendronate sodium oral tablet 10 mg, 35 mg, 70 mg | 1 or 1b* | QL |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP | BINOSTO ORAL TABLET EFFERVESCENT | 3 | QL |
| AGENTES PARA LA HIPOFOSFATASIA (HPP) | | | FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| STRENSIQ SUBCUTANEOUS SOLUTION | 3 | PA; LD | ibandronate sodium intravenous solution 3 mg/3ml | 3 | |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA | | | ibandronate sodium oral tablet | 1 or 1b* | QL |
| cabergoline oral tablet | 1 or 1b* | QL | pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml | 1 or 1b* | SP |
| ANÁLOGOS DE LEPTINA | | | PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML | 3 | SP |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL | risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 or 1b* | QL |
| ANTAGONISTAS DEL GNRH/LHRH | | | risedronate sodium oral tablet delayed release | 1 or 1b* | QL |
| cetrorelix acetate subcutaneous kit | 3 | PA; SP | zoledronic acid intravenous concentrate | 3 | PA; SP |
| fyremadel subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP | ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML | 3 | PA; SP |

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| zoledronic acid intravenous solution 5 mg/100ml | 1 or 1b* | PA; QL; SP |
| CALCITONINAS | | |
| calcitonin (salmon) injection solution | 1 or 1b* | |
| calcitonin (salmon) nasal solution | 1 or 1b* | QL |
| CORTICOTROPINA | | |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR | 3 | PA; LD; SP |
| ACTHAR INJECTION GEL | 3 | PA; LD; SP |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; LD; SP |
| CORTROPHIN INJECTION GEL | 3 | PA; LD; SP |
| DEFICIENCIA DE ESFINGOMIELINASA ÁCIDA (ASMD): AGENTES | | |
| XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| DEFICIENCIA DE LA LIPASA ÁCIDA LISOSÓMICA (LIPA) - AGENTES | | |
| KANUMA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ENFERMEDAD DE FABRY - AGENTES | | |
| ELFABRIO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| FABRAZYMЕ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| GALAFOLD ORAL CAPSULE | 3 | PA; LD; QL |

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| ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML | | |
| GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 900 UNT/1.44ML | 3 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | 2 | PA; SP |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| ESTIMULANTES DE OVULACIÓN - SINTÉTICOS | | |
| CLOMID ORAL TABLET | 1 or 1b* | PA |
| clomiphene citrate oral tablet | 1 or 1b* | PA |

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| FACTORES DE CRECIMIENTO DE TIPO INSULINA (SOMATOMEDINAS) | | | | | INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH |
| INCRELEX SUBCUTANEOUS SOLUTION | 3 | PA; LD | FENSOLVI (6 MONTH) SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |
| HORMONA LIBERADORA DE HORMONA DE CRECIMIENTO (GHRH) | | | | | LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL | LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| HORMONA PARATIROIDEA Y DERIVADOS | | | | | LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP | SUPPRELIN LA SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |
| HORMONAS DEL CRECIMIENTO | | | | | SYNAREL NASAL SOLUTION |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; QL; SP | TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; LD; QL |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 3 | PA; QL; SP | INHIBIDORES DEL LIGANDO RANK (RANKL) | | |
| HUMATROPE INJECTION CARTRIDGE | 3 | PA; QL; SP | PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 3 | PA; LD; QL | XGEVA SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE | 3 | PA; LD; QL; SP | MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM) | | |
| INHIBIDORES DE ESCLEROSIS | | | | | OSPHENA ORAL TABLET |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | raloxifene hcl oral tablet | 1 or 1b* | \$0; QL |
| MUCOPOLISACARIDOSI S I (MPS I) - AGENTES | | | | | |
| ALDURAZYME INTRAVENOUS SOLUTION | | | | | MUCOPOLISACARIDOSI S II (MPS II) - AGENTES |
| ELAPRASE INTRAVENOUS SOLUTION | | | | | ELAPRASE INTRAVENOUS SOLUTION |

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| MUCOPOLISACARIDOSI S IV (MPS IV) - AGENTES | | | TRATAMIENTO CON FENILBUTAZONAS - AGENTES | | |
| VIMIZIM INTRAVENOUS SOLUTION | 3 | PA; LD; SP | JAVYGTOR ORAL PACKET | 1 or 1b* | PA; LD |
| MUCOPOLISACARIDOSI S VI (MPS VI) - AGENTES | | | JAVYGTOR ORAL TABLET | 1 or 1b* | PA; LD |
| NAGLAZYME INTRAVENOUS SOLUTION | 3 | PA; LD; SP | PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML | 3 | PA; LD; SP |
| MUCOPOLISACARIDOSI S VII (MPS VII) - AGENTES | | | PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 3 | PA; LD; QL; SP |
| MEPSEVII INTRAVENOUS SOLUTION | 3 | PA; LD | sapropterin dihydrochloride oral packet | 1 or 1b* | PA; SP |
| REFORZADOR DE LA CARNITINA - AGENTES | | | sapropterin dihydrochloride oral tablet | 1 or 1b* | PA; SP |
| levocarnitine intravenous solution | 1 or 1b* | | TRATAMIENTO DE LA ACIDURIA ORÓTICA HEREDITARIA - AGENTES | | |
| levocarnitine oral solution | 1 or 1b* | | XURIDEN ORAL PACKET | 3 | PA; LD; QL |
| levocarnitine oral tablet | 1 or 1b* | | TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES | | |
| levocarnitine sf oral solution | 1 or 1b* | | carglumic acid oral tablet soluble | 1 or 1b* | PA; LD |
| TRASTORNOS EN EL CICLO DE LA UREA - AGENTES | | | TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES | | |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | betaine oral powder | 3 | LD |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | TRATAMIENTO DE LA INMUNODEFICIENCIA COMBINADA GRAVE (IDCG) POR DÉFICIT DE ADENOSINA DESAMINASA - AGENTES | | |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | REVCovi INTRAMUSCULAR SOLUTION | 3 | PA; LD |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES | | |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | nitisinone oral capsule 10 mg, 2 mg, 5 mg | 1 or 1b* | PA; SP |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL | nitisinone oral capsule 20 mg | 1 or 1b* | PA |
| PHEBURANE ORAL PELLET | 3 | PA; LD; QL; SP | | | |
| RAVICTI ORAL LIQUID | 3 | PA; LD; QL; SP | | | |
| sod benz-sod phenylacet intravenous solution | 1 or 1b* | | | | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 3 | PA; QL; SP | | | |
| sodium phenylbutyrate oral tablet | 3 | PA; QL; SP | | | |

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| NITYR ORAL TABLET | 3 | PA; LD |
| ORFADIN ORAL CAPSULE | 3 | PA; LD |
| ORFADIN ORAL SUSPENSION | 3 | PA; LD |
| TRATAMIENTO DEL HIPERPARATIROIDISM O - ANÁLOGOS DE VITAMINA D | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA |
| calcitriol oral capsule | 1 or 1b* | PA |
| calcitriol oral solution | 1 or 1b* | PA |
| doxercalciferol intravenous solution | 1 or 1b* | PA |
| doxercalciferol oral capsule | 1 or 1b* | PA |
| paricalcitol intravenous solution | 1 or 1b* | PA |
| paricalcitol oral capsule | 1 or 1b* | PA |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | PA; QL |
| TRATAMIENTO DEL RAQUITISMO HIPOFOSFATÉMICO LIGADO AL CROMOSOMA X - AGENTES | | |
| CRYSVITA SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| TRATAMIENTO PARA LA DEFICIENCIA DE LA ALFA-GLUCOSIDASA ÁCIDA (GAA) - AGENTES | | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| OPFOLDA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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| VASOPRESINA | | |
| desmopressin ace spray refrigerated nasal solution | 1 or 1b* | |
| desmopressin acetate injection solution | 1 or 1b* | |
| desmopressin acetate oral tablet | 1 or 1b* | QL |
| desmopressin acetate pf injection solution | 1 or 1b* | |
| desmopressin acetate spray nasal solution | 1 or 1b* | |
| TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| vasopressin +rfid intravenous solution | 1 or 1b* | |
| vasopressin intravenous solution | 1 or 1b* | |
| vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-% | 3 | |
| VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%, 40-5 UT/100ML-% | 3 | |
| AGENTES GASTROINTESTINALES VARIOS | | |
| *HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS*** | | |
| REZDIFFRA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 3 | PA; LD; QL |
| BYLVAY ORAL CAPSULE | 3 | PA; LD; QL |
| LIVMARLI ORAL SOLUTION | 3 | PA; LD; QL |
| LIVMARLI ORAL TABLET | 3 | PA; QL |

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| *LIVE FECAL MICROBIOTA (HUMAN)** | | |
| REBYOTA RECTAL SUSPENSION | 3 | PA; LD; QL |
| VOWST ORAL CAPSULE | 3 | PA; LD; QL |
| *PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS*** | | |
| IQIRVO ORAL TABLET | 3 | PA; LD; QL; SP |
| ACIDULANTES INTESTINALES | | |
| enulose oral solution | 1 or 1b* | |
| generlac oral solution | 1 or 1b* | |
| lactulose encephalopathy oral solution 10 gm/15ml | 1 or 1b* | |
| ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES | | |
| lubiprostone oral capsule | 1 or 1b* | QL |
| AGENTES AGLUTINANTES DEL FOSFATO | | |
| calcium acetate (phos binder) oral capsule | 1 or 1b* | QL |
| calcium acetate oral tablet 667 mg | 1 or 1b* | QL |
| ferric citrate oral tablet | 1 or 1b* | QL |
| FOSRENOL ORAL PACKET | | |
| lanthanum carbonate oral tablet chewable | 1 or 1b* | QL |
| sevelamer carbonate oral packet | 1 or 1b* | QL |
| sevelamer carbonate oral tablet | 1 or 1b* | QL |
| sevelamer hcl oral tablet | 1 or 1b* | QL |
| VELPHORO ORAL TABLET CHEWABLE | | |
| AGENTES ANTIALERGÉNICOS GASTROINTESTINALES | | |
| cromolyn sodium oral concentrate | 1 or 1b* | |

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| AGENTES DE ANOMALÍAS EN LA SÍNTESIS DE ÁCIDOS BILIARES | | |
| CHOLBAM ORAL CAPSULE | 3 | PA; LD; QL |
| AGENTES PARA EL IBS - AGONISTAS DEL RECEPTOR OPIOIDE MU | | |
| VIBERZI ORAL TABLET | 3 | PA; QL |
| AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3 | | |
| alosetron hcl oral tablet | 1 or 1b* | PA; QL |
| AGENTES PARA EL SÍNDROME DEL INTESTINO IRRITABLE (IBS) - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C) | | |
| LINZESS ORAL CAPSULE | 2 | QL |
| AGENTES PARA LA INFLAMACIÓN INTESTINAL | | |
| balsalazide disodium oral capsule | 1 or 1b* | QL |
| DIPENTUM ORAL CAPSULE | | |
| mesalamine er oral capsule extended release 24 hour | 1 or 1b* | QL |
| mesalamine oral capsule delayed release | 1 or 1b* | QL |
| mesalamine oral tablet delayed release | 1 or 1b* | QL |
| mesalamine rectal enema | 1 or 1b* | QL |
| mesalamine rectal suppository | 1 or 1b* | QL |
| mesalamine-cleanser rectal kit | 1 or 1b* | QL |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG | 3 | QL |
| SFROWASA RECTAL ENEMA | | |

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| sulfasalazine oral tablet | 1 or 1b* | QL |
| sulfasalazine oral tablet delayed release | 1 or 1b* | QL |
| AGENTES SOLUBILIZANTES DE CÁLCULOS BILIARES | | |
| ursodiol oral capsule 300 mg | 1 or 1b* | |
| ursodiol oral tablet | 1 or 1b* | |
| ANÁLOGOS DEL PÉPTIDO SIMILAR AL GLUCAGÓN TIPO 2 (GLP-2) | | |
| GATTEX SUBCUTANEOUS KIT | 3 | PA; LD; SP |
| ANTAGONISTAS DE LA INTERLEUCINA | | |
| SELARSDI INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SKYRIZI INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| STELARA INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| TREMFYA INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 3 | PA; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 3 | PA; QL; SP |
| ustekinumab intravenous solution | 3 | PA; QL; SP |
| ANTAGONISTAS DEL RECEPTOR 5-HT4 | | |
| prucalopride succinate oral tablet | 1 or 1b* | QL |

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| ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO | | |
| alvimopan oral capsule | 1 or 1b* | |
| MOVANTIK ORAL TABLET | 2 | QL |
| RELISTOR ORAL TABLET | 3 | ST; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | ST; QL |
| SYMPROIC ORAL TABLET | 3 | ST; QL |
| BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL | | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| INFILIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| ESTIMULANTES GASTROINTESTINALES | | |
| GIMOTI NASAL SOLUTION | 3 | PA; QL |
| metoclopramide hcl injection solution | 1 or 1a* | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 or 1a* | QL |
| metoclopramide hcl oral tablet | 1 or 1a* | QL |
| metoclopramide hcl oral tablet dispersible 5 mg | 1 or 1a* | QL |

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| INHIBIDORES DE LA TRIPTÓFANO HIDROXILASA | | |
| XERMELO ORAL TABLET | 3 | PA; LD; QL |
| AGENTES GENITOURINARIOS VARIOS | | |
| *IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG*** | | |
| FILSPARI ORAL TABLET | 3 | PA; LD; QL; SP |
| *SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** | | |
| OXLUMO SUBCUTANEOUS SOLUTION | 3 | PA; LD |
| RIVFLOZA SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| AGENTES ANTIINFECCIOSOS - IRRIGANTES GENITOURINARIOS | | |
| neomycin-polymyxin b gu irrigation solution | 1 or 1b* | |
| AGENTES PARA CÁLCULOS URINARIOS | | |
| LITHOSTAT ORAL TABLET | 3 | |
| tiopronin oral tablet | 3 | PA; QL |
| tiopronin oral tablet delayed release | 3 | PA; LD; QL |
| VENXXIVA ORAL TABLET DELAYED RELEASE | 3 | PA; LD; QL |
| AGENTES PARA LA CISTINOSIS | | |
| CYSTAGON ORAL CAPSULE | 3 | PA; LD; SP |
| PROSYSBI ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD |

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| PROSYSBI ORAL PACKET | 3 | PA; LD |
| AGENTES PARA LA CISTITIS INTERSTICIAL | | |
| ELMIRON ORAL CAPSULE | 3 | QL |
| RIMSO-50 INTRAVESICAL SOLUTION | 3 | |
| ANTAGONISTAS DE ADRENORECEPTORES ALFA 1 | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| silodosin oral capsule | 1 or 1b* | QL |
| tamsulosin hcl oral capsule | 1 or 1b* | QL |
| CITRATOS | | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA | | |
| dutasteride-tamsulosin hcl oral capsule | 1 or 1b* | QL |
| FOSFATOS | | |
| K-PHOS NO 2 ORAL TABLET | 3 | |
| INHIBIDORES DE LA 5-ALFA REDUCTASA | | |
| dutasteride oral capsule | 1 or 1b* | QL |
| finasteride oral tablet 5 mg | 1 or 1b* | QL |
| IRRIGANTES GENITOURINARIOS | | |
| acetic acid irrigation solution | 1 or 1b* | |
| argyle sterile saline irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 1 or 1b* | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| sodium chloride irrigation solution 0.9 % | 1 or 1b* | |

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| SORBITOL IRRIGATION SOLUTION 3 % | 3 | |
| SORBITOL-MANNITOL IRRIGATION SOLUTION | 3 | |
| AGENTES HEMATOLÓGICOS VARIOS | | |
| *AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA* | | |
| adzynma intravenous kit | 3 | PA; LD |
| *AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** | | |
| GIVLAARI SUBCUTANEOUS SOLUTION | 3 | PA; LD |
| *ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA*** | | |
| QFITLIA SUBCUTANEOUS SOLUTION | 3 | PA; LD |
| QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD |
| *COMPLEMENT C1 INHIBITORS*** | | |
| ENJAYMO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *COMPLEMENT C3 INHIBITORS*** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL |
| *COMPLEMENT C5 INHIBITORS*** | | |
| PIASKY INJECTION SOLUTION | 3 | PA; LD; QL; SP |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 3 | PA; LD; QL; SP |
| ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML | 3 | PA; LD; QL; SP |

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| VEOPOZ INJECTION SOLUTION | 3 | PA; LD; QL |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL |
| *COMPLEMENT C5A INHIBITORS*** | | |
| gohibic intravenous solution | 3 | |
| *COMPLEMENT C5A RECEPTOR INHIBITORS*** | | |
| TAVNEOS ORAL CAPSULE | 3 | PA; LD; QL |
| *COMPLEMENT FACTOR B INHIBITORS*** | | |
| FABHALTA ORAL CAPSULE | 3 | PA; LD; QL |
| *COMPLEMENT FACTOR D INHIBITORS*** | | |
| VOYDEYA ORAL TABLET | 3 | PA; LD; QL |
| VOYDEYA ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| *PYRUVATE KINASE ACTIVATORS*** | | |
| PYRUKYND ORAL TABLET | 3 | PA; LD; QL |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| *THROMBOLYTIC AGENT - MISC*** | | |
| DEFITELIO INTRAVENOUS SOLUTION | 3 | LD |
| ACTIVADORES DEL PLASMINÓGENO TISULAR | | |
| ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED | 3 | |
| TNKASE INTRAVENOUS KIT 50 MG | 3 | |

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| AGENTES ANTI FACTOR VON WILLEBRAND | | |
| CABLIVI INJECTION KIT | 3 | PA; LD |
| AGENTES DE QUINAZOLINA | | |
| anagrelide hcl oral capsule | 1 or 1b* | QL |
| AGENTES HEMORREOLÓGICOS | | |
| pentoxifylline er oral tablet extended release | 1 or 1b* | |
| ANTAGONISTAS DE LOS RECEPTORES B2 DE LA BRADICININA | | |
| icatibant acetate subcutaneous solution prefilled syringe | 1 or 1b* | PA; QL; SP |
| sajazir subcutaneous solution prefilled syringe | 1 or 1b* | PA; LD; QL |
| ANTAGONISTAS DEL RECEPTOR-1 DE PROTEASA ACTIVADA (PAR-1) | | |
| ZONTIVITY ORAL TABLET | 3 | PA; QL |
| COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | QL |
| YOSPRALA ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| DERIVADOS DE LA CICLO-PENTIL-TRIAZOLO-PIRIMIDINA (CPTP) | | |
| KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ticagrelor oral tablet | 1 or 1b* | QL |
| DERIVADOS DE LA TIENOPIRIDINA | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | QL |
| prasugrel hcl oral tablet | 1 or 1b* | QL |

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| EXPANSORES PLASMÁTICOS | | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| HEXTEND INTRAVENOUS SOLUTION | | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| HEMINA | | |
| PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 3 | |
| INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| dipyridamole oral tablet | 1 or 1b* | |
| INHIBIDORES DE C1 | | |
| BERINERT INTRAVENOUS KIT | 3 | PA; LD; QL; SP |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLONALES | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |

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| INHIBIDORES DE CALICREÍNA PLASMÁTICA | | | AFSTYLA INTRAVENOUS KIT | 3 | PA; LD; SP |
| KALBITOR SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP | ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP |
| ORLADEYO ORAL CAPSULE | 3 | PA; LD; QL | ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| INHIBIDORES DE LA FOSFODIESTERASA III | | | ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| cilostazol oral tablet | 1 or 1b* | | ALTUVIPIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 3 | PA; LD; SP |
| INHIBIDORES DE TIROSINAS-CINASAS (SYK) | | | BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TAVALISSE ORAL TABLET | 3 | PA; LD; QL | BENEFIX INTRAVENOUS KIT | 3 | PA; LD; SP |
| INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA | | | COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | | CORIFACT INTRAVENOUS KIT | 3 | PA; LD; SP |
| eftifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 1 or 1b* | | ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| tirofiban hcl in nacl intravenous solution | 1 or 1b* | | ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| PRODUCTOS ANTIHEMOFÍLICOS - ANTICUERPOS MONOCOLONIALES | | | FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT | 3 | PA; LD; SP |
| ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; SP | FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| HEMLIBRA SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP | | | |
| HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; SP | | | |
| PRODUCTOS ANTIHEMOFÍLICOS | | | | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | | |
| ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | | |

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| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP | obizur intravenous solution reconstituted | 3 | PA; LD; SP |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | 3 | PA; LD; SP | PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| IDEVION INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT | 3 | PA; LD; SP | RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| KCENTRA INTRAVENOUS KIT | 3 | | RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG | 3 | PA; LD; SP |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | 3 | PA; LD; SP | SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG | 3 | PA; SP |
| KOGENATE FS INTRAVENOUS KIT | 3 | PA; LD; SP | TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT | 3 | PA; LD; SP |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | WILATE INTRAVENOUS KIT | 3 | PA; LD; SP |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP |
| NUWIQ INTRAVENOUS KIT | 3 | PA; LD; SP | XYNTHA SOLOFUSE INTRAVENOUS KIT | 3 | PA; LD; SP |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | PROTAMINA | | |
| | | | protamine sulfate intravenous solution | 1 or 1b* | |

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| PROTEÍNA C HUMANA | | |
| CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| PROTEÍNAS PLASMÁTICAS | | |
| ALBUKED 25 INTRAVENOUS SOLUTION | 3 | |
| ALBUKED 5 INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN HUMAN INTRAVENOUS SOLUTION | 3 | |
| ALBUMINEX INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN-ZLB INTRAVENOUS SOLUTION | 3 | |
| ALBURX INTRAVENOUS SOLUTION | 3 | |
| ALBUTEIN INTRAVENOUS SOLUTION | 3 | |
| FLEXBUMIN INTRAVENOUS SOLUTION | 3 | |
| KEDBUMIN INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION | 3 | |

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| RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | 3 | |
| AGENTES HEMATOPOYÉTICOS | | |
| *ERYTHROID MATURATION AGENTS*** | | |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *SELECTIN BLOCKERS*** | | |
| ADAKVEO INTRAVENOUS SOLUTION | 3 | PA; SP |
| ÁCIDO FÓLICO/FOLATO | | |
| cvs folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| fa-8 oral capsule | 1 or 1b* | \$0 |
| folate oral tablet | 1 or 1a* | \$0 |
| folic acid injection solution | 1 or 1a* | |
| folic acid oral capsule 0.8 mg | 1 or 1b* | \$0 |
| folic acid oral tablet 1 mg | 1 or 1a* | |
| folic acid oral tablet 400 mcg, 800 mcg | 1 or 1a* | \$0 |
| ft folic acid oral tablet | 1 or 1a* | \$0 |
| gnp folic acid oral tablet | 1 or 1a* | \$0 |
| kp folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| qc folic acid oral tablet | 1 or 1a* | \$0 |
| ra folic acid oral tablet | 1 or 1a* | \$0 |
| true folic acid oral tablet 400 mcg | 1 or 1a* | \$0 |
| yl folic acid oral tablet | 1 or 1a* | \$0 |
| AGENTES CITOTÓXICOS | | |
| DROXIA ORAL CAPSULE | 2 | |
| SIKLOS ORAL TABLET | 3 | PA; SP |

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| XROMI ORAL SOLUTION | 3 | PA | AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO) | | |
| AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA) | | | DOPTELET ORAL TABLET 20 MG | 3 | PA; LD; QL; SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; QL; SP | eltrombopag olamine oral packet 12.5 mg | 3 | PA; DO; SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | eltrombopag olamine oral packet 25 mg | 3 | PA; QL; SP |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL; SP | eltrombopag olamine oral tablet 12.5 mg, 25 mg | 3 | PA; DO; SP |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL | eltrombopag olamine oral tablet 50 mg, 75 mg | 3 | PA; QL; SP |
| PROCRIK INJECTION SOLUTION | 3 | PA; QL; SP | MULPLETA ORAL TABLET | 3 | PA; QL; SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | PA; QL; SP | NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| AGENTES PARA LA ENFERMEDAD DE GAUCHER | | | AMINOÁCIDOS | | |
| CERDELGA ORAL CAPSULE | 2 | PA; LD; QL; SP | l-glutamine oral packet | 3 | PA; SP |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | 3 | PA; LD; SP | ANTAGONISTA DEL RECEPTOR CXCR4 | | |
| EELYSO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD |
| miglustat oral capsule | 3 | PA; QL; SP | plerixafor subcutaneous solution | 3 | PA; SP |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | XOLREMDI ORAL CAPSULE | 3 | PA; LD; QL |
| YARGESA ORAL CAPSULE | 3 | PA; LD; QL; SP | COBALAMINAS | | |
| | | | cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| | | | hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |
| | | | COMBINACIONES DE ÁCIDO FÓLICO/FOLATO | | |
| | | | fola-b complex oral tablet | 3 | |
| | | | foltabs 800 oral tablet | 1 or 1b* | \$0 |
| | | | COMBINACIONES DE HIERRO | | |
| | | | NIFEREX ORAL TABLET | 3 | |

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| FACTOR ESTIMULANTE DE COLONIAS DE GRANULOCITOS Y MACRÓFAGOS (GM-CSF) | | | UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP | UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF) | | | UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML | 3 | PA; SP | ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP | HIERRO | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP | ferumoxytol intravenous solution | 3 | PA; QL; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP | INFED INJECTION SOLUTION | 3 | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 3 | PA; SP | na ferric gluc cplx in sucrose intravenous solution | 1 or 1b* | PA; QL; SP |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP | AGENTES HEMOSTÁTICOS | | |
| NIVESTYM INJECTION SOLUTION | 3 | PA; SP | AGENTES HEMOSTÁTICOS SISTÉMICOS | | |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP | aminocaproic acid intravenous solution | 1 or 1b* | |
| NYPOZI INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP | aminocaproic acid oral solution | 1 or 1b* | QL |
| RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | aminocaproic acid oral tablet 1000 mg | 1 or 1b* | |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | aminocaproic acid oral tablet 500 mg | 1 or 1b* | QL |
| | | | tranexamic acid intravenous solution 1000 mg/10ml | 1 or 1b* | |
| | | | tranexamic acid oral tablet | 1 or 1b* | QL |
| | | | AGENTES HEMOSTÁTICOS TÓPICOS | | |
| | | | ACTIFOAM COLLAGEN SPONGE EXTERNAL | 3 | |
| | | | AVITENE EXTERNAL PAD | 3 | |
| | | | AVITENE FLOUR EXTERNAL POWDER | 3 | |
| | | | ENDO AVITENE EXTERNAL | 3 | |

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| GELFILM EXTERNAL FILM | 3 | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | 3 | |
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | 3 | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | 3 | |
| GELFOAM MOUTH/THROAT POWDER | 3 | |
| GELFOAM SPONGE EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 100 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 200 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 50 EXTERNAL | 3 | |
| INSTAT EXTERNAL PAD | 3 | |
| INTERCEED (TC7) EXTERNAL PAD | 3 | |
| INTERCEED EXTERNAL PAD | 3 | |
| RECOETHROM EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| RECOETHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| SURGICEL FIBRILLAR EXTERNAL PAD | 3 | |
| SURGICEL NU-KNIT EXTERNAL PAD | 3 | |
| SURGICEL SNOW 1"X2" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 2"X4" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 4"X4" EXTERNAL PAD | 3 | |
| SYRINGE AVITENE EXTERNAL | 3 | |
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT | 3 | |

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| THROMBIN-JMI EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| THROMBOGEN EXTERNAL KIT | 3 | |
| THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X25X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL | 3 | |
| COMBINACIONES HEMOSTÁTICAS TÓPICAS | | |
| ARTISS EXTERNAL KIT | 3 | |
| ARTISS EXTERNAL SOLUTION | 3 | |
| TISSEEL EXTERNAL KIT | 3 | |
| TISSEEL EXTERNAL SOLUTION | 3 | |
| VISTASEAL EXTERNAL PREFILLED SYRINGE KIT | 3 | |
| AGENTES NASALES - SISTÉMICOS Y TÓPICOS | | |
| ANESTÉSICOS NASALES | | |
| COCAINE HCL NASAL SOLUTION | 3 | |
| NUMBRINO NASAL SOLUTION | 3 | |
| ANTICOLINÉRGICOS NASALES | | |
| ipratropium bromide nasal solution | 1 or 1b* | QL |
| ANTIHISTAMÍNICOS ESTEROIDES | | |
| azelastine-fluticasone nasal suspension | 3 | QL |

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| ANTIHISTAMÍNICOS NASALES | | | | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 or 1b* | QL | AGENTES BLOQUEADORES NEUROMUSCULARES - NEUROTOXINAS | | |
| olopatadine hcl nasal solution | 1 or 1b* | QL | BOTOX INJECTION SOLUTION RECONSTITUTED | 3 | PA |
| ESTEROIDES NASALES | | | | | |
| flunisolide nasal solution 25 mcg/act (0.025%) | 3 | ST; QL | DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| PROPEL CONTOUR NASAL IMPLANT | 3 | | MYOBLOC INTRAMUSCULAR SOLUTION | 3 | PA; SP |
| PROPEL MINI NASAL IMPLANT | 3 | | XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| PROPEL MINI SDS NASAL IMPLANT | 3 | | AGENTES PARA LA DISTROFIA MUSCULAR | | |
| PROPEL NASAL IMPLANT | 3 | | AMONDYS 45 INTRAVENOUS SOLUTION | 3 | PA; LD |
| AGENTES NEUROMUSCULARES | | | EXONDYS 51 INTRAVENOUS SOLUTION | 3 | PA; LD |
| *FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** | | | VILTEPSO INTRAVENOUS SOLUTION | 3 | PA; LD |
| SKYCLARYS ORAL CAPSULE | 3 | PA; LD; QL | VYONDYS 53 INTRAVENOUS SOLUTION | 3 | PA; LD |
| *MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** | | | AGENTES PARA LA ESCLEROSIS LATERAL AMIOTRÓFICA (ELA) - MISCELÁNEOS | | |
| DUVYZAT ORAL SUSPENSION | 3 | PA; LD; QL | RADICAVA ORS ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| *RETT SYNDROME AGENTS - GLYCINE- PROLINE-GLUTAMATE ANALOGS*** | | | RADICAVA ORS STARTER KIT ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| DAYBUE ORAL SOLUTION | 3 | PA; LD; QL | BENZOTIAZOLES | | |
| *SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** | | | riluzole oral tablet | 1 or 1b* | PA; QL; SP |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; LD; QL | TEGLUTIK ORAL SUSPENSION | 3 | PA; LD; QL |
| EVRYSDI ORAL TABLET | 3 | PA; LD; QL | TIGLUTIK ORAL SUSPENSION | 3 | PA; LD; QL |

| Nombre del Medicamento | Nivel | Notas |
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| RELAJANTES MUSCULARES DESPOLARIZANTES | | |
| ANECTINE INJECTION SOLUTION | 3 | |
| succinylcholine cl +rfid injection solution prefilled syringe | 3 | |
| RELAJANTES MUSCULARES NO DESPOLARIZANTES | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |
| cisatracurium besylate intravenous solution 20 mg/10ml | 1 or 1b* | |
| rocuronium bromide intravenous solution | 1 or 1b* | |
| vecuronium bromide intravenous solution reconstituted | 1 or 1b* | |
| AGENTES OFTÁLMICOS | | |
| *OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** | | |
| VABYSMO INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| *OPHTHALMIC COMPLEMENT C3 INHIBITORS*** | | |
| SYFOVRE INTRAVITREAL SOLUTION | 3 | PA; LD |
| *OPHTHALMIC COMPLEMENT C5 INHIBITORS*** | | |
| IZERVAY INTRAVITREAL SOLUTION | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
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| *OPHTHALMIC ECTOPARASITICIDE** | | |
| XDEMVY OPHTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMICS - BLEPHAROPTOSIS AGENTS** | | |
| UPNEEQ OPHTHALMIC SOLUTION | | |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS | | |
| ACUVAIL OPHTHALMIC SOLUTION | 3 | QL |
| bromfenac sodium (once-daily) ophthalmic solution | 1 or 1b* | QL |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 1 or 1b* | QL |
| diclofenac sodium ophthalmic solution | 1 or 1b* | QL |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | QL |
| ILEVRO OPHTHALMIC SUSPENSION | 2 | QL |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | QL |
| NEVANAC OPHTHALMIC SUSPENSION | 3 | QL |
| AGENTES DE TERAPIA FOTODINÁMICA OFTÁLMICA | | |
| VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; QL; SP |
| AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS | | |
| apraclonidine hcl ophthalmic solution | 1 or 1b* | |
| brimonidine tartrate ophthalmic solution | 1 or 1b* | QL |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
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| ANESTÉSICOS LOCALES OFTÁLMICOS | | | | | |
| AKTEN OPHTHALMIC GEL | 3 | | SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION | 3 | LD; SP |
| IHEEZO OPHTHALMIC GEL | 3 | | SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION | 3 | LD; SP |
| proparacaine hcl ophthalmic solution | 1 or 1b* | | ANTIALÉRGICOS OFTÁLMICOS | | |
| tetracaine hcl ophthalmic solution | 1 or 1b* | | azelastine hcl ophthalmic solution | 1 or 1b* | QL |
| ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1) | | | cromolyn sodium ophthalmic solution | 1 or 1a* | QL |
| XIIDRA OPHTHALMIC SOLUTION | 2 | PA; QL | epinastine hcl ophthalmic solution | 1 or 1b* | QL |
| ANTAGONISTAS DEL FACTOR DE CRECIMIENTO ENDOTELIAL VASCULAR (VEGF) | | | olopatadine hcl ophthalmic solution 0.1 % | 1 or 1b* | ST; QL |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | ANTIBIÓTICOS OFTÁLMICOS | | |
| BYOOVIZ INTRAVITREAL SOLUTION | 3 | PA; LD; SP | AZASITE OPHTHALMIC SOLUTION | 3 | QL |
| CIMERLI INTRAVITREAL SOLUTION | 3 | PA; LD; SP | bacitracin ophthalmic ointment | 1 or 1b* | QL |
| EYLEA HD INTRAVITREAL SOLUTION | 3 | PA; LD; SP | BESIVANCE OPHTHALMIC SUSPENSION | 3 | QL |
| EYLEA INTRAVITREAL SOLUTION | 3 | PA; LD; SP | CILOXAN OPHTHALMIC OINTMENT | 3 | QL |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | ciprofloxacin hcl ophthalmic solution | 1 or 1a* | QL |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP | erythromycin ophthalmic ointment | 3 | QL |
| PAVBLU INTRAVITREAL SOLUTION | 3 | PA | gatifloxacin ophthalmic solution | 1 or 1b* | QL |
| PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA | gentamicin sulfate ophthalmic solution | 1 or 1a* | QL |
| | | | levofloxacin ophthalmic solution | 1 or 1b* | QL |
| | | | mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 % | 3 | |
| | | | MITOSOL OPHTHALMIC KIT | 3 | |
| | | | moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | QL |
| | | | moxifloxacin hcl ophthalmic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|---|----------|-------|
| ofloxacin ophthalmic solution | 1 or 1a* | QL | timolol maleate ophthalmic gel forming solution | 1 or 1b* | QL |
| tobramycin ophthalmic solution | 1 or 1a* | QL | timolol maleate ophthalmic solution | 1 or 1b* | QL |
| TOBREX OPHTHALMIC OINTMENT | 3 | QL | timolol maleate pf ophthalmic solution | 1 or 1b* | QL |
| ANTIMICÓTICOS OFTÁLMICOS | | | | | |
| NATACYN OPHTHALMIC SUSPENSION | 3 | QL | COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| ANTISÉPTICOS OFTÁLMICOS | | | | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION | 3 | | SIMBRINZA OPHTHALMIC SUSPENSION | 2 | QL |
| ANTIVIRALES OFTÁLMICOS | | | COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS | | |
| trifluridine ophthalmic solution | 1 or 1b* | QL | bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 or 1a* | QL |
| ZIRGAN OPHTHALMIC GEL | 3 | QL | neomycin-bacitracin zn-polymyx ophthalmic ointment | 1 or 1b* | QL |
| BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS | | | neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 or 1b* | QL |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | QL | neo-polycin ophthalmic ointment | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal ophthalmic solution | 1 or 1b* | QL | polycin ophthalmic ointment | 1 or 1a* | QL |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | 1 or 1b* | QL | polymyxin b-trimethoprim ophthalmic solution | 1 or 1a* | QL |
| BETABLOQUEADORES - OFTÁLMICOS | | | COMBINACIONES DE ESTEROIDES OFTÁLMICOS | | |
| betaxolol hcl ophthalmic solution | 1 or 1b* | QL | bacitra-neomycin-polymyxin-hc ophthalmic ointment | 1 or 1b* | QL |
| BETOPTIC-S OPHTHALMIC SUSPENSION | 2 | QL | neomycin-polymyxin-dexameth ophthalmic ointment | 1 or 1a* | QL |
| carteolol hcl ophthalmic solution | 1 or 1a* | | neomycin-polymyxin-dexameth ophthalmic suspension | 1 or 1a* | QL |
| levobunolol hcl ophthalmic solution 0.5 % | 1 or 1b* | | neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 or 1b* | |
| timolol hemihydrate ophthalmic solution | 1 or 1b* | QL | neo-polycin hc ophthalmic ointment | 1 or 1b* | QL |
| timolol maleate (once-daily) ophthalmic solution | 1 or 1b* | QL | sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | QL |
| timolol maleate ocudose ophthalmic solution | 1 or 1b* | QL | | | |

| Nombre del Medicamento | Nivel | Notas |
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| TOBRADEX OPHTHALMIC OINTMENT | 2 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | QL |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | QL |
| ZYLET OPHTHALMIC SUSPENSION | 2 | QL |
| COMBINACIONES DE FOTOREFORZADORES OFTÁLMICOS | | |
| PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE | 3 | LD |
| COMBINACIONES DE MIDRIÁTICOS CICLOPLÉJICOS | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION | 3 | |
| MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE | 3 | |
| DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS - COMBINACIONES | | |
| DISCOVISC INTRAOCULAR SOLUTION | 3 | |
| DUOVISC INTRAOCULAR KIT 0.4- 0.35 ML, 0.55-0.5 ML | 3 | |
| OMIDRIA INTRAOCULAR SOLUTION | 3 | |
| VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS | | |
| AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| CELLUGEL INTRAOCULAR SOLUTION | 3 | |
| HEALON Duet PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| ESTEROIDES OFTÁLMICOS | | |
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | |
| DEXTENZA OPHTHALMIC INSERT | 3 | |
| DEXYCU INTRAOCULAR SUSPENSION | 3 | |
| difluprednate ophthalmic emulsion | 1 or 1b* | QL |
| FLAREX OPHTHALMIC SUSPENSION | 3 | |

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| fluorometholone ophthalmic suspension | 1 or 1b* | |
| FML FORTE OPHTHALMIC SUSPENSION | 3 | |
| ILUVIEN INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| INVELTYS OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | QL |
| LOTEMAX SM OPHTHALMIC GEL | 3 | QL |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL |
| loteprednol etabonate ophthalmic suspension 0.5 % | 1 or 1b* | QL |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | |
| OZURDEX INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| PRED MILD OPHTHALMIC SUSPENSION | 3 | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION | 3 | QL |
| RETISERT INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| TRIESENCE INTRAOCULAR SUSPENSION | 3 | |
| XIPERE INTRAOCULAR SUSPENSION | 3 | PA; LD |
| YUTIQ INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| FACTORES DE CRECIMIENTO NERVIOSO OFTÁLMICO | | |
| OXERVATE OPHTHALMIC SOLUTION | 3 | PA; LD; QL |

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| INHIBIDORES DE CINASA OFTÁLMICOS - COMBINACIONES | | |
| ROCKLATAN OPHTHALMIC SOLUTION | 3 | QL |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS | | |
| brinzolamide ophthalmic suspension | 1 or 1b* | QL |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | QL |
| INHIBIDORES OFTÁLMICOS DE LA RHO-CINASA | | |
| RHOPRESSA OPHTHALMIC SOLUTION | 3 | QL |
| INMUNOMODULADORES OFTÁLMICOS | | |
| cyclosporine ophthalmic emulsion | 1 or 1b* | PA; QL |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | PA; QL |
| RESTASIS OPHTHALMIC EMULSION | 2 | PA; QL |
| VERKAZIA OPHTHALMIC EMULSION | 3 | PA; QL |
| MIDRIÁTICOS CICLOPLÉJICOS | | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1 % | 3 | QL |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % | 3 | |
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL |
| phenylephrine hcl ophthalmic solution 10 % | 1 or 1b* | |
| tropicamide ophthalmic solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
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| MIÓTICOS - ACTUACIÓN DIRECTA | | | | | |
| MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED | 3 | | DURYSTA INTRAOCULAR IMPLANT | 3 | PA; LD; QL; SP |
| MIOSTAT INTRAOCULAR SOLUTION | 3 | | IFYUZEH OPHTHALMIC SOLUTION | 3 | QL |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 or 1b* | | latanoprost ophthalmic solution | 1 or 1b* | QL |
| MIÓTICOS - INHIBIDORES DE LA COLINESTERASA | | | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | 3 | LD; QL | LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| OFTÁLMICOS - AGENTES DE CISTINOSIS | | | | | |
| CYSTADROPS OPHTHALMIC SOLUTION | 3 | PA; LD; QL | tafluprost (pf) ophthalmic solution | 1 or 1b* | QL |
| CYSTARAN OPHTHALMIC SOLUTION | 3 | PA; LD; QL | travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |
| PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO | | | | | |
| ak-fluor intravenous solution 10 % | 1 or 1b* | | VYZULTA OPHTHALMIC SOLUTION | 3 | QL |
| altafluor benox ophthalmic solution | 1 or 1b* | | XELPROS OPHTHALMIC EMULSION | 3 | QL |
| fluorescein intravenous solution | 1 or 1b* | | SOLUCIONES DE IRRIGACIÓN OFTÁLMICA | | |
| fluorescein sodium intravenous solution | 1 or 1b* | | BSS INTRAOCULAR SOLUTION | 3 | |
| FLUORESCIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION | 3 | | BSS PLUS INTRAOCULAR SOLUTION | 3 | |
| fluorescein-benoxinate ophthalmic solution | 1 or 1b* | | SULFONAMIDAS OFTÁLMICAS | | |
| FLURA-SAFE OPHTHALMIC SOLUTION | 3 | | sulfacetamide sodium ophthalmic ointment | 1 or 1b* | QL |
| PROSTAGLANDINAS - OFTÁLMICAS | | | sulfacetamide sodium ophthalmic solution | 1 or 1b* | QL |
| bimatoprost ophthalmic solution | 1 or 1b* | | AGENTES ÓTICOS | | |
| AGENTES ÓTICOS VARIOS | | | AGENTES ÓTICOS VARIOS | | |
| | | | acetic acid otic solution | 1 or 1b* | |
| ANTIINFECCIOSOS ÓTICOS | | | ANTIINFECCIOSOS ÓTICOS | | |
| | | | ciprofloxacin hcl otic solution | 1 or 1b* | QL |
| | | | ofloxacin otic solution | 1 or 1b* | QL |
| COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS | | | | | |
| | | | ciprofloxacin-dexamethasone otic suspension | 1 or 1b* | QL |
| | | | ciprofloxacin-fluocinolone pf otic solution | 1 or 1b* | QL |

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| CORTISPORIN-TC OTIC SUSPENSION | 3 | |
| neomycin-polymyxin-hc otic solution | 1 or 1b* | |
| neomycin-polymyxin-hc otic suspension | 1 or 1b* | QL |
| COMBINACIONES DE ANALGÉSICOS ÓTICOS | | |
| PRAMOTIC OTIC LIQUID | 3 | |
| ESTEROIDES ÓTICOS | | |
| fluocinolone acetonide otic oil | 1 or 1b* | |
| hydrocortisone-acetic acid otic solution | 1 or 1b* | QL |
| AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES | | |
| AGENTES ANTIINFECCIOSOS - GARGANTA | | |
| clotrimazole mouth/throat troche | 1 or 1b* | QL |
| ORAVIG BUCCAL TABLET | 3 | |
| ANESTÉSICOS TÓPICOS ORALES | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | QL |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | QL |
| ANTISÉPTICOS - BOCA/GARGANTA | | |
| chlorhexidine gluconate mouth/throat solution | 1 or 1a* | QL |
| periogard mouth/throat solution | 1 or 1a* | QL |
| ESTEROIDES - BOCA/GARGANTA | | |
| KOURZEQ MOUTH/THROAT PASTE | 1 or 1b* | |
| oralone mouth/throat paste | 1 or 1b* | |
| triamcinolone acetonide mouth/throat paste | 1 or 1b* | |
| ESTIMULANTES DE SALIVA | | |
| cevimeline hcl oral capsule | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
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| pilocarpine hcl oral tablet | 1 or 1b* | QL |
| PRODUCTOS DENTALES - COMBINACIONES | | |
| | | |
| denta 5000 plus sensitive dental gel | 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL GEL | 3 | |
| FLUORIMAX 5000 SENSITIVE DENTAL GEL | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | 3 | |
| sodium fluoride 5000 enamel dental gel | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental gel | 1 or 1b* | |
| PRODUCTOS DENTALES CON FLUORURO | | |
| clinpro 5000 dental paste | 1 or 1b* | QL |
| denta 5000 plus dental cream | 1 or 1b* | QL |
| dentagel dental gel | 1 or 1a* | QL |
| easygel dental gel | 1 or 1b* | |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | QL |
| fluoridex enhanced whitening dental paste | 1 or 1b* | QL |
| fluorimax 5000 dental paste | 1 or 1b* | QL |
| fraiche 5000 dental dental gel | 1 or 1b* | QL |
| just right 5000 dental paste | 1 or 1b* | QL |
| sf 5000 plus dental cream | 1 or 1b* | QL |
| sf dental gel | 1 or 1a* | QL |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental gel | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | QL |
| sodium fluoride dental cream | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
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| sodium fluoride mouth/throat solution | 1 or 1a* | |
| AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR | | |
| *RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** | | |
| SOHONOS ORAL CAPSULE | 3 | PA; LD; QL; SP |
| COMBINACIONES DE RELAJANTES MUSCULARES | | |
| NORGESIC FORTE ORAL TABLET | 1 or 1b* | ST; QL |
| norgesic oral tablet | 1 or 1b* | ST; QL |
| ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG | 1 or 1b* | ST; QL |
| orphengesic forte oral tablet 50-770-60 mg | 1 or 1b* | ST; QL |
| RELAJANTES MUSCULARES CENTRALES | | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| carisoprodol oral tablet | 1 or 1b* | QL |
| chlorzoxazone oral tablet 375 mg, 750 mg | 1 or 1b* | ST; QL |
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | QL |
| methocarbamol injection solution 1000 mg/10ml | 1 or 1b* | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 or 1b* | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | 1 or 1b* | QL |
| orphenadrine citrate injection solution | 1 or 1b* | |
| tizanidine hcl oral capsule 6 mg | 1 or 1b* | QL |
| tizanidine hcl oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
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| RELAJANTES MUSCULARES DIRECTOS | | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |
| dantrolene sodium oral capsule | 1 or 1b* | |
| revonto intravenous solution reconstituted | 1 or 1b* | |
| RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| AGENTES PARA LA GOTA | | |
| AGENTES PARA LA GOTA | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 or 1a* | QL |
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| colchicine oral tablet | 2 | QL |
| febuxostat oral tablet | 1 or 1b* | ST; QL |
| GLOPERBA ORAL SOLUTION | 3 | ST; QL |
| KRYSTEXXA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| COMBINACIONES DE AGENTES PARA LA GOTA | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| URICOSÚRICO | | |
| probenecid oral tablet | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| *MELANOCORTIN RECEPTOR AGONISTS*** | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
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| *THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** | | |
| LYBALVI ORAL TABLET | 3 | ST; QL |
| AGENTE PARA LA FIBROMALGIA - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (IRSN) | | |
| SAVELLA ORAL TABLET | 2 | QL |
| SAVELLA TITRATION PACK ORAL | 2 | QL |
| AGENTES ANTICATAPLÉTICOS | | |
| sodium oxybate oral solution | 3 | PA; LD; QL |
| AGENTES DE ARN PEQUEÑO DE INTERFERENCIA (SIRNA) | | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| ONPATTRO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| AGENTES DE NEURALGIA POSTHERPÉTICA (PHN) | | |
| gabapentin (once-daily) oral tablet | 1 or 1b* | PA; DO |
| GRALISE ORAL TABLET 450 MG | 2 | PA; DO |
| GRALISE ORAL TABLET 750 MG, 900 MG | 2 | PA; QL |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | 1 or 1b* | PA; DO |
| pregabalin er oral tablet extended release 24 hour 330 mg | 1 or 1b* | PA; QL |
| AGENTES INHIBIDORES DE OLIGONUCLEÓTIDO ANTISENTIDO (ASO) | | |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL |

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| AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| teriflunomide oral tablet | 3 | PA; QL; SP |
| AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | QL |
| AGENTES PARA LA ABSTINENCIA DE ESTUPEFACIENTES | | |
| lofexidine hcl oral tablet | 1 or 1b* | QL |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2 | | |
| dimethyl fumarate oral capsule delayed release | 1 or 1b* | PA; QL; SP |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | 1 or 1b* | PA; QL; SP |
| VUMERTY ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTICUERPOS MONOCLONALES | | |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| LEMTRADA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| TYSABRI INTRAVENOUS CONCENTRATE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |

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| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP | AGENTES PARA LA ESCLEROSIS MÚLTIPLE | | |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO | | | COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 3 | PA; QL; SP |
| dalfampridine er oral tablet extended release 12 hour | 1 or 1b* | PA; QL; SP | glatiramer acetate subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES | | | glatopa subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 3 | PA; QL; SP | AGENTES PARA SÍNTOMAS VASOMOTORES - ISRS | | |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 3 | PA; QL; SP | paroxetine mesylate oral capsule | 1 or 1b* | |
| BETASERON SUBCUTANEOUS KIT | 3 | PA; QL; SP | AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | AQNEURSA ORAL PACKET | 3 | PA; LD; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP | MIPLYFFA ORAL CAPSULE | 3 | PA; LD; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP | pimozide oral tablet | 1 or 1b* | AL; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP | AGONISTA DE RECEPTOR DE SEROTONINA 1A/ANTAGONISTA DE RECEPTOR DE SEROTONINA 2A | | |
| | | | ADDYI ORAL TABLET | 3 | PA; QL |

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| ANTAGONISTAS DEL RECEPTOR NMDA | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 1 or 1b* | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 1 or 1b* | QL |
| memantine hcl oral solution | 1 or 1b* | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 1 or 1b* | QL |
| memantine hcl oral tablet 5 mg | 1 or 1b* | DO |
| BENZODIACEPINAS Y ISRS | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 or 1b* | AL; QL |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 or 1b* | DO; AL |
| BENZODIAZEPINAS Y AGENTES TRICÍCLICOS | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |
| COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERASA (ACHE) | | |
| donepezil hcl oral tablet 10 mg, 23 mg | 1 or 1b* | QL |
| donepezil hcl oral tablet 5 mg | 1 or 1b* | DO |
| donepezil hcl oral tablet dispersible | 1 or 1b* | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | 1 or 1b* | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 1 or 1b* | DO |
| galantamine hydrobromide oral solution | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 4 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 1 or 1b* | DO |

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| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 1 or 1b* | QL |
| rivastigmine transdermal patch 24 hour | 1 or 1b* | QL |
| COMBINACIONES DE AGENTES ANTIDEMENCIA | | |
| memantine hcl-donepezil hcl oral capsule extended release 24 hour | 1 or 1b* | QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | 2 | QL |
| COMBINACIONES DE AGENTES DE LABILIDAD EMOCIONAL | | |
| NUEDEXTA ORAL CAPSULE | 3 | PA; QL |
| FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 3 | PA; QL; SP |
| AUSTEDO ORAL TABLET 6 MG | 3 | PA; DO; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE 40 MG | 3 | PA; LD; DO; SP |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 3 | PA; LD; QL; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 3 | PA; LD; DO; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 3 | PA; LD; QL; SP |
| INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| tetrabenazine oral tablet | 3 | PA; QL; SP |

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| FENOTIAZINAS Y AGENTES TRICÍCLICOS | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | AL |
| MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P) | | |
| fingolimod hcl oral capsule | 3 | PA; QL; SP |
| GILENYA ORAL CAPSULE 0.25 MG | 3 | PA; QL; SP |
| MAYZENT ORAL TABLET | 3 | PA; LD; QL; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| PONVORY ORAL TABLET | 3 | PA; LD; QL; SP |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| ZEPOSIA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) | 3 | PA; LD; QL; SP |
| PRODUCTOS PARA DEJAR DE BEBER ALCOHOL | | |
| acamprosate calcium oral tablet delayed release | 1 or 1b* | QL |
| disulfiram oral tablet | 1 or 1b* | |
| PRODUCTOS PARA DEJAR DE FUMAR | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 or 1b* | PA; \$0; QL |
| cvs nicotine mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |

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

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| NICORETTE MOUTH/THROAT GUM | 2 | \$0 |
| NICORETTE MOUTH/THROAT LOZENGE | 2 | \$0 |
| NICORETTE STARTER KIT MOUTH/THROAT GUM | 2 | \$0 |
| nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine step 1 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 2 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 3 transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTINE TRANSDERMAL KIT | 2 | \$0 |
| nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTROL INHALATION INHALER | 3 | PA; \$0; QL |
| NICOTROL NS NASAL SOLUTION | 3 | PA; \$0; QL |
| qc nicotine transdermal system transdermal patch 24 hour | 1 or 1b* | \$0 |
| ra mini nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg | 1 or 1b* | \$0 |
| ra nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ra nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| sm nicotine polacrilex mouth/throat gum 4 mg | 1 or 1b* | \$0 |
| thrive mouth/throat gum 2 mg | 1 or 1b* | \$0 |
| varenicline tartrate (starter) oral tablet therapy pack | 1 or 1b* | \$0; QL |

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| varenicline tartrate oral tablet 0.5 mg, 1 mg | 1 or 1b* | PA; \$0; QL |
| varenicline tartrate(continue) oral tablet | 1 or 1b* | PA; \$0; QL |
| AGENTES RESPIRATORIOS VARIOS | | |
| *CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** | | |
| BRONCHITOL INHALATION CAPSULE | 3 | PA; LD; QL; SP |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE | 3 | PA; LD; QL; SP |
| AGENTE PARA LA FIBROSIS QUÍSTICA - COMBINACIONES | | |
| ALYFTREK ORAL TABLET | 3 | PA; LD; QL |
| ORKAMBI ORAL PACKET | 3 | PA; LD; QL; SP |
| ORKAMBI ORAL TABLET | 3 | PA; LD; QL; SP |
| SYMDEKO ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| TRIKAFTA ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA | | |
| OFEV ORAL CAPSULE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA FIBROSIS PULMONAR | | |
| pirfenidone oral capsule | 3 | PA; QL; SP |
| pirfenidone oral tablet 267 mg, 801 mg | 1 or 1b* | PA; QL; SP |
| pirfenidone oral tablet 534 mg | 3 | PA; QL |
| ENZIMAS HIDROLÍTICAS | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 3 | PA; LD; QL; SP |

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| INHIBIDORES DE LA ALFA-PROTEINASA (HUMANOS) | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 3 | PA; LD; SP |
| GLASSIA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| PROLASTIN-C INTRAVENOUS SOLUTION | 3 | PA; LD |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| POTENCIADORES DE CFTR | | |
| KALYDECO ORAL PACKET | 3 | PA; LD; QL; SP |
| KALYDECO ORAL TABLET | 3 | PA; LD; QL; SP |
| AGENTES TIROIDEOS | | |
| *ANTITHYROID AGENTS - RADIOPHARMACEUTIC ALS*** | | |
| SODIUM IODIDE I-131 ORAL SOLUTION | 3 | |
| AGENTES ANTITIROIDEOS | | |
| methimazole oral tablet | 1 or 1a* | |
| propylthiouracil oral tablet | 1 or 1b* | |
| HORMONAS TIROIDEAS | | |
| levo-t oral tablet | 1 or 1b* | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML | 3 | |
| levothyroxine sodium intravenous solution 100 mcg/ml | 3 | |
| levothyroxine sodium oral capsule | 1 or 1b* | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |

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| liothyronine sodium intravenous solution | 1 or 1b* | |
| liothyronine sodium oral tablet | 1 or 1b* | |
| THYQUIDITY ORAL SOLUTION | 3 | |
| unithroid oral tablet | 1 or 1a* | |
| AMEBICIDAS | | |
| AMEBICIDAS | | |
| SOLOSEC ORAL PACKET | 3 | PA; QL |
| AMINOGLUCÓSIDOS | | |
| AMINOGLUCÓSIDOS | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 1 or 1b* | |
| ARIKAYCE INHALATION SUSPENSION | 3 | PA; LD; QL |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1 or 1b* | |
| gentamicin sulfate injection solution | 1 or 1b* | |
| HUMATIN ORAL CAPSULE | 3 | PA |
| neomycin sulfate oral tablet | 1 or 1a* | |
| streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |
| TOBI PODHALER INHALATION CAPSULE | 3 | LD; QL; SP |
| tobramycin inhalation nebulization solution | 1 or 1b* | QL; SP |
| tobramycin sulfate injection solution | 1 or 1b* | QL |
| tobramycin sulfate injection solution reconstituted | 1 or 1b* | QL |
| ZEMDRI INTRAVENOUS SOLUTION | 3 | |

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| ANALGÉSICOS - ANTIINFLAMATORIOS | | |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDEOS (AINE) | | |
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 3 | |
| diclofenac potassium oral tablet 50 mg | 1 or 1b* | QL |
| diclofenac sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| diclofenac sodium oral tablet delayed release | 1 or 1b* | QL |
| ec-naproxen oral tablet delayed release 500 mg | 1 or 1b* | |
| etodolac er oral tablet extended release 24 hour | 1 or 1b* | QL |
| etodolac oral capsule | 1 or 1b* | QL |
| etodolac oral tablet | 1 or 1b* | QL |
| flurbiprofen oral tablet | 1 or 1b* | QL |
| ibu oral tablet | 1 or 1a* | QL |
| ibuprofen lysine intravenous solution | 1 or 1b* | |
| ibuprofen oral suspension | 1 or 1a* | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 or 1a* | QL |
| indomethacin er oral capsule extended release | 1 or 1b* | QL |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | QL |
| indomethacin sodium intravenous solution reconstituted | 3 | |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | QL |
| ketorolac tromethamine injection solution 15 mg/ml | 1 or 1b* | QL |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML | 1 or 1b* | QL |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 or 1b* | QL |
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |

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| meclofenamate sodium oral capsule | 1 or 1b* | QL |
| mefenamic acid oral capsule | 1 or 1b* | QL |
| meloxicam oral tablet | 1 or 1b* | QL |
| nabumetone oral tablet | 1 or 1b* | QL |
| naproxen dr oral tablet delayed release 500 mg | 1 or 1b* | |
| naproxen oral tablet | 1 or 1b* | QL |
| naproxen oral tablet delayed release | 1 or 1b* | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 or 1b* | QL |
| oxaprozin oral tablet | 1 or 1b* | QL |
| piroxicam oral capsule | 1 or 1b* | QL |
| sulindac oral tablet | 1 or 1b* | QL |
| AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| ANTIMETABOLITOS ANTIRREUMÁTICOS | | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; QL; SP |
| ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK) | | |
| RINVOQ LQ ORAL SOLUTION | 3 | PA; QL; SP |

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| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| XELJANZ ORAL SOLUTION | 3 | PA; QL; SP | BLOQUEADORES DE LA INTERLEUCINA-1 BETA | | |
| XELJANZ ORAL TABLET | 3 | PA; QL; SP | ILARIS SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP | BLOQUEADORES DE LA INTERLEUCINA-1 | | |
| ANTITNF ALFA - ANTICUERPOS MONOCLONALES | | | ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP | COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES | | |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 3 | PA; QL; SP | COMBOGESIC INTRAVENOUS SOLUTION | 3 | |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 3 | PA; QL; SP | diclofenac-misoprostol oral tablet delayed release | 1 or 1b* | QL |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP | COMPUESTOS DE ORO | | |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP | RIDAURA ORAL CAPSULE | 2 | QL |
| SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP | INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2) | | |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP | celecoxib oral capsule | 1 or 1b* | QL |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP | INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) | | |
| SIMPONI ARIA INTRAVENOUS SOLUTION | 3 | PA; SP | OTEZLA ORAL TABLET | 3 | PA; QL; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP | OTEZLA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |

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| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ANALGÉSICOS - NO NARCÓTICOS | | |
| *ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS*** | | |
| JOURNAVX ORAL TABLET | 3 | QL |
| ANALGÉSICOS - OTROS | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| ANALGÉSICOS - SEDATIVOS | | |
| bac (butalbital-acetamin-caff) oral tablet | 1 or 1b* | QL |
| butalbital-acetaminophen oral capsule | 1 or 1b* | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | QL |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | QL |
| tencon oral tablet 50-325 mg | 1 or 1b* | QL |
| SALICILATOS | | |
| aspirin 81 oral tablet chewable | 1 or 1a* | \$0 |
| aspirin 81 oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin childrens oral tablet chewable | 1 or 1a* | \$0 |
| aspirin ec adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |

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

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|---|----------|--------|
| goodsense aspirin oral tablet chewable | 1 or 1a* | \$0 | buprenorphine hcl injection solution 0.3 mg/ml | 1 or 1b* | |
| h-e-b aspirin oral tablet delayed release | 1 or 1a* | \$0 | buprenorphine hcl sublingual tablet sublingual | 1 or 1b* | QL |
| kl's aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 | buprenorphine hcl-naloxone hcl sublingual film | 1 or 1b* | QL |
| kp aspirin oral tablet delayed release | 1 or 1a* | \$0 | buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 or 1b* | QL |
| mm aspirin oral tablet delayed release | 1 or 1a* | \$0 | buprenorphine transdermal patch weekly | 1 or 1b* | PA; QL |
| qc aspirin low dose oral tablet chewable | 1 or 1a* | \$0 | butorphanol tartrate injection solution | 1 or 1b* | |
| qc aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 | butorphanol tartrate nasal solution | 1 or 1b* | QL |
| qc childrens aspirin oral tablet chewable | 1 or 1a* | \$0 | nalbuphine hcl injection solution | 1 or 1b* | QL |
| ra aspirin adult low dose oral tablet chewable | 1 or 1a* | \$0 | pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| ra aspirin adult low strength oral tablet chewable | 1 or 1a* | \$0 | SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD; QL |
| ra aspirin childrens oral tablet chewable | 1 or 1a* | \$0 | ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | QL |
| ra aspirin ec adult low st oral tablet delayed release | 1 or 1a* | \$0 | AGONISTAS OPIÁCEOS | | |
| ra aspirin ec oral tablet delayed release 81 mg | 1 or 1a* | \$0 | CODEINE SULFATE ORAL TABLET 15 MG, 60 MG | 3 | AL; QL |
| sb childrens aspirin oral tablet chewable | 1 or 1a* | \$0 | codeine sulfate oral tablet 30 mg | 1 or 1b* | AL; QL |
| sb low dose asa ec oral tablet delayed release | 1 or 1a* | \$0 | DEMEROL INJECTION SOLUTION 75 MG/ML | 3 | |
| st joseph aspirin oral tablet delayed release | 1 or 1a* | \$0 | DSUVIA SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| st joseph low dose oral tablet chewable | 1 or 1a* | \$0 | FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML | 1 or 1b* | |
| st joseph low dose oral tablet delayed release | 1 or 1a* | \$0 | fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml | 1 or 1b* | |
| ANALGÉSICOS - OPIOIDES | | | fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml | 3 | |
| AGONISTAS OPIÁCEOS PARCIALES | | | fentanyl transdermal patch 72 hour | 1 or 1b* | PA; QL |
| BELBUCA BUCCAL FILM | 3 | PA; QL | | | |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD; QL | | | |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD; QL | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|--|----------|--------|
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant | 1 or 1b* | PA; QL | MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML | 3 | |
| hydromorphone hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL | morphine sulfate er beads oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| hydromorphone hcl injection solution 0.25 mg/0.5ml | 3 | | morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 1 or 1b* | PA; QL |
| hydromorphone hcl injection solution 4 mg/ml | 1 or 1b* | | morphine sulfate er oral tablet extended release | 1 or 1b* | PA; QL |
| hydromorphone hcl oral liquid | 1 or 1b* | QL | MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML | 3 | |
| hydromorphone hcl oral tablet | 1 or 1b* | QL | morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml | 1 or 1b* | |
| HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML | 3 | | morphine sulfate intravenous solution 50 mg/ml | 3 | |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | | morphine sulfate oral solution | 1 or 1b* | QL |
| levorphanol tartrate oral tablet 3 mg | 1 or 1b* | PA; QL | morphine sulfate oral tablet | 1 or 1b* | QL |
| meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 or 1b* | | NUCYNTA ORAL TABLET | 3 | QL |
| meperidine hcl oral solution | 1 or 1b* | QL | OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML | 3 | |
| meperidine hcl oral tablet 50 mg | 1 or 1b* | QL | oxycodone hcl oral capsule | 1 or 1b* | QL |
| methadone hcl intensol oral concentrate | 1 or 1b* | PA; QL | oxycodone hcl oral concentrate 100 mg/5ml | 1 or 1b* | QL |
| methadone hcl oral concentrate | 1 or 1b* | PA; QL | oxycodone hcl oral solution | 1 or 1b* | QL |
| methadone hcl oral solution | 1 or 1b* | PA; QL | oxycodone hcl oral tablet | 1 or 1b* | QL |
| methadone hcl oral tablet | 1 or 1b* | PA; QL | oxycodone hcl oral tablet abuse-deterrant | 3 | PA; QL |
| methadone hcl oral tablet soluble | 1 or 1b* | PA; QL | oxymorphone hcl er oral tablet extended release 12 hour | 1 or 1b* | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL | oxymorphone hcl oral tablet | 1 or 1b* | QL |
| mitigo injection solution | 1 or 1b* | | remifentanil hcl intravenous solution reconstituted | 1 or 1b* | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | 1 or 1b* | QL | ROXYBOND ORAL TABLET ABUSE-DETERRENT | 3 | PA; QL |
| morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml | 1 or 1b* | | SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 1 or 1b* | |
| MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML | 3 | | | | |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | 1 or 1b* | PA; QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| tramadol hcl oral tablet 100 mg, 50 mg | 1 or 1b* | AL; QL |
| tramadol hcl oral tablet 25 mg | 1 or 1b* | PA; QL |
| COMBINACIONES DE CODEÍNA | | |
| acetaminophen-codeine oral solution | 1 or 1a* | AL; QL |
| acetaminophen-codeine oral tablet | 1 or 1a* | AL; QL |
| ascomp-codeine oral capsule | 1 or 1b* | AL; QL |
| butilbital-apap-caff-cod oral capsule | 1 or 1b* | AL; QL |
| butilbital-asa-caff-codeine oral capsule | 1 or 1b* | AL; QL |
| COMBINACIONES DE DIHIDROCODEÍNA | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |
| trezix oral capsule 320.5-30-16 mg | 1 or 1b* | QL |
| COMBINACIONES DE HIDROCODONA | | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 or 1b* | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 or 1b* | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 or 1b* | QL |
| COMBINACIONES DE OPIÁCEOS | | |
| APADAZ ORAL TABLET | 3 | QL |
| BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET | 3 | QL |

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

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|---|----------|-------|
| ANESTÉSICOS GENERALES | | | lidocaine hcl (pf) injection solution | 1 or 1b* | |
| ANESTÉSICOS BARBITÚRICOS | | | lidocaine hcl injection solution 0.5 % | 1 or 1b* | |
| methohexital sodium injection solution reconstituted | 1 or 1b* | | MONOJECT BONE MARROW BIOPSY INJECTION KIT | 3 | |
| ANESTÉSICOS VARIOS | | | polocaine injection solution | 1 or 1b* | |
| ANESTHESIA S/I-40A INTRAVENOUS KIT | 3 | | polocaine-mpf injection solution | 1 or 1b* | |
| ANESTHESIA S/I-40H INTRAVENOUS KIT | 3 | | POSIMIR INJECTION SOLUTION | 3 | |
| ANESTHESIA S/I-40S INTRAVENOUS KIT | 3 | | ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 or 1b* | |
| DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML | 3 | | ROPIVACAINE HCL INJECTION SOLUTION 2 MG/ML | 1 or 1b* | |
| etomidate intravenous solution | 1 or 1b* | | sensorcaine injection solution | 1 or 1b* | |
| fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | | sensorcaine-mpf injection solution | 1 or 1b* | |
| ketamine hcl injection solution 50 mg/ml | 1 or 1b* | | XARACOLL IMPLANT IMPLANT | 3 | |
| ketamine hcl intravenous solution prefilled syringe 300 mg/30ml | 3 | | ANESTÉSICOS LOCALES - ÉSTERES | | |
| propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | | chlorprocaine hcl (pf) injection solution | 1 or 1b* | |
| ANESTÉSICOS VOLÁTILES | | | NESACAINA INJECTION SOLUTION | 3 | |
| desflurane inhalation solution | 1 or 1b* | | ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS | | |
| isoflurane inhalation solution | 1 or 1b* | | articadent dental injection solution cartridge 4 %-1:100000 | 3 | |
| sevoflurane inhalation solution | 1 or 1b* | | bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000 | 1 or 1b* | |
| terrell inhalation solution | 1 or 1b* | | lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000 | 1 or 1b* | |
| ANESTÉSICOS LOCALES - PARENTERALES | | | lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000 | 1 or 1b* | |
| ANESTÉSICOS LOCALES - AMIDAS | | | ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:200000 | 3 | |
| BUPIVACAINE FISIOPHARMA INJECTION SOLUTION 2.5 MG/ML | 3 | | sensorcaine/epinephrine injection solution | 1 or 1b* | |
| bupivacaine hcl (pf) injection solution | 1 or 1b* | | | | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000 | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.5% - 1:200000 | 3 | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % | 3 | |
| XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000 | 3 | |
| ANTIARRÍTMICOS | | |
| ANTIARRÍTMICOS DE CLASE I-A | | |
| disopyramide phosphate oral capsule | 1 or 1b* | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 2 | |
| procainamide hcl injection solution | 1 or 1b* | |
| quinidine gluconate er oral tablet extended release | 1 or 1b* | |
| quinidine sulfate oral tablet | 1 or 1a* | |
| ANTIARRÍTMICOS DE CLASE I-B | | |
| lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml | 1 or 1b* | |
| LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION | 3 | |
| lidocaine hcl (cardiac) pf intravenous solution prefilled syringe | 1 or 1b* | |
| lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-% | 1 or 1b* | |
| mexiletine hcl oral capsule | 1 or 1b* | |
| ANTIARRÍTMICOS DE CLASE I-C | | |
| flecainide acetate oral tablet | 1 or 1b* | QL |
| propafenone hcl er oral capsule extended release 12 hour | 1 or 1b* | |
| propafenone hcl oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ANTIARRÍTMICOS DE CLASE III | | |
| amiodarone hcl intravenous solution | 1 or 1b* | |
| amiodarone hcl oral tablet 100 mg, 400 mg | 1 or 1b* | |
| amiodarone hcl oral tablet 200 mg | 1 or 1b* | QL |
| dofetilide oral capsule | 1 or 1b* | |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| MULTAQ ORAL TABLET | 3 | QL |
| NEXTERONE INTRAVENOUS SOLUTION | 3 | |
| pacerone oral tablet 100 mg | 1 or 1b* | |
| pacerone oral tablet 200 mg | 1 or 1b* | QL |
| ANTIARRÍTMICOS VARIOS | | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 or 1b* | |
| ANTICOAGULANTES | | |
| AGENTES TIPO HEPARINA SINTÉTICOS | | |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |
| ANTICOAGULANTES DERIVADOS DE LA CUMARINA | | |
| jantoven oral tablet | 1 or 1a* | |
| warfarin sodium oral tablet | 1 or 1a* | |
| HEPARINA Y AGENTES TIPO HEPARINA | | |
| bd heparin posiflush intravenous solution | 1 or 1b* | |
| heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% | 1 or 1b* | |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-% | 3 | |
| heparin na (pork) lock flsh pf intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|---|----------|-------|
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-% | 3 | | ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML | 3 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 3 | | INHIBIDORES DE LA TROMBINA - TIPO HIRUDINA | | |
| heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml | 1 or 1b* | | bivalirudin trifluoroacetate intravenous solution | 1 or 1b* | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 1 or 1b* | | bivalirudin trifluoroacetate intravenous solution reconstituted | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | | INHIBIDORES DIRECTOS DEL FACTOR XA | | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 1 or 1b* | | ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML | 3 | | ELIQUIS ORAL TABLET | 2 | QL |
| HEPARINAS DE BAJO PESO MOLECULAR | | | rivaroxaban oral suspension reconstituted | 1 or 1b* | QL |
| enoxaparin sodium injection solution 300 mg/3ml | 1 or 1b* | QL | rivaroxaban oral tablet | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL | XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | 3 | QL | XARELTO ORAL TABLET | 2 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL | XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| INHIBIDORES DE LA TROMBINA - SELECTIVO DIRECTO Y REVERSIBLE | | | ANTICONCEPTIVOS | | |
| ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-% | 3 | | ANTICONCEPTIVOS BIFÁSICOSORALES | | |
| | | | azurette oral tablet | 1 or 1b* | \$0 |
| | | | desogestrel-ethynodiol oral tablet 0.15-0.02/0.01 mg (21/5) | 1 or 1b* | \$0 |
| | | | kariva oral tablet | 1 or 1b* | \$0 |
| | | | LO LOESTRIN FE ORAL TABLET | 2 | \$0 |
| | | | pimtrea oral tablet | 1 or 1b* | \$0 |
| | | | simliya oral tablet | 1 or 1b* | \$0 |
| | | | viorele oral tablet | 1 or 1b* | \$0 |
| | | | volnea oral tablet | 1 or 1b* | \$0 |
| | | | ANTICONCEPTIVOS CONTINUOSORALES | | |
| | | | amethyst oral tablet | 1 or 1b* | \$0 |
| | | | dolishale oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE CICLO EXTENDIDO ORALES | | |
| ashlyna oral tablet | 1 or 1b* | \$0 |
| camrese lo oral tablet | 1 or 1b* | \$0 |
| camrese oral tablet | 1 or 1b* | \$0 |
| daysee oral tablet | 1 or 1b* | \$0 |
| iclevia oral tablet | 1 or 1b* | \$0 |
| introvale oral tablet | 1 or 1b* | \$0 |
| jaimiess oral tablet | 1 or 1b* | \$0 |
| jolessa oral tablet | 1 or 1b* | \$0 |
| levonorgest-eth est & eth est oral tablet | 1 or 1b* | \$0 |
| levonorgest-eth estrad 91-day oral tablet | 1 or 1b* | \$0 |
| lojaimiess oral tablet | 1 or 1b* | \$0 |
| rivelsa oral tablet | 1 or 1b* | \$0 |
| ROSYRAH ORAL TABLET | 1 or 1b* | \$0 |
| setlakin oral tablet | 1 or 1b* | \$0 |
| simpesse oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE COBRE - DIU | | |
| MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | 3 | \$0 |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; \$0 |
| ANTICONCEPTIVOS DE EMERGENCIA | | |
| aftera oral tablet | 1 or 1b* | \$0 |
| afterpill oral tablet | 1 or 1b* | \$0 |
| econtra one-step oral tablet | 1 or 1b* | \$0 |
| ELLA ORAL TABLET | 3 | \$0 |
| HER STYLE ORAL TABLET | 1 or 1b* | \$0 |
| levonorgestrel oral tablet 1.5 mg | 1 or 1b* | \$0 |
| my choice oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| my way oral tablet | 1 or 1b* | \$0 |
| new day oral tablet | 1 or 1b* | \$0 |
| opcicon one-step oral tablet | 1 or 1b* | \$0 |
| option 2 oral tablet | 1 or 1b* | \$0 |
| react oral tablet | 1 or 1b* | \$0 |
| take action oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE FASE CUATRO ORALES | | |
| NATAZIA ORAL TABLET | 3 | \$0 |
| ANTICONCEPTIVOS DE PROGESTINA - DIU | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; \$0; SP |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | LD; \$0; SP |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 3 | LD; \$0; SP |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; \$0; SP |
| ANTICONCEPTIVOS DE PROGESTINA - IMPLANTES | | |
| NEXPLANON SUBCUTANEOUS IMPLANT | 3 | LD; \$0; SP |
| ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| medroxyprogesterone acetate intramuscular suspension | 1 or 1b* | \$0 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE PROGESTINA - ORALES | | |
| camila oral tablet | 1 or 1b* | \$0 |
| deblitane oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| EMZAHH ORAL TABLET | 1 or 1b* | \$0 |
| errin oral tablet | 1 or 1b* | \$0 |
| heather oral tablet | 1 or 1b* | \$0 |
| incassia oral tablet | 1 or 1b* | \$0 |
| jencycla oral tablet | 1 or 1b* | \$0 |
| lyleq oral tablet | 1 or 1b* | \$0 |
| lyza oral tablet | 1 or 1b* | \$0 |
| MELEYA ORAL TABLET | 1 or 1b* | \$0 |
| nora-be oral tablet | 1 or 1b* | \$0 |
| norethindrone oral tablet | 1 or 1b* | \$0 |
| norlyroc oral tablet | 1 or 1b* | \$0 |
| OPILL ORAL TABLET | 2 | \$0 |
| ORQUIDEA ORAL TABLET | 1 or 1b* | \$0 |
| sharobel oral tablet | 1 or 1b* | \$0 |
| SLYND ORAL TABLET | 3 | \$0 |
| ANTICONCEPTIVOS TRIFÁSICOS ORALES | | |
| alyacen 7/7/7 oral tablet | 1 or 1a* | \$0 |
| aranelle oral tablet | 1 or 1a* | \$0 |
| dasetta 7/7/7 oral tablet | 1 or 1a* | \$0 |
| enpresse-28 oral tablet | 1 or 1a* | \$0 |
| leena oral tablet | 1 or 1a* | \$0 |
| levonest oral tablet | 1 or 1a* | \$0 |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | 1 or 1a* | \$0 |
| norethindron-ethynodiol estrad-fe oral tablet | 1 or 1b* | \$0 |
| norgestim-eth estrad triphasic oral tablet | 1 or 1b* | \$0 |
| nortrel 7/7/7 oral tablet | 1 or 1a* | \$0 |
| nylia 7/7/7 oral tablet | 1 or 1a* | \$0 |
| tilia fe oral tablet | 1 or 1b* | \$0 |
| tri-estarrylla oral tablet | 1 or 1b* | \$0 |
| tri-legest fe oral tablet | 1 or 1b* | \$0 |
| tri-linyah oral tablet | 1 or 1b* | \$0 |
| tri-lo-estarrylla oral tablet | 1 or 1b* | \$0 |
| tri-lo-marzia oral tablet | 1 or 1b* | \$0 |
| tri-lo-mili oral tablet | 1 or 1b* | \$0 |
| tri-lo-sprintec oral tablet | 1 or 1b* | \$0 |
| tri-mili oral tablet | 1 or 1b* | \$0 |
| tri-sprintec oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| tri-vylibra lo oral tablet | 1 or 1b* | \$0 |
| tri-vylibra oral tablet | 1 or 1b* | \$0 |
| velivet oral tablet | 1 or 1a* | \$0 |
| XARAH FE ORAL TABLET | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS ORALES | | |
| afirmelle oral tablet | 1 or 1a* | \$0 |
| altavera oral tablet | 1 or 1a* | \$0 |
| alyacen 1/35 oral tablet | 1 or 1a* | \$0 |
| apri oral tablet | 1 or 1a* | \$0 |
| aubra eq oral tablet | 1 or 1a* | \$0 |
| aurovela 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela 1/20 oral tablet | 1 or 1a* | \$0 |
| aurovela 24 fe oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1/20 oral tablet | 1 or 1a* | \$0 |
| AVERI ORAL TABLET | 3 | \$0 |
| aviane oral tablet | 1 or 1a* | \$0 |
| ayuna oral tablet | 1 or 1a* | \$0 |
| balziva oral tablet | 1 or 1a* | \$0 |
| blisovi 24 fe oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1/20 oral tablet | 1 or 1a* | \$0 |
| briellyn oral tablet | 1 or 1a* | \$0 |
| charlotte 24 fe oral tablet chewable | 1 or 1a* | \$0 |
| chateal eq oral tablet | 1 or 1a* | \$0 |
| cryselle-28 oral tablet | 1 or 1a* | \$0 |
| cyred eq oral tablet | 1 or 1a* | \$0 |
| dasetta 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| delyla oral tablet | 1 or 1a* | \$0 |
| drospirenil-eth estrad-levomefol oral tablet | 1 or 1b* | \$0 |
| drospirenone-ethynodiol estradiol oral tablet | 1 or 1b* | \$0 |
| elinest oral tablet | 1 or 1a* | \$0 |
| enskyce oral tablet 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| estarrylla oral tablet | 1 or 1a* | \$0 |
| ethynodiol diac-eth estradiol oral tablet | 1 or 1a* | \$0 |
| falmina oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| FEIRZA 1.5/30 ORAL TABLET | 1 or 1a* | \$0 |
| FEIRZA 1/20 ORAL TABLET | 1 or 1a* | \$0 |
| FEMLYV ORAL TABLET DISPERSIBLE | 3 | \$0 |
| FINZALA ORAL TABLET CHEWABLE | 1 or 1a* | \$0 |
| GALBRIELA ORAL TABLET CHEWABLE | 1 or 1b* | \$0 |
| gemmafly oral capsule | 1 or 1b* | \$0 |
| hailey 1.5/30 oral tablet | 1 or 1a* | \$0 |
| hailey 24 fe oral tablet | 1 or 1a* | \$0 |
| hailey fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| hailey fe 1/20 oral tablet | 1 or 1a* | \$0 |
| isibloom oral tablet | 1 or 1a* | \$0 |
| jasmiel oral tablet | 1 or 1b* | \$0 |
| JOYEUX ORAL TABLET | 1 or 1b* | \$0 |
| juleber oral tablet | 1 or 1a* | \$0 |
| junel 1.5/30 oral tablet | 1 or 1a* | \$0 |
| junel 1/20 oral tablet | 1 or 1a* | \$0 |
| junel fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| junel fe 1/20 oral tablet | 1 or 1a* | \$0 |
| junel fe 24 oral tablet | 1 or 1a* | \$0 |
| kaitlib fe oral tablet chewable | 1 or 1b* | \$0 |
| kalliga oral tablet | 1 or 1a* | \$0 |
| kelnor 1/35 oral tablet | 1 or 1a* | \$0 |
| kurvelo oral tablet | 1 or 1a* | \$0 |
| larin 1.5/30 oral tablet | 1 or 1a* | \$0 |
| larin 1/20 oral tablet | 1 or 1a* | \$0 |
| larin 24 fe oral tablet | 1 or 1a* | \$0 |
| larin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| larin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| lessina oral tablet | 1 or 1a* | \$0 |
| levonorgest-eth estradiol-iron oral tablet | 1 or 1b* | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| levora 0.15/30 (28) oral tablet | 1 or 1a* | \$0 |
| loestrin 1.5/30 (21) oral tablet | 1 or 1a* | \$0 |
| loestrin 1/20 (21) oral tablet | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| loestrin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| loestrin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| loryna oral tablet | 1 or 1b* | \$0 |
| low-ogestrel oral tablet | 1 or 1a* | \$0 |
| lo-zumandimine oral tablet | 1 or 1b* | \$0 |
| lutera oral tablet | 1 or 1a* | \$0 |
| marlissa oral tablet | 1 or 1a* | \$0 |
| merzee oral capsule | 1 or 1b* | \$0 |
| MIBELAS 24 FE ORAL TABLET CHEWABLE | 1 or 1a* | \$0 |
| microgestin 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin 1/20 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| mili oral tablet | 1 or 1a* | \$0 |
| MINZOYA ORAL TABLET | 1 or 1b* | \$0 |
| mono-linyah oral tablet | 1 or 1a* | \$0 |
| necon 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| NEXTSTELLIS ORAL TABLET | 3 | \$0 |
| nikki oral tablet | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral capsule | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | 1 or 1a* | \$0 |
| norethin ace-eth estrad-fe oral tablet chewable | 1 or 1a* | \$0 |
| norethindrone acet-ethinyl est oral tablet | 1 or 1a* | \$0 |
| norethin-eth estradiol-fe oral tablet chewable | 1 or 1b* | \$0 |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 or 1a* | \$0 |
| nortrel 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (21) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| nylia 1/35 oral tablet | 1 or 1a* | \$0 |
| ocella oral tablet | 1 or 1b* | \$0 |
| philith oral tablet | 1 or 1a* | \$0 |
| portia-28 oral tablet | 1 or 1a* | \$0 |
| reclipsen oral tablet | 1 or 1a* | \$0 |
| sprintec 28 oral tablet | 1 or 1a* | \$0 |

En vigencia desde el 01012026

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| sronyx oral tablet | 1 or 1a* | \$0 |
| syeda oral tablet | 1 or 1b* | \$0 |
| tarina 24 fe oral tablet | 1 or 1a* | \$0 |
| tarina fe 1/20 eq oral tablet | 1 or 1a* | \$0 |
| taysofy oral capsule | 1 or 1b* | \$0 |
| TURQOZ ORAL TABLET | 1 or 1a* | \$0 |
| TYBLUME ORAL TABLET CHEWABLE | 3 | \$0 |
| VALTYA 1/50 ORAL TABLET | 1 or 1a* | \$0 |
| vestura oral tablet | 1 or 1b* | \$0 |
| vienna oral tablet | 1 or 1a* | \$0 |
| vyfemla oral tablet | 1 or 1a* | \$0 |
| vylibra oral tablet | 1 or 1a* | \$0 |
| wera oral tablet | 1 or 1a* | \$0 |
| wymzya fe oral tablet chewable | 1 or 1b* | \$0 |
| XELRIA FE ORAL TABLET CHEWABLE | 1 or 1b* | \$0 |
| zovia 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| zumandimine oral tablet | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS | | |
| norelgestromin-eth estradiol transdermal patch weekly | 1 or 1b* | \$0 |
| TWIRLA TRANSDERMAL PATCH WEEKLY | 3 | \$0 |
| xulane transdermal patch weekly | 1 or 1b* | \$0 |
| zafemy transdermal patch weekly | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS VAGINALES | | |
| ANNOVERA VAGINAL RING | 3 | \$0 |
| eluryng vaginal ring | 1 or 1b* | \$0 |
| ENILLORING VAGINAL RING | 1 or 1b* | \$0 |
| etonogestrel-ethinyl estradiol vaginal ring | 1 or 1b* | \$0 |
| HALOETTE VAGINAL RING | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| ANTICONVULSIVOS | | |
| ÁCIDO VALPROICO | | |
| divalproex sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| divalproex sodium oral capsule delayed release sprinkle | 1 or 1b* | QL |
| divalproex sodium oral tablet delayed release | 1 or 1b* | QL |
| valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml | 1 or 1b* | |
| valproic acid oral capsule | 1 or 1b* | QL |
| valproic acid oral solution | 1 or 1b* | |
| ANTAGONISTAS DE RECEPTORES DE GLUTAMATO AMPA | | |
| FYCOMPA ORAL SUSPENSION | 3 | QL |
| perampanel oral tablet | 1 or 1b* | QL |
| ANTICONVULSIVOS - BENZODIAZEPINAS | | |
| clobazam oral suspension 2.5 mg/ml | 1 or 1b* | QL |
| clobazam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet dispersible | 1 or 1b* | QL |
| diazepam rectal gel | 1 or 1b* | QL |
| NAYZILAM NASAL SOLUTION | 3 | PA; QL |
| SYMPAZAN ORAL FILM | 3 | QL |
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA; QL |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 3 | PA; QL |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 3 | PA; QL |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ANTICONVULSIVOS VARIOS | | |
| BRIVIACT INTRAVENOUS SOLUTION | 3 | |
| BRIVIACT ORAL SOLUTION | 3 | QL |
| BRIVIACT ORAL TABLET | 3 | QL |
| carbamazepine er oral capsule extended release 12 hour | 1 or 1b* | QL |
| carbamazepine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| carbamazepine oral suspension | 1 or 1b* | QL |
| carbamazepine oral tablet | 1 or 1b* | QL |
| carbamazepine oral tablet chewable | 1 or 1b* | QL |
| DIACOMIT ORAL CAPSULE 250 MG | 3 | PA; LD; DO |
| DIACOMIT ORAL CAPSULE 500 MG | 3 | PA; LD; QL |
| DIACOMIT ORAL PACKET 250 MG | 3 | PA; LD; DO |
| DIACOMIT ORAL PACKET 500 MG | 3 | PA; LD; QL |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| EPIDIOLEX ORAL SOLUTION | 3 | PA; LD; SP |
| eslicarbazepine acetate oral tablet 200 mg, 400 mg | 1 or 1b* | DO |
| eslicarbazepine acetate oral tablet 600 mg, 800 mg | 1 or 1b* | QL |
| FINTEPLA ORAL SOLUTION | 3 | PA; LD; QL |
| gabapentin oral capsule | 1 or 1b* | DO |
| gabapentin oral solution | 1 or 1b* | QL |
| gabapentin oral tablet 600 mg, 800 mg | 1 or 1b* | QL |
| lacosamide intravenous solution | 1 or 1b* | |
| lacosamide oral solution | 1 or 1b* | QL |
| lacosamide oral tablet | 1 or 1b* | QL |
| lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg | 1 or 1b* | QL |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg | 1 or 1b* | QL |
| lamotrigine oral tablet | 1 or 1b* | DO |
| lamotrigine oral tablet chewable | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 50 mg | 1 or 1b* | DO |
| lamotrigine starter kit-blue oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-green oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-orange oral kit | 1 or 1b* | QL |
| levetiracetam er oral tablet extended release 24 hour | 1 or 1b* | QL |
| levetiracetam intravenous solution | 1 or 1b* | |
| levetiracetam oral solution | 1 or 1b* | QL |
| levetiracetam oral tablet 1000 mg | 1 or 1b* | QL |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | DO |
| levetiracetam oral tablet disintegrating soluble | 3 | QL |
| oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg | 1 or 1b* | DO |
| oxcarbazepine er oral tablet extended release 24 hour 600 mg | 1 or 1b* | QL |
| oxcarbazepine oral suspension | 1 or 1b* | QL |
| oxcarbazepine oral tablet | 1 or 1b* | QL |
| pregabalin oral capsule | 1 or 1b* | QL |
| pregabalin oral solution | 1 or 1b* | QL |
| primidone oral tablet | 1 or 1b* | QL |
| roweepra oral tablet 500 mg | 1 or 1b* | DO |
| rufinamide oral suspension | 1 or 1b* | QL |
| rufinamide oral tablet 200 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| rufinamide oral tablet 400 mg | 1 or 1b* | QL |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG | 3 | QL |
| subvenite oral tablet | 1 or 1b* | DO |
| subvenite starter kit-blue oral kit | 1 or 1b* | QL |
| subvenite starter kit-green oral kit | 1 or 1b* | QL |
| subvenite starter kit-orange oral kit | 1 or 1b* | QL |
| topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule er 24 hour sprinkle 25 mg | 1 or 1b* | DO |
| topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule extended release 24 hour 25 mg | 1 or 1b* | DO |
| topiramate oral capsule sprinkle 15 mg, 25 mg | 1 or 1b* | QL |
| topiramate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| topiramate oral tablet 200 mg | 1 or 1b* | QL |
| zonisamide oral capsule | 1 or 1b* | QL |
| ZTALMY ORAL SUSPENSION | 3 | LD; QL |
| CARBAMATOS | | |
| felbamate oral suspension | 1 or 1b* | QL |
| felbamate oral tablet | 1 or 1b* | QL |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 3 | QL |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | QL |
| XCOPRI ORAL TABLET | 3 | QL |
| XCOPRI ORAL TABLET THERAPY PACK | 3 | QL |
| HIDANTOÍNA | | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| fosphenytoin sodium injection solution | 1 or 1b* | |
| PHENYTEK ORAL CAPSULE | 1 or 1b* | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension 125 mg/5ml | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| MODULADORES DEL ÁCIDO ?-AMINOBUTÍRICO (GABA) | | |
| tiagabine hcl oral tablet | 1 or 1b* | QL |
| vigabatrin oral packet | 3 | QL; SP |
| vigabatrin oral tablet | 3 | LD; QL; SP |
| vigadrona oral packet | 3 | LD; QL |
| VIGADRONE ORAL TABLET | 3 | LD; QL; SP |
| VIGAFYDE ORAL SOLUTION | 3 | LD; QL |
| SUCCINIMIDAS | | |
| ethosuximide oral capsule | 1 or 1b* | QL |
| ethosuximide oral solution | 1 or 1b* | QL |
| methsuximide oral capsule | 1 or 1b* | QL |
| ANTIDEPRESIVOS | | |
| AGENTES TRICÍCLICOS | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1a* | DO |
| amitriptyline hcl oral tablet 100 mg, 150 mg | 1 or 1a* | QL |
| amoxapine oral tablet 100 mg, 150 mg | 1 or 1b* | QL |
| amoxapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO |
| clomipramine hcl oral capsule 25 mg | 1 or 1b* | DO |
| clomipramine hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO |
| desipramine hcl oral tablet 100 mg, 150 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|---|----------|-------|
| doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO | bupropion hcl er (xl) oral tablet extended release 24 hour | 1 or 1b* | QL |
| doxepin hcl oral capsule 100 mg, 150 mg | 1 or 1b* | QL | bupropion hcl oral tablet 100 mg | 1 or 1b* | QL |
| doxepin hcl oral concentrate | 1 or 1b* | QL | bupropion hcl oral tablet 75 mg | 1 or 1b* | DO |
| imipramine hcl oral tablet 10 mg, 25 mg | 1 or 1b* | DO | CÍCLICOS MODIFICADOS | | |
| imipramine hcl oral tablet 50 mg | 1 or 1b* | QL | nefazodone hcl oral tablet 100 mg, 50 mg | 1 or 1b* | DO |
| imipramine pamoate oral capsule 100 mg, 75 mg | 1 or 1b* | DO | nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg | 1 or 1b* | QL |
| imipramine pamoate oral capsule 125 mg, 150 mg | 1 or 1b* | QL | trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 or 1a* | DO |
| nortriptyline hcl oral capsule 10 mg, 25 mg | 1 or 1b* | DO | trazodone hcl oral tablet 300 mg | 1 or 1a* | QL |
| nortriptyline hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL | TRINTELLIX ORAL TABLET 10 MG, 5 MG | | |
| nortriptyline hcl oral solution | 1 or 1b* | QL | TRINTELLIX ORAL TABLET 20 MG | | |
| protriptyline hcl oral tablet 10 mg | 1 or 1b* | QL | vilazodone hcl oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| protriptyline hcl oral tablet 5 mg | 1 or 1b* | DO | vilazodone hcl oral tablet 40 mg | 1 or 1b* | QL |
| trimipramine maleate oral capsule | 1 or 1b* | QL | INHIBIDORES DE LA MONOAMINO OXIDASA (IMAO) | | |
| ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS) | | | EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR | | |
| mirtazapine oral tablet | 1 or 1b* | | EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR | | |
| mirtazapine oral tablet dispersible | 1 or 1b* | | MARPLAN ORAL TABLET | | |
| ANTAGONISTAS DEL RECEPTOR NMDA | | | phenelzine sulfate oral tablet | 1 or 1b* | QL |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; LD; QL | tranylcypromine sulfate oral tablet | 1 or 1b* | QL |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; LD; QL | INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS) | | |
| ANTIDEPRESIVOS VARIOS | | | citalopram hydrobromide oral solution | 1 or 1b* | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg | 1 or 1b* | DO | citalopram hydrobromide oral tablet | 1 or 1b* | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | 1 or 1b* | QL | escitalopram oxalate oral solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| escitalopram oxalate oral tablet | 1 or 1b* | |
| fluoxetine hcl oral capsule | 1 or 1b* | |
| fluoxetine hcl oral capsule delayed release | 1 or 1b* | |
| fluoxetine hcl oral solution | 1 or 1b* | |
| fluoxetine hcl oral tablet 10 mg, 20 mg | 1 or 1b* | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 or 1b* | |
| fluvoxamine maleate oral tablet | 1 or 1b* | |
| paroxetine hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| paroxetine hcl oral suspension | 1 or 1b* | |
| paroxetine hcl oral tablet | 1 or 1b* | |
| sertraline hcl oral concentrate | 1 or 1b* | |
| sertraline hcl oral tablet | 1 or 1b* | |
| MODULADOR DEL RECEPTOR GABA - COMBINACIÓN DE SUPLEMENTOS NUTRICIONALES | | |
| ZURZUVAE ORAL CAPSULE | 3 | PA; LD; QL |
| SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN) | | |
| DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL |
| DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | 3 | ST; DO |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | 1 or 1b* | QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg | 1 or 1b* | DO |
| duloxetine hcl oral capsule delayed release particles | 1 or 1b* | QL |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
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| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | ST; QL |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 or 1b* | QL |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 1 or 1b* | QL |
| venlafaxine hcl oral tablet | 1 or 1b* | QL |
| ANTIDIABÉTICOS | | |
| *ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** | | |
| TZIELD INTRAVENOUS SOLUTION | 3 | PA; LD |
| *INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** | | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; QL |
| *SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** | | |
| TRIARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1) | | |
| liraglutide subcutaneous solution pen-injector | 1 or 1b* | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| RYBELSUS ORAL TABLET | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|---|----------|--------|
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; QL | XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA - DERIVADOS DE LA ERGOTAMINA | | | COMBINACIONES DE SULFONILUREAS-BIGUANIDA | | |
| CYCLOSET ORAL TABLET | 3 | QL | glipizide-metformin hcl oral tablet | 1 or 1b* | QL |
| ANÁLOGOS DE MEGLITINIDAS | | | glyburide-metformin oral tablet | 1 or 1b* | QL |
| nateglinide oral tablet | 1 or 1b* | QL | COMBINACIONES DE SULFONILUREAS-TIAZOLIDINEDIONAS | | |
| repaglinide oral tablet | 1 or 1b* | QL | pioglitazone hcl-glimepiride oral tablet | 1 or 1b* | ST; QL |
| ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA | | | INHIBIDOR DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA | | |
| mifepristone oral tablet 300 mg | 3 | PA; LD; QL | dapagliflozin pro-metformin er oral tablet extended release 24 hour | 2 | ST; QL |
| BIGUANIDAS | | | SYNJARDY ORAL TABLET | 2 | ST; QL |
| metformin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL | SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| metformin hcl oral solution | 3 | PA; QL | XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| metformin hcl oral tablet 1000 mg, 500 mg | 1 or 1b* | QL | INHIBIDOR DE DPP-4 - COMBINACIÓN DE TIAZOLIDINEDIONAS | | |
| metformin hcl oral tablet 850 mg | 1 or 1b* | \$0; QL | alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg | 1 or 1b* | ST; QL |
| COMBINACIONES DE INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 Y BIGUANIDA | | | INHIBIDOR DE SGLT2 - COMBINACIONES DE INHIBIDORES DE DPP-4 | | |
| alogliptin-metformin hcl oral tablet | 1 or 1b* | ST; QL | GLYXAMBI ORAL TABLET | 2 | ST; QL |
| JANUMET ORAL TABLET | 2 | ST; QL | INHIBIDORES DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 (SGLT2) | | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL | dapagliflozin propanediol oral tablet | 2 | ST; QL |
| COMBINACIONES DE INSULINA Y MIMÉTICOS DE LA INCRETINA | | | FAXIGA ORAL TABLET | 2 | ST; QL |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL | | | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|---|-------|--------|
| JARDIANCE ORAL TABLET | 2 | ST; QL | HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| INHIBIDORES DE LA ALFA-GLUCOSIDASA | | | HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | QL |
| acarbose oral tablet | 1 or 1b* | QL | HUMULIN R INJECTION SOLUTION | 2 | QL |
| miglitol oral tablet | 1 or 1b* | QL | HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | PA; QL |
| INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4) | | | HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| alogliptin benzoate oral tablet | 1 or 1b* | ST; QL | INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| JANUVIA ORAL TABLET | 2 | ST; QL | INSULIN LISPRO INJECTION SOLUTION | 2 | ST; QL |
| INSULINA HUMANA | | | INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| HUMALOG INJECTION SOLUTION | 2 | QL | INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL | LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | QL | LANTUS SUBCUTANEOUS SOLUTION | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | LYUMJEV INJECTION SOLUTION | 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | QL | MYXREDLIN INTRAVENOUS SOLUTION | 3 | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | QL | | | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL | | | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | QL | | | |

| Nombre del Medicamento | Nivel | Notas |
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| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TRESIBA SUBCUTANEOUS SOLUTION | 2 | QL |
| OTROS AGENTES PARA LA DIABETES | | |
| BAQSIMI ONE PACK NASAL POWDER | 3 | QL |
| BAQSIMI TWO PACK NASAL POWDER | 3 | QL |
| diazoxide oral suspension | 1 or 1b* | |
| GLUCAGON EMERGENCY INJECTION KIT | 1 or 1b* | QL |
| GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED | 3 | QL |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE KIT SUBCUTANEOUS SOLUTION | 3 | QL |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SULFONILUREAS | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 or 1b* | QL |
| glipizide er oral tablet extended release 24 hour | 1 or 1a* | QL |
| glipizide oral tablet | 1 or 1a* | QL |
| glyburide micronized oral tablet | 1 or 1b* | QL |
| glyburide oral tablet | 1 or 1b* | QL |
| TIAZOLIDINEDIONAS | | |
| pioglitazone hcl oral tablet | 1 or 1b* | QL |
| TIAZOLIDINEDIONAS-COMBINACIONES DE BIGUANIDA | | |
| pioglitazone hcl-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| ANTÍDOTOS | | |
| ANTAGONISTAS DE LAS BENZODIAZEPINAS | | |
| flumazenil intravenous solution | 1 or 1b* | |
| ANTAGONISTAS OPIÁCEOS | | |
| KLOXXADO NASAL LIQUID | 2 | QL |
| nalmefene hcl injection solution | 3 | QL |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1a* | QL |
| naloxone hcl injection solution cartridge | 1 or 1a* | QL |
| naloxone hcl injection solution prefilled syringe | 1 or 1a* | QL |
| naloxone hcl nasal liquid | 1 or 1b* | QL |
| naltrexone hcl oral tablet | 1 or 1b* | |
| OPVEE NASAL SOLUTION | 2 | QL |
| REXTOVY NASAL LIQUID | 2 | QL |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | QL |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTÍDOTOS - AGENTES QUELANTES | | |
| CHEMET ORAL CAPSULE | 3 | |
| deferasirox granules oral packet | 1 or 1b* | PA; SP |
| deferasirox oral packet | 1 or 1b* | PA; SP |
| deferasirox oral tablet | 1 or 1b* | PA; SP |
| deferasirox oral tablet soluble | 1 or 1b* | PA; SP |
| deferiprone oral tablet | 1 or 1b* | PA; LD |
| FERRIPROX ORAL SOLUTION | 3 | PA; LD |
| FERRIPROX TWICE-A-DAY ORAL TABLET | 3 | PA; LD |
| ANTÍDOTOS | | |
| acetylcysteine intravenous solution | 1 or 1b* | |
| ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 3 | |
| BRIDION INTRAVENOUS SOLUTION | 3 | |
| CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM | 3 | |
| deferoxamine mesylate injection solution reconstituted | 1 or 1b* | SP |
| DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| edetate calcium disodium injection solution | 3 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |
| methylene blue (antidote) intravenous solution | 3 | |
| methylene blue intravenous solution 50 mg/10ml | 1 or 1b* | |
| PRAXBIND INTRAVENOUS SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| RADIOGARDASE ORAL CAPSULE | 3 | |
| SODIUM NITRITE INTRAVENOUS SOLUTION | 3 | |
| SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML | 1 or 1b* | |
| VISTOGARD ORAL PACKET | 3 | LD; QL |
| COMBINACIONES DE ANTÍDOTOS | | |
| NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML | 3 | |
| PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| ANTIEMÉTICOS | | |
| *ANTIEMETICS - ANTIDOPAMINERGIC** | | |
| * | | |
| BARHEMSYS INTRAVENOUS SOLUTION | 3 | |
| ANTAGONISTAS DEL RECEPTOR 5-HT3 | | |
| ANZEMET ORAL TABLET 50 MG | 3 | QL |
| gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 or 1b* | |
| gransetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron hcl +rfid injection solution | 1 or 1b* | |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 1 or 1b* | |
| ondansetron hcl injection solution prefilled syringe | 1 or 1b* | |
| ondansetron hcl oral solution | 1 or 1b* | QL |
| ondansetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron oral tablet dispersible | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML | 3 | |
| palonosetron hcl intravenous solution 0.25 mg/5ml | 1 or 1b* | |
| palonosetron hcl intravenous solution prefilled syringe | 1 or 1b* | |
| POSFREA INTRAVENOUS SOLUTION | 3 | |
| SANCUSO TRANSDERMAL PATCH | 3 | QL |
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE | 3 | |
| ANTIEMÉTICOS - AGENTE ANTIACOLINÉRGICO | | |
| DIMENHYDRINATE INJECTION SOLUTION | 3 | |
| meclizine hcl oral tablet 25 mg | 1 or 1a* | |
| meclizine hcl oral tablet 50 mg | 1 or 1b* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| TIGAN INTRAMUSCULAR SOLUTION | 3 | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| ANTIEMÉTICOS VARIOS | | |
| dronabinol oral capsule | 1 or 1b* | QL |
| SYNDROS ORAL SOLUTION | 3 | QL |
| COMBINACIONES DE ANTIEMÉTICOS | | |
| AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| AKYNZEO ORAL CAPSULE | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| BONJESTA ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |
| SUSTANCIA PARA ANTAGONISTAS DEL RECEPTOR NK1 | | |
| APONVIE INTRAVENOUS EMULSION | 3 | |
| aprepitant oral capsule | 1 or 1b* | QL |
| CINVANTI INTRAVENOUS EMULSION | 3 | QL |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| focinvez intravenous solution | 3 | QL |
| fosaprepitant dimeglumine intravenous solution reconstituted | 1 or 1b* | QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | QL |
| ANTIESPASMÓDICOS URINARIOS | | |
| AGONISTAS DEL RECEPTOR ADRENÉRGICO BETA 3 | | |
| mirabegron er oral tablet extended release 24 hour | 1 or 1b* | QL |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 3 | PA; QL |
| ANTIESPASMÓDICOS URINARIOS - AGONISTAS COLINÉRGICOS | | |
| bethanechol chloride oral tablet | 1 or 1b* | |
| ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS) | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 1 or 1b* | QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| oxybutynin chloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| oxybutynin chloride oral solution | 1 or 1b* | QL |
| oxybutynin chloride oral tablet | 1 or 1b* | QL |
| solifenacin succinate oral tablet | 1 or 1b* | QL |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tolterodine tartrate oral tablet | 1 or 1b* | QL |
| trospium chloride er oral capsule extended release 24 hour | 1 or 1b* | QL |
| trospium chloride oral tablet | 1 or 1b* | QL |
| ANTIESPASMÓDICOS URINARIOS - RELAJANTES MUSCULARES DIRECTOS | | |
| flavoxate hcl oral tablet | 1 or 1b* | |
| ANTIHELMÍNTICOS | | |
| ANTIHELMÍNTICOS | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| BENZNIDAZOLE ORAL TABLET | 3 | |
| EMVERM ORAL TABLET CHEWABLE | 3 | |
| ivermectin oral tablet | 1 or 1b* | QL |
| praziquantel oral tablet | 1 or 1b* | |
| ANTIHIPERLIPIDÉMICOS | | |
| *ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** | | |
| NEXLIZET ORAL TABLET | 3 | PA; QL |
| *ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** | | |
| EVKEEZA INTRAVENOUS SOLUTION | 3 | PA; LD |

| Nombre del Medicamento | Nivel | Notas |
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| *SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** | | |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL |
| ANTIHIPERLIPIDÉMICOS VARIOS | | |
| icosapent ethyl oral capsule | 1 or 1b* | PA; QL |
| omega-3-acid ethyl esters oral capsule | 1 or 1b* | PA; QL |
| VASCEPA ORAL CAPSULE | 2 | PA; QL |
| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA- INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe-simvastatin oral tablet | 1 or 1b* | ST; QL |
| DERIVADOS DEL ÁCIDO FÍBRICO | | |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | 1 or 1b* | QL |
| fenofibrate oral capsule | 1 or 1b* | QL |
| fenofibrate oral tablet 120 mg, 40 mg | 3 | ST; QL |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 or 1b* | QL |
| fenofibric acid oral capsule delayed release | 1 or 1b* | QL |
| fenofibric acid oral tablet | 1 or 1b* | QL |
| gemfibrozil oral tablet | 1 or 1b* | QL |
| DERIVADOS DEL ÁCIDO NICOTÍNICO | | |
| niacin (antihyperlipidemic) oral tablet | 1 or 1b* | ST; QL |
| niacin er (antihyperlipidemic) oral tablet extended release | 1 or 1b* | ST; QL |
| niacor oral tablet | 1 or 1b* | ST; QL |
| INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| INHIBIDORES DE ADENOSINA TRIFOSFATO-CITRATO LIASA (ACL) | | |
| NEXLETOL ORAL TABLET | 3 | PA; QL |
| INHIBIDORES DE LA HMG COA REDUCTASA | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| atorvastatin calcium oral tablet 40 mg | 1 or 1b* | DO |
| atorvastatin calcium oral tablet 80 mg | 1 or 1b* | QL |
| fluvastatin sodium oral capsule | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | 1 or 1b* | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | 1 or 1b* | \$0; QL |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 1 or 1b* | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | 1 or 1b* | DO |
| rosuvastatin calcium oral tablet 40 mg | 1 or 1b* | QL |
| simvastatin oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO; \$0 |
| simvastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| simvastatin oral tablet 80 mg | 1 or 1b* | PA; QL |
| INHIBIDORES DE LA PROTEÍNA DE TRANSFERENCIA DE TRIGLICÉRIDOS MICROSOMALES | | |
| JUXTAPIID ORAL CAPSULE 10 MG, 5 MG | 3 | PA; LD; DO |
| JUXTAPIID ORAL CAPSULE 20 MG, 30 MG | 3 | PA; LD; QL |
| INHIBIDORES DE PCSK9 | | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| SECUESTRADORES DEL ÁCIDO BILIAR | | |
| cholestyramine light oral packet | 1 or 1b* | QL |
| cholestyramine light oral powder | 1 or 1b* | QL |
| cholestyramine oral packet | 1 or 1b* | QL |
| cholestyramine oral powder | 1 or 1b* | QL |
| colesevelam hcl oral packet | 3 | QL |
| colesevelam hcl oral tablet | 1 or 1b* | QL |
| colestipol hcl oral granules | 1 or 1b* | QL |
| colestipol hcl oral packet | 1 or 1b* | QL |
| colestipol hcl oral tablet | 1 or 1b* | QL |
| prevalite oral packet | 1 or 1b* | QL |
| prevalite oral powder | 1 or 1b* | QL |
| ANTIHIPERTENSIVOS | | |
| *ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| TRYVIO ORAL TABLET | 3 | PA; QL |
| AGENTES PARA FEOCROMOCITOMAS | | |
| metyrosine oral capsule | 3 | PA; QL; SP |
| phenoxybenzamine hcl oral capsule | 1 or 1b* | PA; QL |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | |
| ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | |
| candesartan cilexetil oral tablet 16 mg, 32 mg | 1 or 1b* | QL |
| candesartan cilexetil oral tablet 4 mg, 8 mg | 1 or 1b* | DO |
| EDARBI ORAL TABLET 40 MG | 3 | DO |
| EDARBI ORAL TABLET 80 MG | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| irbesartan oral tablet 150 mg, 75 mg | 1 or 1b* | DO |
| irbesartan oral tablet 300 mg | 1 or 1b* | QL |
| losartan potassium oral tablet 100 mg, 50 mg | 1 or 1b* | QL |
| losartan potassium oral tablet 25 mg | 1 or 1b* | DO |
| olmesartan medoxomil oral tablet 20 mg, 5 mg | 1 or 1b* | DO |
| olmesartan medoxomil oral tablet 40 mg | 1 or 1b* | QL |
| telmisartan oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| telmisartan oral tablet 80 mg | 1 or 1b* | QL |
| valsartan oral solution | 1 or 1b* | PA; QL |
| valsartan oral tablet 160 mg, 320 mg | 1 or 1b* | QL |
| valsartan oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II- BLOQUEADORES DE CANALES DE CALCIO- DIURÉTICOS TIAZÍDICOS | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | QL |
| amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg | 1 or 1b* | DO; QL |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg | 1 or 1b* | DO; QL |
| olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | 1 or 1b* | QL |
| ANTAGONISTAS DEL RECEPTOR SELECTIVO DE ALDOSTERONA (SARA) | | |
| eplerenone oral tablet | 1 or 1b* | |
| ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL | | |
| clonidine hcl oral tablet 0.1 mg, 0.3 mg | 1 or 1a* | QL |
| clonidine hcl oral tablet 0.2 mg | 1 or 1a* | DO; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| clonidine transdermal patch weekly | 1 or 1b* | QL |
| guanfacine hcl oral tablet | 1 or 1b* | |
| methyldopa oral tablet | 1 or 1b* | QL |
| ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA | | |
| doxazosin mesylate oral tablet | 1 or 1b* | QL |
| prazosin hcl oral capsule | 1 or 1b* | |
| terazosin hcl oral capsule | 1 or 1b* | QL |
| ANTIHIPERTENSIVOS VARIOS | | |
| VECAMYL ORAL TABLET | 3 | |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | QL |
| amlodipine besylate- valsartan oral tablet 5-160 mg | 1 or 1b* | DO; QL |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine-olmesartan oral tablet 5-20 mg | 1 or 1b* | DO; QL |
| telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg | 1 or 1b* | QL |
| telmisartan-amlodipine oral tablet 40-5 mg | 1 or 1b* | DO; QL |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA | | |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | QL |
| EDARBYCLOR ORAL TABLET | 3 | QL |
| irbesartan- hydrochlorothiazide oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | 1 or 1b* | QL |
| losartan potassium-hctz oral tablet 50-12.5 mg | 1 or 1b* | DO; QL |
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg | 1 or 1b* | DO; QL |
| olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg | 1 or 1b* | QL |
| telmisartan-hctz oral tablet 40-12.5 mg | 1 or 1b* | DO; QL |
| telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg | 1 or 1b* | QL |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg | 1 or 1b* | DO; QL |
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | 1 or 1b* | QL |
| COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | QL |
| bisoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| metoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg | 1 or 1b* | DO; QL |
| PRESTALIA ORAL TABLET | 3 | QL |
| trandolapril-verapamil hcl er oral tablet extended release | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg | 1 or 1b* | DO; QL |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg, 5-6.25 mg | 1 or 1b* | QL |
| captopril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | 1 or 1b* | DO; QL |
| fosinopril sodium-hctz oral tablet | 1 or 1b* | QL |
| lisinopril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| quinapril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| INHIBIDORES DE LA ECA | | |
| benazepril hcl oral tablet 10 mg, 40 mg, 5 mg | 1 or 1a* | QL |
| benazepril hcl oral tablet 20 mg | 1 or 1a* | DO; QL |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg | 1 or 1b* | QL |
| captopril oral tablet 50 mg | 1 or 1b* | DO; QL |
| enalapril maleate oral solution | 1 or 1b* | QL |
| enalapril maleate oral tablet 10 mg | 1 or 1b* | DO; QL |
| enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| enalaprilat intravenous solution | 1 or 1b* | |
| fosinopril sodium oral tablet 10 mg, 40 mg | 1 or 1b* | QL |
| fosinopril sodium oral tablet 20 mg | 1 or 1b* | DO; QL |
| lisinopril oral tablet | 1 or 1a* | QL |
| moexipril hcl oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| perindopril erbumine oral tablet | 1 or 1b* | QL |
| QBRELIS ORAL SOLUTION | 3 | QL |
| quinapril hcl oral tablet 10 mg, 40 mg, 5 mg | 1 or 1b* | QL |
| quinapril hcl oral tablet 20 mg | 1 or 1b* | DO; QL |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg | 1 or 1b* | QL |
| ramipril oral capsule 5 mg | 1 or 1b* | DO; QL |
| trandolapril oral tablet | 1 or 1b* | QL |
| INHIBIDORES DIRECTOS DE LA RENINA | | |
| aliskiren fumarate oral tablet 150 mg | 1 or 1b* | DO |
| aliskiren fumarate oral tablet 300 mg | 1 or 1b* | QL |
| VASODILATADORES | | |
| hydralazine hcl injection solution | 1 or 1b* | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| nitroprusside sodium intravenous solution | 1 or 1b* | |
| nitroprusside sodium-nacl intravenous solution | 1 or 1b* | |
| sodium nitroprusside intravenous solution | 1 or 1b* | |
| ANTIHISTAMÍNICOS | | |
| ANTIHISTAMÍNICOS - ETANOLAMINAS | | |
| carbinoxamine maleate er oral suspension extended release | 1 or 1b* | ST; QL |
| carbinoxamine maleate oral solution | 1 or 1b* | ST; QL |
| carbinoxamine maleate oral tablet 4 mg | 1 or 1b* | ST; QL |
| carbzah oral solution | 1 or 1b* | ST; QL |
| CLEMASTINE FUMARATE ORAL SYRUP | 3 | ST; QL |
| clemastine fumarate oral tablet 2.68 mg | 1 or 1b* | ST; QL |
| diphenhydramine hcl injection solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| diphenhydramine hcl oral elixir | 1 or 1a* | QL |
| ANTIHISTAMÍNICOS - FENOTIAZINA | | |
| promethazine hcl injection solution | 1 or 1a* | |
| promethazine hcl oral solution | 1 or 1a* | QL |
| promethazine hcl oral syrup | 3 | QL |
| promethazine hcl oral tablet | 1 or 1a* | QL |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 1 or 1b* | QL |
| promethegan rectal suppository | 1 or 1b* | QL |
| ANTIHISTAMÍNICOS - NO SEDANTES | | |
| desloratadine oral tablet | 1 or 1b* | QL |
| desloratadine oral tablet dispersible | 1 or 1b* | QL |
| QUZYTTIR INTRAVENOUS SOLUTION | 3 | |
| ANTIHISTAMÍNICOS - PIPERIDINAS | | |
| cyproheptadine hcl oral syrup | 1 or 1b* | |
| cyproheptadine hcl oral tablet | 1 or 1b* | |
| ANTIMICÓTICOS | | |
| *ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)*** | | |
| BREXAFEMME ORAL TABLET | 3 | PA; QL |
| *TETRAZOLES*** | | |
| VIVJOA ORAL CAPSULE THERAPY PACK | 3 | PA; QL |
| ANTIMICÓTICO - INHIBIDORES DE LA SÍNTESIS DEL GLUCANO (EQUINOCANDINAS) | | |
| CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| micafungin sodium-nacl intravenous solution | 3 | |
| REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANTIMICÓTICOS | | |
| ABELCET INTRAVENOUS SUSPENSION | 3 | |
| amphotericin b intravenous solution reconstituted | 1 or 1b* | |
| amphotericin b liposome intravenous suspension reconstituted | 1 or 1b* | |
| flucytosine oral capsule | 1 or 1b* | PA |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | 1 or 1b* | |
| nystatin oral tablet | 1 or 1b* | |
| terbinafine hcl oral tablet | 1 or 1b* | |
| IMIDAZOLES | | |
| ketoconazole oral tablet | 1 or 1b* | QL |
| TRIAZOLES | | |
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| CRESEMBA ORAL CAPSULE | 3 | PA; QL |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |
| fluconazole oral suspension reconstituted | 1 or 1b* | QL |
| fluconazole oral tablet | 1 or 1b* | QL |
| itraconazole oral capsule | 1 or 1b* | PA; QL |
| itraconazole oral solution | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| NOXAFIL ORAL PACKET | 3 | PA; QL |
| posaconazole intravenous solution | 1 or 1b* | |
| posaconazole oral suspension | 1 or 1b* | PA; QL |
| posaconazole oral tablet delayed release | 1 or 1b* | PA; QL |
| TOLSURA ORAL CAPSULE | 3 | PA; QL |
| voriconazole oral suspension reconstituted | 1 or 1b* | PA; QL |
| voriconazole oral tablet | 1 or 1b* | PA; QL |
| ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS | | |
| *ANTINEOPLASTIC - AKT INHIBITORS*** | | |
| TRUQAP ORAL TABLET 200 MG | 3 | PA; LD; QL |
| TRUQAP ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| ALUNBRIG ORAL TABLET | 2 | PA; LD; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | 2 | PA; LD; QL |
| LORBRENA ORAL TABLET | 3 | PA; LD; QL; SP |
| XALKORI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| XALKORI ORAL CAPSULE SPRINKLE | 3 | PA; LD; QL; SP |
| ZYKADIA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTIBODY COMBINATIONS*** | | |
| OPDUALAG INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** | | |
| POTELIGEO INTRAVENOUS SOLUTION | 3 | LD; SP |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas | | |
|---|-------|------------|--|-------|------------|--|--|
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** | | | | | | | |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | *ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** | | | | |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG | 3 | PA; LD; SP | | |
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** | | | | | | | |
| ARZERRA INTRAVENOUS CONCENTRATE | 3 | PA; LD; SP | *ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** | | | | |
| GAZYVA INTRAVENOUS SOLUTION | 3 | PA; LD; SP | DARZALEX INTRAVENOUS SOLUTION | 3 | PA; LD; SP | | |
| RIABNI INTRAVENOUS SOLUTION | 3 | PA; LD; SP | SARCLISA INTRAVENOUS SOLUTION | 3 | PA; LD; SP | | |
| RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML | 3 | PA; LD; SP | *ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** | | | | |
| RUXIENCE INTRAVENOUS SOLUTION | 3 | PA; SP | POLIVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | | |
| TRUXIMA INTRAVENOUS SOLUTION | 3 | PA; SP | *ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES*** | | | | |
| *ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** | | | | | | | |
| BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | VYLOY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | | |
| *ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** | | | *ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX*** | | | | |
| ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | | |
| *ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** | | | *ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** | | | | |
| *ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** | | | *ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** | | | | |
| *ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** | | | DANYELZA INTRAVENOUS SOLUTION | 3 | PA; LD | | |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|
| UNITUXIN INTRAVENOUS SOLUTION | 3 | LD |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | LD; SP |
| HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; LD; SP |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; SP |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| MARGENZA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; LD; SP |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; LD; SP |
| PERJETA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; SP |
| TUKYSA ORAL TABLET | 3 | PA; LD; QL |
| ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** | | |
| PADCEV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| *ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** | | |
| JEMPERLI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| KEYTRUDA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| LIBTAYO INTRAVENOUS SOLUTION | 3 | PA; LD |
| LOQTORZI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| OPDIVO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TEVIMBRA INTRAVENOUS SOLUTION | 3 | PA; LD |
| ZYNYZ INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** | | |
| BAVENCIO INTRAVENOUS SOLUTION | 3 | PA; LD |
| IMFINZI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TECENTRIQ INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES*** | | |
| EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** | | |
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL CAPSULE | 2 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|----------------|
| BOSULIF ORAL TABLET | 2 | PA; QL; SP |
| dasatinib oral tablet | 1 or 1b* | PA; QL; SP |
| imatinib mesylate oral tablet | 1 or 1b* | PA; QL; SP |
| imkeldi oral solution | 3 | PA; QL |
| nilotinib hcl oral capsule | 1 or 1b* | PA; QL; SP |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| BRUKINSA ORAL CAPSULE | 3 | PA; LD; QL |
| CALQUENCE ORAL TABLET | 2 | PA; LD; QL |
| IMBRUWICA ORAL CAPSULE | 2 | PA; LD; QL |
| IMBRUWICA ORAL SUSPENSION | 2 | PA; LD; QL |
| IMBRUWICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; LD; QL |
| JAYPIRCA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - CSF1R KINASE INHIBITORS*** | | |
| ROMVIMZA ORAL CAPSULE | 3 | PA; QL |
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| ERBITUX INTRAVENOUS SOLUTION | 3 | PA; SP |
| erlotinib hcl oral tablet | 1 or 1b* | PA; QL; SP |
| gefitinib oral tablet | 1 or 1b* | PA; QL; SP |
| GILOTrif ORAL TABLET | 3 | PA; LD; QL |
| LAZCLUZE ORAL TABLET | 3 | PA; LD; QL |
| PORTRAZZA INTRAVENOUS SOLUTION | 3 | LD; SP |
| TAGRISSO ORAL TABLET | 3 | PA; LD; QL; SP |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML | 3 | PA; LD; SP |
| VIZIMPRO ORAL TABLET | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|----------------|
| *ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** | | |
| OGSIVEO ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** | | |
| WELIREG ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - KRAS INHIBITORS*** | | |
| KRAZATI ORAL TABLET | 3 | PA; LD; QL |
| LUMAKRAS ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - MENIN INHIBITORS*** | | |
| REVUFORJ ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - MET INHIBITORS*** | | |
| TABRECTA ORAL TABLET | 3 | PA; QL; SP |
| TEPMETKO ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** | | |
| TAZVERIK ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** | | |
| BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK | 3 | PA; QL |
| RYBREVANT INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** | | |
| AYVAKIT ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - RET INHIBITORS*** | | |
| GAVRETO ORAL CAPSULE | 3 | PA; LD; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| RETEVMO ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 3 | PA; LD; QL |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 3 | PA; QL |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; LD; QL |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 3 | PA; LD; QL |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; LD; QL |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| *ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** | | |
| VORANIGO ORAL TABLET | 3 | PA; LD; QL |
| *MYELOPROTECTIVE AGENTS*** | | |
| COSELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD |
| *OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** | | |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| *ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** | | |
| IWLIFIN ORAL TABLET | 3 | PA; LD; QL |
| *OTOPROTECTIVE AGENTS*** | | |
| PEDMARK INTRAVENOUS SOLUTION | 3 | PA; LD |
| *SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** | | |
| ORSERDU ORAL TABLET | 3 | PA; LD; QL |
| *TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** | | |
| DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD |
| AGENTES ALQUILANTES | | |
| BELRAPZO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| bendamustine hcl intravenous solution | 3 | PA; SP |
| bendamustine hcl intravenous solution reconstituted | 1 or 1b* | PA; SP |
| BENDEKA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| busulfan intravenous solution | 1 or 1b* | SP |
| carboplatin intravenous solution | 1 or 1b* | SP |
| cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml | 1 or 1b* | SP |
| CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|--|----------|------------|
| GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | levoleucovorin calcium pf intravenous solution 175 mg/17.5ml | 1 or 1b* | |
| MYLERAN ORAL TABLET | 2 | | levoleucovorin calcium pf intravenous solution 250 mg/25ml | 1 or 1b* | PA |
| oxaliplatin intravenous solution | 1 or 1b* | SP | AGENTES PROTECTORES CARDÍACOS | | |
| oxaliplatin intravenous solution reconstituted | 1 or 1b* | SP | dexrazoxane hcl intravenous solution reconstituted | 1 or 1b* | SP |
| paraplatin intravenous solution 1000 mg/100ml | 1 or 1b* | SP | dexrazoxane intravenous solution reconstituted 250 mg | 1 or 1b* | SP |
| TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | AGENTES PROTECTORES DEL TRACTO URINARIO | | |
| teplylute intravenous solution | 3 | | mesna intravenous solution | 1 or 1b* | PA |
| thiotepa injection solution reconstituted | 1 or 1b* | SP | mesna oral tablet | 1 or 1b* | PA |
| vivimusta intravenous solution | 3 | PA; LD; SP | AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS | | |
| ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | bexarotene oral capsule | 1 or 1b* | PA; QL; SP |
| AGENTES DE LA ENZIMA CARBOXIPEPTIDASA | | | ANÁLOGOS DE LHRH | | |
| VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD | CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; LD; QL |
| AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO | | | ELIGARD SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG | 3 | PA; LD; SP | leuprolide acetate injection kit | 1 or 1b* | PA; SP |
| leucovorin calcium injection solution | 1 or 1b* | | LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 3 | PA; QL; SP |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | | LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 3 | PA; QL; SP |
| leucovorin calcium oral tablet | 1 or 1b* | | LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 3 | PA; QL; SP |
| levoleucovorin calcium intravenous solution reconstituted 50 mg | 1 or 1b* | PA | LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 3 | PA; QL; SP |
| | | | LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |

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| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP | dactinomycin intravenous solution reconstituted | 1 or 1b* | SP |
| LUTRATE DEPOT INTRAMUSCULAR INJECTABLE | 3 | PA; LD; QL; SP | doxorubicin hcl intravenous solution reconstituted | 1 or 1b* | SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; QL; SP | doxorubicin hcl liposomal intravenous suspension | 1 or 1b* | PA; SP |
| ZOLADEX SUBCUTANEOUS IMPLANT | 3 | PA; QL; SP | ELLENCE INTRAVENOUS SOLUTION | 3 | PA; SP |
| ANTAGONISTA DEL RECEPTOR DE ESTRÓGENO | | | idarubicin hcl intravenous solution | 1 or 1b* | SP |
| fulvestrant intramuscular solution prefilled syringe | 1 or 1b* | PA; SP | JELMYTO SOLUTION RECONSTITUTED | 3 | PA; LD |
| ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH) | | | mitomycin intravenous solution reconstituted | 1 or 1b* | SP |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP | mitomycin intravesical solution prefilled syringe | 3 | |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA; QL; SP | mitoxantrone hcl intravenous concentrate | 1 or 1b* | SP |
| ORGOVYX ORAL TABLET | 3 | PA; LD; QL | mutamycin intravenous solution reconstituted 40 mg, 5 mg | 1 or 1b* | SP |
| ANTIANDRÓGENOS | | | valrubicin intravesical solution | 1 or 1b* | SP |
| bicalutamide oral tablet | 1 or 1b* | QL | ZUSDURI INTRAVESICAL SOLUTION RECONSTITUTED 80 (2 X 40) MG | 3 | PA |
| ERLEADA ORAL TABLET | 2 | PA; LD; QL; SP | ANTICUERPO ANTINEOPLÁSICO - COMPLEJOS DE FÁRMACOS | | |
| EULEXIN ORAL CAPSULE | 3 | | ELAHERE INTRAVENOUS SOLUTION | 3 | PA; LD |
| nilutamide oral tablet | 1 or 1b* | QL | ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NUBEQA ORAL TABLET | 2 | PA; LD; QL; SP | KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| XTANDI ORAL CAPSULE | 2 | PA; LD; QL; SP | ANTICUERPOS ANTIADRENAL | | |
| XTANDI ORAL TABLET | 2 | PA; LD; QL; SP | LYSODREN ORAL TABLET | 2 | LD; QL |
| ANTIBIÓTICOS ANTINEOPLÁSICOS | | | ANTIESTRÓGENOS | | |
| adriamycin intravenous solution reconstituted 50 mg | 1 or 1b* | SP | SOLTAMOX ORAL SOLUTION | 2 | \$0 |
| bleomycin sulfate injection solution reconstituted | 1 or 1b* | SP | | | |

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| tamoxifen citrate oral tablet | 1 or 1b* | \$0 |
| toremifene citrate oral tablet | 1 or 1b* | |
| ANTIMETABOLITOS | | |
| AVGEMSI INTRAVENOUS SOLUTION | 3 | SP |
| AXTLE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| azacitidine injection suspension reconstituted | 1 or 1b* | SP |
| capecitabine oral tablet | 1 or 1b* | PA; SP |
| cladribine intravenous solution 10 mg/10ml | 1 or 1b* | SP |
| clofarabine intravenous solution | 1 or 1b* | SP |
| cytarabine (pf) injection solution | 1 or 1b* | SP |
| cytarabine injection solution | 1 or 1b* | SP |
| decitabine intravenous solution reconstituted | 1 or 1b* | SP |
| flouxuridine injection solution reconstituted | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution 50 mg/2ml | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution reconstituted | 1 or 1b* | SP |
| fluorouracil intravenous solution | 1 or 1b* | SP |
| FOLOTYN INTRAVENOUS SOLUTION | 3 | SP |
| GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1.5 GM/15ML, 2 GM/20ML, 200 MG/2ML | 3 | SP |
| gemcitabine hcl intravenous solution reconstituted | 1 or 1b* | SP |
| JYLAMVO ORAL SOLUTION | 3 | PA |
| mercaptopurine oral suspension | 1 or 1b* | PA |
| mercaptopurine oral tablet | 1 or 1b* | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |

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| methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution reconstituted | 1 or 1b* | |
| methotrexate sodium oral tablet | 1 or 1b* | |
| nelarabine intravenous solution | 1 or 1b* | SP |
| ONUREG ORAL TABLET | 3 | PA; LD; QL; SP |
| pemetrexed dipotassium intravenous solution reconstituted | 3 | PA |
| pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml | 3 | PA; SP |
| pemetrexed disodium intravenous solution reconstituted | 1 or 1b* | PA; SP |
| pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml | 3 | PA; SP |
| pemetrexed intravenous solution 500 mg/20ml | 3 | PA |
| PEMFEXY INTRAVENOUS SOLUTION | 3 | PA; LD |
| PEMRYDI RTU INTRAVENOUS SOLUTION | 3 | PA; SP |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | ST |
| XATMEP ORAL SOLUTION | 3 | PA |
| ANTINEOPLÁSICOS - AGENTES FOTOACTIVADOS | | |
| PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UVADEX EXTRACORPOREAL SOLUTION | 3 | |

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| ANTINEOPLÁSICOS - ANTICUERPO PARA TERAPIA CON RADIOFÁRMACOS | | | ANTINEOPLÁSICOS - INHIBIDORES DE BCL-2 | | |
| ZEVALIN Y-90 INTRAVENOUS KIT | 3 | PA; LD | VENCLEXTA ORAL TABLET | 3 | PA; LD; QL |
| ANTINEOPLÁSICOS - COMBINACIONES DE AGENTES HORMONALES Y OTROS RELACIONADOS | | | VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| AKEEGA ORAL TABLET | 3 | PA; LD; QL | ANTINEOPLÁSICOS - INHIBIDORES DE CINASA DEL RECEPTOR DE LA TROPOMIOSINA | | |
| ANTINEOPLÁSICOS - ENGRAPADORES DE CÉLULAS T BIESPECÍFICOS | | | AUGTYRO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD | IBTROZI ORAL CAPSULE | 3 | PA; QL |
| COLUMVI INTRAVENOUS SOLUTION | 3 | PA; LD; SP | ROZLYTREK ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ELREXFIO SUBCUTANEOUS SOLUTION | 3 | PA; LD | ROZLYTREK ORAL PACKET | 3 | PA; LD; QL; SP |
| EPKINLY SUBCUTANEOUS SOLUTION | 3 | PA; LD | VITRAKVI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | VITRAKVI ORAL SOLUTION | 3 | PA; LD; QL; SP |
| KIMMTRAK INTRAVENOUS SOLUTION | 3 | PA; LD | ANTINEOPLÁSICOS - INHIBIDORES DE CINASA MTOR | | |
| LUNSUMIO INTRAVENOUS SOLUTION | 3 | PA; LD; SP | everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; SP |
| LYNOZYFIC INTRAVENOUS SOLUTION | 3 | PA | everolimus oral tablet soluble | 1 or 1b* | PA; SP |
| TALVEY SUBCUTANEOUS SOLUTION | 3 | PA; LD | FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; LD |
| TECVAYLI SUBCUTANEOUS SOLUTION | 3 | PA; LD | temsirolimus intravenous solution | 1 or 1b* | PA; SP |
| | | | TORPENZ ORAL TABLET | 1 or 1b* | PA; LD; SP |
| | | | ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA BRAF | | |
| | | | BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; LD; QL; SP |
| | | | OJEMDA ORAL SUSPENSION RECONSTITUTED | 3 | PA; LD; QL |
| | | | OJEMDA ORAL TABLET 100 MG | 3 | PA; LD; QL |
| | | | TAFINLAR ORAL CAPSULE | 3 | PA; LD; QL; SP |

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| TAFINLAR ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP | GOMEKLI ORAL TABLET SOLUBLE | 3 | PA; QL |
| ZELBORAFL ORAL TABLET | 2 | PA; LD; QL; SP | KOSELUGO ORAL CAPSULE | 3 | PA; LD; QL |
| ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA DEL FACTOR DE CRECIMIENTO DE FIBROBLASTOS (FCF) | | | MEKINIST ORAL SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| BALVERSA ORAL TABLET | 3 | PA; LD; QL; SP | MEKINIST ORAL TABLET | 3 | PA; LD; QL; SP |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL | MEKTOVI ORAL TABLET | 3 | PA; LD; QL; SP |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL | ANTINEOPLÁSICOS - INHIBIDORES DEL PROTEASOMA | | |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL | bortezomib injection solution reconstituted 1 mg, 2.5 mg | 3 | SP |
| PEMAZYRE ORAL TABLET | 3 | PA; LD; QL | bortezomib injection solution reconstituted 3.5 mg | 1 or 1b* | SP |
| ANTINEOPLÁSICOS - INHIBIDORES DE LA HISTONA DESACETILASA | | | BORUZU INJECTION SOLUTION | 3 | SP |
| BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP | KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| romidepsin intravenous solution reconstituted | 1 or 1b* | PA; SP | NINLARO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZOLINZA ORAL CAPSULE | 2 | PA; QL; SP | ANTINEOPLÁSICOS - INHIBIDORES MULTICINASAS | | |
| ANTINEOPLÁSICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG | | | CABOMETYX ORAL TABLET | 2 | PA; LD; QL; SP |
| DAURISMO ORAL TABLET | 3 | PA; LD; QL; SP | CAPRELSA ORAL TABLET | 2 | PA; LD; QL |
| ERIVEDGE ORAL CAPSULE | 2 | PA; LD; QL; SP | COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 3 | PA; LD; QL; SP |
| ODOMZO ORAL CAPSULE | 3 | PA; LD; QL; SP | COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSICOS - INHIBIDORES DE MEK | | | COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA; LD; QL; SP |
| COTELLIC ORAL TABLET | 3 | PA; LD; QL; SP | ENSACOVE ORAL CAPSULE | 3 | PA; QL |
| GOMEKLI ORAL CAPSULE | 3 | PA; QL | FOTIVDA ORAL CAPSULE | 3 | PA; LD; QL |
| | | | lapatinib ditosylate oral tablet | 1 or 1b* | PA; QL; SP |
| | | | NERLYNX ORAL TABLET | 3 | PA; LD; QL; SP |
| | | | pazopanib hcl oral tablet | 1 or 1b* | PA; QL; SP |

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| QINLOCK ORAL TABLET | 3 | PA; LD; QL | TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED | 3 | SP |
| RYDAPT ORAL CAPSULE | 3 | PA; QL; SP | COMBINACIONES DE ANTINEOPLÁSICOS | | |
| sorafenib tosylate oral tablet | 1 or 1b* | PA; QL; SP | AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK | 3 | PA; QL |
| STIVARGA ORAL TABLET | 2 | PA; LD; QL; SP | DARZALEX FASPRO SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| sunitinib malate oral capsule | 1 or 1b* | PA; QL; SP | HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; LD; QL | INQOVI ORAL TABLET | 3 | PA; LD; QL; SP |
| VANFLYTA ORAL TABLET | 3 | PA; LD; QL | LONSURF ORAL TABLET | 3 | PA; LD; SP |
| XOSPATA ORAL TABLET | 3 | PA; LD; QL; SP | OPDIVO QVANTIG SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| ANTINEOPLÁSICOS - INMUNOMODULADORES | | | PHESGO SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| POMALYST ORAL CAPSULE | 3 | PA; LD; QL; SP | RITUXAN HYCELA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| ANTINEOPLÁSICOS - INTERLEUCINAS | | | TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| ANKTIVA INTRAVESICAL SOLUTION | 3 | PA; LD | VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG | 3 | LD; SP |
| ELZONRIS INTRAVENOUS SOLUTION | 3 | PA; LD | COMPLEMENTOS DE LA QUIMIOTERAPIA - AGENTES DE HIPURICEMIA | | |
| PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP | ELITEK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| ANTINEOPLÁSICOS VARIOS | | | COMPLEMENTOS DE LA QUIMIOTERAPIA - FACTORES DE CRECIMIENTO DE LOS QUERATINOCITOS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP | KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG | 3 | SP |
| arsenic trioxide intravenous solution | 1 or 1b* | SP | | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL | | | |
| dacarbazine intravenous solution reconstituted | 1 or 1b* | SP | | | |
| hydroxyurea oral capsule | 1 or 1b* | | | | |
| MATULANE ORAL CAPSULE | 2 | LD | | | |
| NIPENT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP | | | |

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| ENZIMAS ANTINEOPLÁSICAS | | |
| ASPARLAS INTRAVENOUS SOLUTION | 3 | PA; LD |
| ONCASPAR INJECTION SOLUTION | 3 | PA; LD |
| RYLAZE INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| IMIDAZOTETRAZINA | | |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| temozolomide oral capsule | 1 or 1b* | PA; QL; SP |
| INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS | | |
| abiraterone acetate oral tablet | 1 or 1b* | PA; QL; SP |
| ABIRTEGA ORAL TABLET | 1 or 1b* | PA; QL; SP |
| INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 1 (IDH1) | | |
| REZLIDHIA ORAL CAPSULE | 3 | PA; LD; QL |
| TIBSOVO ORAL TABLET | 3 | PA; LD; QL |
| INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 2 (IDH2) | | |
| IDHIFA ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA AROMATASA | | |
| anastrozole oral tablet | 1 or 1b* | \$0 |
| exemestane oral tablet | 1 or 1b* | \$0 |
| letrozole oral tablet | 1 or 1b* | \$0 |
| INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS | | |
| INREBIC ORAL CAPSULE | 3 | PA; LD; QL; SP |
| JAKAFI ORAL TABLET | 2 | PA; LD; QL; SP |
| OJJAARA ORAL TABLET | 3 | PA; LD; QL |
| VONJO ORAL CAPSULE | 3 | PA; LD; QL |

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| INHIBIDORES DE LA FOSFOINOSITIDA-3-QUINASAS (PI3K) | | |
| COPIKTRA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ITOVEBI ORAL TABLET | 3 | PA; LD; QL; SP |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| ZYDELIG ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP) | | |
| LYNPARZA ORAL TABLET | 3 | PA; LD; QL; SP |
| RUBRACA ORAL TABLET | 3 | PA; LD; QL; SP |
| TALZENNA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZEJULA ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK) | | |
| IBRANCE ORAL CAPSULE | 2 | PA; LD; QL; SP |
| IBRANCE ORAL TABLET | 2 | PA; LD; QL; SP |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| VERZENIO ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA TOPOISOMERASA I | | |
| HYCAMTIN ORAL CAPSULE | 2 | PA; SP |

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| irinotecan hcl intravenous solution | 1 or 1b* | SP |
| ONIVYDE INTRAVENOUS INJECTABLE | 3 | LD; SP |
| topotecan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| INHIBIDORES DEL VEGF | | |
| AVASTIN INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| CYRAMZA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| FRUZAQLA ORAL CAPSULE | 3 | PA; LD; QL |
| INLYTA ORAL TABLET | 2 | PA; LD; QL; SP |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| MVASI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ZALTRAP INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

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| INHIBIDORES MIÓTICOS | | |
| DOCIVYX INTRAVENOUS SOLUTION | 3 | LD; SP |
| eribulin mesylate intravenous solution | 1 or 1b* | PA; SP |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 1 or 1b* | SP |
| etoposide oral capsule | 1 or 1b* | SP |
| IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| JEVTANA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml | 1 or 1b* | SP |
| PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; SP |
| vinblastine sulfate intravenous solution | 1 or 1b* | SP |
| vincristine sulfate intravenous solution | 1 or 1b* | SP |
| vinorelbine tartrate intravenous solution | 1 or 1b* | SP |
| MOSTAZAS DE NITRÓGENO | | |
| cyclophosphamide injection solution reconstituted | 1 or 1b* | SP |
| cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml | 3 | LD; SP |
| cyclophosphamide intravenous solution 1000 mg/10ml, 2000 mg/20ml, 500 mg/5ml | 3 | SP |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML | 3 | SP |

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| cyclophosphamide intravenous solution 500 mg/ml | 3 | LD |
| cyclophosphamide oral capsule | 1 or 1b* | SP |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | |
| EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML | 3 | LD; SP |
| FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML | 3 | LD |
| HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | LD |
| HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | LD |
| IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM | 3 | SP |
| ifosfamide intravenous solution | 1 or 1b* | SP |
| ifosfamide intravenous solution reconstituted 1 gm | 1 or 1b* | SP |
| IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM | 3 | SP |
| ivra intravenous solution | 3 | |
| LEUKERAN ORAL TABLET | 2 | |
| melphalan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| NITROSOUREA | | |
| carmustine intravenous solution reconstituted 100 mg | 1 or 1b* | SP |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | PA; SP |
| GLIADEL WAFER IMPLANT WAFER | 3 | |

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| PROGESTINAS - ANTINEOPLÁSICOS | | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 or 1b* | |
| megestrol acetate oral tablet | 1 or 1b* | |
| RADIOFÁRMACOS ANTINEOPLÁSICOS | | |
| LUTATHERA INTRAVENOUS SOLUTION | 3 | PA; LD |
| PLUVICTO INTRAVENOUS SOLUTION | 3 | PA; LD |
| STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION | 3 | |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML | 3 | PA; LD |
| RETNIODES | | |
| tretinoin oral capsule | 1 or 1b* | |
| TETRAHIDROISOQUINOLINAS | | |
| YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| ANTIPALÚDICOS | | |
| ANTIPALÚDICOS | | |
| ARAKODA ORAL TABLET | 3 | QL |
| ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| chloroquine phosphate oral tablet | 1 or 1a* | |
| HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG | 1 or 1b* | QL |
| hydroxychloroquine sulfate oral tablet 200 mg | 1 or 1b* | QL |
| KRINTAFEL ORAL TABLET | 3 | QL |
| mefloquine hcl oral tablet | 1 or 1b* | QL |
| pyrimethamine oral tablet | 1 or 1b* | PA; QL |
| quinine sulfate oral capsule | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|--|----------|----------------|
| COMBINACIONES DE ANTIPALÚDICOS | | | carbidopa-levodopa oral tablet dispersible | 1 or 1b* | |
| atovaquone-proguanil hcl oral tablet | 1 or 1b* | | carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 or 1b* | |
| COARTEM ORAL TABLET | 3 | | DHIVY ORAL TABLET 25-100 MG | 3 | |
| ANTIPARKINSONIANOS | | | DUOPA ENTERAL SUSPENSION | 3 | PA; LD; SP |
| ANTAGONISTA DEL RECEPTOR DE ADENOSINA | | | RYTARY ORAL CAPSULE EXTENDED RELEASE | 3 | QL |
| NOURIANZ ORAL TABLET | 3 | PA; LD; QL; SP | VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS | | | DOPAMINÉRGICOS ANTIPARKINSONIANOS | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; LD; QL; SP | amantadine hcl oral capsule | 1 or 1b* | QL |
| apomorphine hcl subcutaneous solution cartridge | 1 or 1b* | PA; QL; SP | amantadine hcl oral solution | 1 or 1b* | QL |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | QL | amantadine hcl oral tablet | 1 or 1b* | QL |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 1 or 1b* | QL | bromocriptine mesylate oral capsule | 1 or 1b* | |
| pramipexole dihydrochloride oral tablet | 1 or 1b* | QL | bromocriptine mesylate oral tablet | 1 or 1b* | |
| ropinirole hcl er oral tablet extended release 24 hour | 1 or 1b* | | GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 3 | PA; LD; QL |
| ropinirole hcl oral tablet | 1 or 1b* | | GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 3 | PA; LD; DO |
| ANTICOLINÉRGICOS ANTIPARKINSONIANOS | | | INBRIJA INHALATION CAPSULE | 3 | PA; LD; QL |
| benztropine mesylate injection solution | 1 or 1a* | | INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS | | |
| benztropine mesylate oral tablet | 1 or 1a* | | tolcapone oral tablet | 1 or 1b* | PA; QL |
| trihexyphenidyl hcl oral solution | 1 or 1a* | | | | |
| trihexyphenidyl hcl oral tablet | 1 or 1a* | | | | |
| COMBINACIONES DE LEVODOPA | | | | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 1 or 1b* | | | | |
| carbidopa-levodopa oral tablet | 1 or 1b* | | | | |

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|---|----------|--------|
| INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA | | |
| rasagiline mesylate oral tablet | | |
| selegiline hcl oral capsule | | |
| selegiline hcl oral tablet | | |
| XADAGO ORAL TABLET | 3 | PA; QL |
| ZELAPAR ORAL TABLET DISPERSIBLE | 3 | PA; QL |
| INHIBIDORES COMT PERIFÉRICOS | | |
| entacapone oral tablet | 1 or 1b* | QL |
| ONGENTYS ORAL CAPSULE | 3 | PA; QL |
| INHIBIDORES DE LA DESCARBOXILASA | | |
| carbidopa oral tablet | 1 or 1b* | |
| ANTISÉPTICOS Y DESINFECTANTES | | |
| ANTISÉPTICOS DE CLORO | | |
| BENZALKONIUM CHLORIDE EXTERNAL SOLUTION | 3 | |
| ANTISÉPTICOS DE YODO | | |
| LUGOLS STRONG IODINE EXTERNAL SOLUTION | 3 | |
| ANTISÉPTICOS Y DESINFECTANTES | | |
| formaldehyde external solution 10 % | 1 or 1b* | |
| ANTIVIRALES | | |
| *ANTIRETROVIRALS - CAPSID INHIBITORS*** | | |
| SUNLENCA ORAL TABLET | 3 | LD; QL |
| SUNLENCA ORAL TABLET THERAPY PACK | 3 | LD; QL |
| SUNLENCA SUBCUTANEOUS SOLUTION | 3 | LD; QL |

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| *ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | QL |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | 2 | QL |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK | 2 | QL |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | 2 | QL |
| *MISC. ANTIVIRALS*** | | |
| LAGEVRIA ORAL CAPSULE | 3 | QL |
| TEMBEXA ORAL SUSPENSION | 3 | |
| TEMBEXA ORAL TABLET | 3 | |
| TPOXX INTRAVENOUS SOLUTION | 3 | |
| TPOXX ORAL CAPSULE | 3 | |
| AGENTES DEL CITOMEGALOVIRUS (CMV) | | |
| cidofovir intravenous solution | 1 or 1b* | |
| foscarnet sodium intravenous solution 6000 mg/250ml | 1 or 1b* | |
| GANCICLOVIR SODIUM INTRAVENOUS SOLUTION | 3 | SP |
| ganciclovir sodium intravenous solution reconstituted | 1 or 1b* | SP |
| LIVTENCITY ORAL TABLET | 3 | PA; LD; QL |
| PREVYMIS INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| PREVYMIS ORAL PACKET | 3 | PA; QL |
| PREVYMIS ORAL TABLET | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| valganciclovir hcl oral solution reconstituted | 1 or 1b* | |
| valganciclovir hcl oral tablet | 1 or 1b* | |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA | | |
| acyclovir oral capsule | 1 or 1b* | |
| acyclovir oral suspension | 1 or 1b* | |
| acyclovir oral tablet | 1 or 1b* | |
| acyclovir sodium intravenous solution | 1 or 1b* | |
| valacyclovir hcl oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA | | |
| famciclovir oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS | | |
| ribavirin inhalation solution reconstituted | 1 or 1b* | |
| AGENTES PARA LA HEPATITIS B | | |
| adefovir dipivoxil oral tablet | 1 or 1b* | PA; QL; SP |
| BARACLUDE ORAL SOLUTION | 2 | PA; QL |
| entecavir oral tablet | 1 or 1b* | PA; QL |
| lamivudine oral tablet 100 mg | 3 | PA; QL |
| VEMLIDY ORAL TABLET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C - COMBINACIONES | | |
| EPCLUSA ORAL PACKET | 3 | PA; QL; SP |
| EPCLUSA ORAL TABLET | 3 | PA; QL; SP |
| HARVONI ORAL PACKET | 3 | PA; QL; SP |
| HARVONI ORAL TABLET | 3 | PA; QL; SP |
| VOSEVI ORAL TABLET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 3 | LD; QL; SP |

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|---|--------------|--------------|
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| ribavirin oral capsule | 1 or 1b* | QL; SP |
| ribavirin oral tablet 200 mg | 1 or 1b* | QL; SP |
| AGENTES PARA LA INFLUENZA | | |
| rimantadine hcl oral tablet | 1 or 1b* | |
| ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA) | | |
| maraviroc oral tablet | 1 or 1b* | QL |
| SELZENTRY ORAL SOLUTION | 3 | QL |
| ANTIRRETROVIRALES - INHIBIDOR POSUNIÓN DIRIGIDO A CD4 | | |
| TROGARZO INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LD; QL |
| ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | LD; \$0; QL |
| ISENTRESS HD ORAL TABLET | 3 | QL |
| ISENTRESS ORAL PACKET | 3 | QL |
| ISENTRESS ORAL TABLET | 3 | QL |
| ISENTRESS ORAL TABLET CHEWABLE | 3 | QL |
| TIVICAY ORAL TABLET 50 MG | 3 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | 3 | QL |

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|---|----------|---------|
| ANTIRRETRÓVIRALES - INHIBIDORES DE LA PROTEASA | | |
| APTIVUS ORAL CAPSULE | 2 | QL |
| atazanavir sulfate oral capsule | 1 or 1b* | QL |
| darunavir oral tablet | 1 or 1b* | QL |
| fosamprenavir calcium oral tablet | 1 or 1b* | QL |
| NORVIR ORAL PACKET | 3 | QL |
| PREZISTA ORAL SUSPENSION | 2 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | QL |
| REYATAZ ORAL PACKET | 2 | QL |
| ritonavir oral tablet | 1 or 1b* | QL |
| VIRACEPT ORAL TABLET | 2 | QL |
| ANTIRRETRÓVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS | | |
| EDURANT ORAL TABLET | 2 | PA; QL |
| EDURANT PED ORAL TABLET SOLUBLE | 2 | QL |
| efavirenz oral tablet | 1 or 1b* | QL |
| etravirine oral tablet | 1 or 1b* | QL |
| INTELENCE ORAL TABLET 25 MG | 2 | QL |
| nevirapine er oral tablet extended release 24 hour 400 mg | 1 or 1b* | QL |
| nevirapine oral suspension | 1 or 1b* | QL |
| nevirapine oral tablet | 1 or 1b* | QL |
| PIFELTRO ORAL TABLET | 3 | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS | | |
| tenofovir disoproxil fumarate oral tablet | 1 or 1b* | \$0; QL |
| VIREAD ORAL POWDER | 2 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | QL |

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|---|----------|---------|
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS- PIRIMIDINAS | | |
| emtricitabine oral capsule | 1 or 1b* | \$0; QL |
| EMTRIVA ORAL SOLUTION | 2 | QL |
| lamivudine oral solution | 1 or 1b* | QL |
| lamivudine oral tablet 150 mg, 300 mg | 1 or 1b* | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS- PURINAS | | |
| abacavir sulfate oral solution | 1 or 1b* | QL |
| abacavir sulfate oral tablet | 1 or 1b* | QL |
| ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS- TIMIDINAS | | |
| RETROVIR INTRAVENOUS SOLUTION | 2 | |
| zidovudine oral capsule | 1 or 1b* | QL |
| zidovudine oral syrup | 1 or 1b* | QL |
| zidovudine oral tablet | 1 or 1b* | QL |
| ANTIRRETRÓVIRALES COMPLEMENTARIOS | | |
| TYBOST ORAL TABLET | 3 | QL |
| COMBINACIONES DE ANTIRRETRÓVIRALES | | |
| abacavir sulfate-lamivudine oral tablet | 1 or 1b* | QL |
| BIKTARVY ORAL TABLET | 2 | QL |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | LD; QL |
| CIMDUO ORAL TABLET | 3 | QL |
| DELSTRIGO ORAL TABLET | 3 | QL |
| DESCOVY ORAL TABLET 120-15 MG | 2 | QL |
| DESCOVY ORAL TABLET 200-25 MG | 2 | \$0; QL |
| DOVATO ORAL TABLET | 2 | QL |
| efavirenz-emtricitab-tenofo df oral tablet | 1 or 1b* | QL |

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|---|----------|---------|
| efavirenz-lamivudine-tenofovir oral tablet | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 or 1b* | \$0; QL |
| emtricitab-rilpivir-tenofov df oral tablet | 1 or 1b* | PA; QL |
| EVOTAZ ORAL TABLET | 3 | QL |
| GENVOYA ORAL TABLET | 2 | QL |
| JULUCA ORAL TABLET | 3 | QL |
| KALETRA ORAL SOLUTION | 3 | QL |
| lamivudine-zidovudine oral tablet | 1 or 1b* | QL |
| lopinavir-ritonavir oral tablet | 1 or 1b* | QL |
| ODEFSEY ORAL TABLET | 2 | QL |
| STRIBILD ORAL TABLET | 2 | QL |
| SYMTUZA ORAL TABLET | 2 | QL |
| TRIUMEQ ORAL TABLET | 2 | QL |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 2 | QL |
| INHIBIDORES DE ENDONUCLEASAS PA | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |
| INHIBIDORES DE LA NEURAMINIDASA | | |
| oseltamivir phosphate oral capsule | 1 or 1b* | QL |
| oseltamivir phosphate oral suspension reconstituted | 1 or 1b* | QL |
| RAPIVAB INTRAVENOUS SOLUTION | 3 | |

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| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL |
| BETABLOQUEADORES | | |
| BETABLOQUEADORES CARDIOSELECTIVOS | | |
| acebutolol hcl oral capsule | 1 or 1b* | |
| atenolol oral tablet | 1 or 1a* | |
| betaxolol hcl oral tablet | 1 or 1b* | |
| bisoprolol fumarate oral tablet | 1 or 1b* | |
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML | 3 | |
| esmolol hcl-sodium chloride intravenous solution | 1 or 1b* | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE | 3 | |
| metoprolol succinate er oral tablet extended release 24 hour | 1 or 1b* | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| nebivolol hcl oral tablet | 1 or 1b* | |
| RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BETABLOQUEADORES NO SELECTIVOS | | |
| HEMANGEOL ORAL SOLUTION | 3 | LD |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 1 or 1b* | QL |
| pindolol oral tablet | 1 or 1b* | QL |

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|---|--------------|--------------|
| propranolol hcl er oral capsule extended release 24 hour | 1 or 1b* | QL |
| propranolol hcl intravenous solution | 1 or 1b* | |
| propranolol hcl oral solution | 1 or 1b* | QL |
| propranolol hcl oral tablet | 1 or 1b* | QL |
| sotalol hcl (af) oral tablet | 1 or 1b* | QL |
| SOTALOL HCL INTRAVENOUS SOLUTION | 3 | |
| sotalol hcl oral tablet | 1 or 1b* | QL |
| SOTYLIZE ORAL SOLUTION | 3 | |
| timolol maleate oral tablet | 1 or 1b* | QL |
| BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA | | |
| carvedilol oral tablet | 1 or 1b* | QL |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 80 mg | 1 or 1b* | QL |
| carvedilol phosphate er oral capsule extended release 24 hour 20 mg, 40 mg | 1 or 1b* | DO; QL |
| labetalol hcl intravenous solution prefilled syringe 10 mg/2ml | 3 | |
| labetalol hcl oral tablet 100 mg, 300 mg, 400 mg | 1 or 1b* | QL |
| labetalol hcl oral tablet 200 mg | 1 or 1b* | DO; QL |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate oral tablet 10 mg, 5 mg | 1 or 1b* | QL |
| amlodipine besylate oral tablet 2.5 mg | 1 or 1b* | DO |
| CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% | 3 | |
| cartia xt oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |

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|---|--------------|--------------|
| cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg | 1 or 1b* | QL |
| CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML | 3 | |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| diltiazem hcl er oral tablet extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl intravenous solution | 1 or 1b* | |
| DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |

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|--|--------------|--------------|
| diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-% | 3 | |
| dilt-xr oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule 2.5 mg | 1 or 1b* | DO |
| isradipine oral capsule 5 mg | 1 or 1b* | QL |
| KATERZIA ORAL SUSPENSION | 3 | PA; QL |
| levamlodipine maleate oral tablet 2.5 mg | 1 or 1b* | ST; DO |
| levamlodipine maleate oral tablet 5 mg | 1 or 1b* | ST; QL |
| matzim la oral tablet extended release 24 hour | 1 or 1b* | QL |
| nicardipine hcl oral capsule | 1 or 1b* | QL |
| nifedipine er oral tablet extended release 24 hour | 1 or 1b* | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 1 or 1b* | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 1 or 1b* | QL |
| nifedipine oral capsule 10 mg | 1 or 1b* | DO |
| nifedipine oral capsule 20 mg | 1 or 1b* | QL |
| nimodipine oral capsule | 1 or 1b* | QL |
| nimodipine oral solution | 1 or 1b* | QL |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | 1 or 1b* | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | 1 or 1b* | QL |
| NORLIQVA ORAL SOLUTION | 3 | PA; QL |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| tiadylt er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| verapamil hcl er oral tablet extended release 120 mg | 1 or 1b* | DO |
| verapamil hcl er oral tablet extended release 180 mg, 240 mg | 1 or 1b* | QL |
| verapamil hcl intravenous solution | 1 or 1b* | |
| verapamil hcl oral tablet 120 mg | 1 or 1b* | QL |
| verapamil hcl oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| CARDIOTÓNICOS | | |
| *INOTROPES*** | | |
| dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml | 1 or 1b* | |
| DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| milrinone lactate in dextrose intravenous solution | 1 or 1b* | |
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 or 1b* | |
| GLUCÓSIDOS CARDÍACOS | | |
| digoxin injection solution | 1 or 1b* | |
| digoxin oral solution | 1 or 1b* | QL |
| digoxin oral tablet 125 mcg, 62.5 mcg | 1 or 1b* | DO |
| digoxin oral tablet 250 mcg | 1 or 1b* | QL |
| LANOXIN PEDIATRIC INJECTION SOLUTION | 2 | |

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| CEFALOSPORINAS | | |
| *CEPHALOSPORINS - SIDEROPHORES*** | | |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CEFALOSPORINAS - 1.^a GENERACIÓN | | |
| cefadroxil oral capsule | 1 or 1b* | |
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg | 1 or 1b* | |
| CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM | 3 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 1 or 1b* | |
| cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm | 3 | |
| CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-% | 3 | |
| cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-% | 3 | |
| CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML) | 3 | |
| cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml) | 3 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |

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| CEFALOSPORINAS - 2.^a GENERACIÓN | | |
| CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| cefaclor oral capsule | 1 or 1b* | |
| cefaclor oral suspension reconstituted 250 mg/5ml | 1 or 1b* | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| cefoxitin sodium intravenous solution reconstituted | 1 or 1b* | |
| CEFOXITIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML) | 3 | |
| cefprozil oral suspension reconstituted | 1 or 1b* | |
| cefprozil oral tablet | 1 or 1b* | |
| cefuroxime axetil oral tablet | 1 or 1b* | |
| cefuroxime sodium injection solution reconstituted 750 mg | 1 or 1b* | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | 1 or 1b* | |
| CEFALOSPORINAS - 3.^a GENERACIÓN | | |
| cefdinir oral capsule | 1 or 1b* | |
| cefdinir oral suspension reconstituted | 1 or 1b* | |
| cefixime oral capsule | 1 or 1b* | |
| cefixime oral suspension reconstituted | 1 or 1b* | |
| cefotaxime sodium injection solution reconstituted 1 gm, 2 gm | 3 | |
| cefpodoxime proxetil oral suspension reconstituted | 1 or 1b* | |
| cefpodoxime proxetil oral tablet | 1 or 1b* | |
| ceftazidime injection solution reconstituted 1 gm, 6 gm | 1 or 1b* | |
| ceftazidime intravenous solution reconstituted | 1 or 1b* | |

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| ceftriaxone sodium in dextrose intravenous solution | 1 or 1b* | | ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 or 1b* | | COMBINACIONES DE CEFALOSPORINAS | | |
| CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM | 3 | | AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ceftriaxone sodium intravenous solution reconstituted | 1 or 1b* | | ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML) | 3 | | CLASES TERAPÉUTICAS VARIAS | | |
| tazicef injection solution reconstituted 1 gm | 1 or 1b* | | *COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES** | | |
| TAZICEF INTRAVENOUS SOLUTION | 3 | | NIKTIMVO INTRAVENOUS SOLUTION | 3 | PA; LD |
| tazicef intravenous solution reconstituted | 1 or 1b* | | *FARNESYLTRANSFERASE INHIBITORS*** | | |
| CEFALOSPORINAS - 4.^a GENERACIÓN | | | ZOKINVY ORAL CAPSULE | 3 | PA; QL |
| cefepime hcl injection solution reconstituted 1 gm | 1 or 1b* | | *IMMUNOMODULATOR S - COMBINATIONS*** | | |
| CEFEPIME HCL INTRAVENOUS SOLUTION | 3 | | VYVGART HYTRULO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM | 3 | | VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| cefepime hcl intravenous solution reconstituted 2 gm | 1 or 1b* | | *NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** | | |
| CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML) | 3 | | RYSTIGGO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| CEFALOSPORINAS - 5.^a GENERACIÓN | | | VYVGART INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | | *PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** | | |
| | | | VIJOICE ORAL PACKET | 3 | PA; LD; QL; SP |

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| VIJOICE ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| *ROCK INHIBITORS*** | | |
| REZUROCK ORAL TABLET | 3 | PA; LD; QL |
| *TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** | | |
| SAPHNELO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *UREMIC PRURITUS AGENTS*** | | |
| KORSUVA INTRAVENOUS SOLUTION | 3 | PA |
| AGENTE DEL SÍNDROME DELTA DE LA FOSFOINOSITIDA 3 QUINASA ACTIVADA | | |
| JOENJA ORAL TABLET | 3 | PA; LD; QL |
| AGENTES LIBERADORES DE POTASIO | | |
| LOKELMA ORAL PACKET | 3 | QL |
| sodium polystyrene sulfonate oral powder | 1 or 1b* | |
| sps (sodium polystyrene sulf) rectal suspension | 1 or 1b* | |
| VELTASSA ORAL PACKET | 3 | QL |
| AGENTES PARA LA ESCLEROSIS | | |
| ASCLERA INTRAVENOUS SOLUTION | 3 | |
| ETHAMOLIN INTRAVENOUS SOLUTION | 3 | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 1 or 1b* | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| VARITHENA INTRAVENOUS FOAM | 3 | LD |

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| AGENTES QUELANTES | | |
| penicillamine oral tablet | 3 | PA; QL; SP |
| trientine hcl oral capsule 250 mg | 3 | PA; QL; SP |
| ANÁLOGOS DE LA CICLOSPORINA | | |
| cyclosporine modified oral capsule | 1 or 1b* | |
| cyclosporine modified oral solution | 1 or 1b* | |
| cyclosporine oral capsule | 1 or 1b* | |
| gengraf oral capsule 100 mg, 25 mg | 1 or 1b* | |
| gengraf oral solution | 1 or 1b* | |
| LUPKYNIS ORAL CAPSULE | 3 | PA; LD; QL |
| SANDIMMUNE INTRAVENOUS SOLUTION | 3 | SP |
| ANÁLOGOS DE LA PURINA | | |
| azasan oral tablet | 1 or 1b* | |
| azathioprine oral tablet | 1 or 1b* | |
| AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED | 3 | |
| ANTAGONISTAS DE LA INTERLEUCINA-6 (IL-6) | | |
| SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ANTICUERPOS MONOCLONALES | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| GAMIFANT INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UPLIZNA INTRAVENOUS SOLUTION | 3 | PA; LD; QL |

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| ANTILEPROSOS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 2 | PA; LD; QL; SP |
| BLOQUEADORES SELECTIVOS DE COESTIMULACIÓN DE CÉLULAS T | | |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| ENZIMAS | | |
| AMPHADASE INJECTION SOLUTION | 3 | |
| HYLENEX INJECTION SOLUTION | 3 | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA | | |
| mycophenolate mofetil hcl intravenous solution reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil intravenous solution reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil oral capsule | 1 or 1b* | |
| mycophenolate mofetil oral suspension reconstituted | 1 or 1b* | |
| mycophenolate mofetil oral tablet | 1 or 1b* | |
| mycophenolate sodium oral tablet delayed release | 1 or 1b* | |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 1 or 1b* | |
| MYHIBBIN ORAL SUSPENSION | 3 | ST |
| INHIBIDORES ESPECÍFICOS DEL ESTIMULADOR DE LINFOCITOS B (BLYS) | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| INMUNODEPRESORES DE LA INMUNOGLOBULINA | | |
| ATGAM INTRAVENOUS SOLUTION | 3 | SP |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| INMUNODEPRESORES MACRÓLIDOS | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| ENVARCUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 or 1b* | |
| PROGRAF INTRAVENOUS SOLUTION | 2 | SP |
| PROGRAF ORAL PACKET | 3 | |
| sirolimus oral solution | 1 or 1b* | |
| sirolimus oral tablet | 1 or 1b* | |
| tacrolimus oral capsule | 1 or 1b* | |
| INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS | | |
| lenalidomide oral capsule | 1 or 1b* | PA; LD; QL; SP |
| REVLIMID ORAL CAPSULE | 2 | PA; LD; QL; SP |
| SOLUCIONES DE IRRIGACIÓN | | |
| argyle sterile water irrigation solution | 1 or 1b* | |
| lactated ringers irrigation solution | 1 or 1b* | |
| physiolyte irrigation solution | 1 or 1b* | |

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| physiosol irrigation irrigation solution | 1 or 1b* | | dexameth sod phos (pf) +rfid injection solution prefilled syringe | 1 or 1b* | |
| ringers irrigation irrigation solution | 3 | | DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | |
| sterile water for irrigation irrigation solution | 1 or 1b* | | dexamethasone oral elixir | 1 or 1a* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | | dexamethasone oral solution | 1 or 1a* | |
| SOLUCIONES DE TRATAMIENTO DE REEMPLAZO RENAL CONTINUO (CRRT) | | | dexamethasone oral tablet | 1 or 1a* | |
| PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION | 3 | | dexamethasone oral tablet therapy pack | 1 or 1b* | |
| PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION | 3 | | dexamethasone sod phos +rfid injection solution prefilled syringe | 1 or 1b* | |
| PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION | 3 | | dexamethasone sod phosphate pf injection solution | 1 or 1b* | |
| PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION | 3 | | dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | 1 or 1b* | |
| PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION | 3 | | DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION | 3 | | HEMADY ORAL TABLET | 3 | PA; QL |
| PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION | 3 | | HEXATRIONE INTRA-ARTICULAR SUSPENSION | 3 | |
| PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION | 3 | | hidex 6-day oral tablet therapy pack | 1 or 1b* | |
| PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION | 3 | | hydrocortisone oral tablet | 1 or 1b* | |
| CORTICOESTEROIDES | | | hydrocortisone sod suc (pf) injection solution reconstituted | 1 or 1b* | |
| GLUCOCORTICOIDES | | | KENALOG-10 INJECTION SUSPENSION | 3 | |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE | 3 | PA | KENALOG-80 INJECTION SUSPENSION | 3 | |
| budesonide er oral tablet extended release 24 hour | 1 or 1b* | QL | MEDROL ORAL TABLET 2 MG | 2 | |
| budesonide oral capsule delayed release particles | 1 or 1b* | QL | methylprednisolone oral tablet | 1 or 1a* | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | 3 | | methylprednisolone oral tablet therapy pack | 1 or 1a* | |

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| methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg | 1 or 1b* | |
| prednisolone oral solution | 1 or 1a* | |
| prednisolone oral tablet | 1 or 1b* | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml | 1 or 1a* | |
| prednisolone sodium phosphate oral tablet dispersible | 1 or 1a* | QL |
| PREDNISONE INTENSOL ORAL CONCENTRATE | 3 | |
| prednisone oral solution | 1 or 1a* | |
| prednisone oral tablet | 1 or 1a* | |
| prednisone oral tablet therapy pack | 1 or 1a* | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG | 3 | |
| SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM | 3 | |
| taperdex 12-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 6-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 7-day oral tablet therapy pack 1.5 mg (27) | 1 or 1b* | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | 3 | PA; LD; QL |
| MINERALCORTICOIDES | | |
| fludrocortisone acetate oral tablet | 1 or 1b* | |

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| DISPOSITIVOS MÉDICOS | | |
| AGUJAS Y JERINGAS | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLE | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLES | 3 | ST; QL |
| ADVOCATE INSULIN SYRINGE | 3 | ST; QL |
| aq insulin syringe | 3 | ST; QL |
| aqinject pen needle | 3 | ST; QL |
| ASSURE ID DUO PRO PEN NEEDLES | 3 | ST; QL |
| ASSURE ID PRO PEN NEEDLES | 3 | ST; QL |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 3 | ST; QL |
| aum insulin safety pen needle | 3 | ST; QL |
| AUM MINI INSULIN PEN NEEDLE | 3 | ST; QL |
| aum pen needle | 3 | ST; QL |
| AUM READYGARD DUO PEN NEEDLE | 3 | ST; QL |
| AUM SAFETY PEN NEEDLE | 3 | ST; QL |
| AURORA PEN NEEDLES | 3 | ST; QL |
| BD AUTOSHIELD DUO | 2 | QL |
| BD INS SYR ULTRAFINE 1/2UNIT | 2 | QL |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML | 2 | QL |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | QL |
| BD INSULIN SYRINGE HALF-UNIT | 2 | QL |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL |

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| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | 2 | QL | COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| BD INSULIN SYRINGE U-500 | 2 | QL | COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 3 | QL |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL | COMFORT EZ MICRO PEN NEEDLES | 3 | ST; QL |
| BD PEN NEEDLE MICRO ULTRAFINE | 2 | QL | COMFORT EZ PEN NEEDLES | 3 | ST; QL |
| BD PEN NEEDLE MINI ULTRAFINE | 2 | QL | COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM | 3 | ST; QL |
| BD PEN NEEDLE NANO 2ND GEN | 2 | QL | COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 3 | QL |
| BD PEN NEEDLE NANO ULTRAFINE | 2 | QL | COMFORT EZ SHORT PEN NEEDLES | 3 | ST; QL |
| BD PEN NEEDLE ORIG ULTRAFINE | 2 | QL | COMFORT TOUCH INSULIN PEN NEED | 3 | ST; QL |
| BD PEN NEEDLE SHORT ULTRAFINE | 2 | QL | DIATHRIVE PEN NEEDLE | 3 | ST; QL |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | QL | DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | QL | DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 3 | QL |
| BD VEO INSULIN SYR ULTRAFINE | 2 | QL | DROPLET MICRON | 3 | QL |
| CAREFINE PEN NEEDLES | 3 | ST; QL | DROPLET PEN NEEDLES | 3 | ST; QL |
| CAREONE INSULIN SYRINGE | 3 | ST; QL | | | |
| CAREONE UNIFINE PENTIPS PLUS | 3 | ST; QL | | | |
| CARETOUCH INSULIN SYRINGE | 3 | ST; QL | | | |
| CARETOUCH PEN NEEDLES | 3 | ST; QL | | | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | 3 | ST; QL | | | |

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| DROPSAFE SAFETY PEN NEEDLES | 3 | ST; QL | EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 3 | QL |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 3 | ST; QL | EASY TOUCH PEN NEEDLES | 3 | ST; QL |
| DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL | EASY TOUCH SAFETY PEN NEEDLES | 3 | ST; QL |
| DRUG MART UNIFINE PENTIPS PLUS | 3 | ST; QL | EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml | 3 | ST; QL | EMBECTA AUTOSHIELD DUO | 2 | QL |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3 | ST; QL | EMBECTA INSULIN SYR U/F 1/2 UNIT | 2 | QL |
| easy comfort pen needles 29g x 4mm , 29g x 5mm | 3 | ST; QL | EMBECTA INSULIN SYR ULTRAFINE | 2 | QL |
| EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | ST; QL | EMBECTA INSULIN SYRINE | 2 | QL |
| EASY GLIDE PEN NEEDLES | 3 | ST; QL | EMBECTA INSULIN SYRINE U-100 | 2 | QL |
| EASY TOUCH FLIPLOCK INSULIN SY | 3 | ST; QL | EMBECTA INSULIN SYRINE U-500 | 2 | QL |
| EASY TOUCH INSULIN BARRELS | 3 | ST; QL | EMBECTA PEN NEEDLE NANO | 2 | QL |
| EASY TOUCH INSULIN SAFETY SYR | 3 | ST; QL | EMBECTA PEN NEEDLE NANO 2 GEN | 2 | QL |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | EMBRACE PEN NEEDLES | 3 | ST; QL |
| | | | FIFTY50 PEN NEEDLES | 3 | ST; QL |
| | | | FIFTY50 SUPERIOR COMFORT SYR | 3 | ST; QL |
| | | | GLOBAL EASE INJECT PEN NEEDLES | 3 | ST; QL |
| | | | GLOBAL EASY GLIDE INSULIN SYR | 3 | ST; QL |
| | | | GLOBAL EASY GLIDE PEN NEEDLES | 3 | ST; QL |
| | | | GLOBAL INJECT EASE INSULIN SYR | 3 | ST; QL |
| | | | GLOBAL INSULIN SYRINGES | 3 | ST; QL |
| | | | GLUCOPRO INSULIN SYRINGE | 3 | ST; QL |

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| GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | INSULIN SYRINGE- NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| GNP INSULIN SYRINGES | 3 | ST; QL | INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| GNP INSULIN SYRINGES 28GX1/2" | 3 | ST; QL | INSUPEN32G EXTR3ME | 3 | ST; QL |
| GNP INSULIN SYRINGES 29GX1/2" | 3 | ST; QL | KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML | 3 | ST; QL |
| GNP INSULIN SYRINGES 30GX5/16" | 3 | ST; QL | KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | 3 | ST; QL |
| GNP INSULIN SYRINGES 31GX5/16" | 3 | ST; QL | LEADER UNIFINE PENTIPS | 3 | ST; QL |
| gnp pen needles | 3 | ST; QL | LEADER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| GNP ULTICARE PEN NEEDLES | 3 | ST; QL | LITETOUGH INSULIN SYRINGE | 3 | ST; QL |
| GNP ULTIGUARD SAFEPACK NEEDLE | 3 | ST; QL | LITETOUGH PEN NEEDLES | 3 | ST; QL |
| GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML | 3 | ST; QL | MAGELLAN INSULIN SAFETY SYR | 3 | ST; QL |
| HEALTHWISE INSULIN SYR/NEEDLE | 3 | ST; QL | MARATHON MEDICAL PENTIPS | 3 | ST; QL |
| HEALTHWISE MICRON PEN NEEDLES | 3 | ST; QL | MAXICOMFORT II PEN NEEDLE | 3 | ST; QL |
| HEALTHWISE SHORT PEN NEEDLES | 3 | ST; QL | MAXI-COMFORT INSULIN SYRINGE | 3 | ST; QL |
| H-E-B INCONTROL PEN NEEDLES | 3 | ST; QL | MAXI-COMFORT SAFETY PEN NEEDLE | 3 | ST; QL |
| H-E-B INCONTROL UNIFINE PENTIP | 3 | ST; QL | MAXICOMFORT SYR 27G X 1/2" | 3 | ST; QL |
| HM ULTICARE INSULIN SYRINGE | 3 | ST; QL | MEDIC INSULIN SYRINGE | 3 | ST; QL |
| HM ULTICARE MINI PEN NEEDLES | 3 | ST; QL | MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM | 3 | ST; QL |
| HM ULTICARE SHORT PEN NEEDLES | 3 | ST; QL | MEIJER PEN NEEDLES | 3 | ST; QL |
| INCONTROL ULTICARE PEN NEEDLES | 3 | ST; QL | MICRODOT PEN NEEDLE | 3 | ST; QL |
| INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | MM INSULIN SYRINGE/NEEDLE | 3 | ST; QL |
| insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml | 3 | ST; QL | MM PEN NEEDLES | 3 | ST; QL |

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|--|-------|--------|---|-------|--------|
| MONOJECT INSULIN SYRINGE | 3 | ST; QL | pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm | 3 | ST; QL |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 3 | ST; QL | pure comfort safety pen needle 32g x 4 mm | 3 | QL |
| NOVOFINE PEN NEEDLE | 3 | ST; QL | PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | 3 | ST; QL |
| NOVOFINE PLUS PEN NEEDLE | 3 | ST; QL | PX MINI PEN NEEDLES | 3 | ST; QL |
| PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL | QC PEN NEEDLES | 3 | ST; QL |
| pen needle/5-bevel tip 32g x 4 mm | 3 | ST; QL | QC UNIFINE PENTIPS | 3 | ST; QL |
| PEN NEEDLES | 3 | ST; QL | QUICK TOUCH INSULIN PEN NEEDLE | 3 | ST; QL |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL | RA INSULIN SYRINGE | 3 | ST; QL |
| PENTIPS GENERIC PEN NEEDLES | 3 | ST; QL | RA PEN NEEDLES | 3 | ST; QL |
| pip pen needles 31g x 5mm | 3 | ST; QL | raya sure pen needle | 3 | ST; QL |
| pip pen needles 32g x 4mm | 3 | ST; QL | REALITY INSULIN SYRINGE | 3 | ST; QL |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL | RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 3 | ST; QL | RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| PREVENT DROPSAFE PEN NEEDLES | 3 | ST; QL | safety pen needles | 3 | ST; QL |
| PREVENT SAFETY PEN NEEDLES | 3 | ST; QL | SB INSULIN SYRINGE | 3 | ST; QL |
| PRO COMFORT INSULIN SYRINGE | 3 | ST; QL | SECURESAFE INSULIN SYRINGE | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 3 | ST; QL | SECURESAFE SAFETY PEN NEEDLES | 3 | ST; QL |
| PRODIGY INSULIN SYRINGE | 3 | ST; QL | SURE COMFORT INSULIN SYRINGE | 3 | ST; QL |
| PURE COMFORT PEN NEEDLE | 3 | ST; QL | SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| | | | sure comfort pen needles 31g x 6 mm | 3 | ST; QL |
| | | | TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |

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|---|-------|--------|--|-------|--------|
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL | ULTILET PEN NEEDLE | 3 | ST; QL |
| TECHLITE PLUS PEN NEEDLES | 3 | ST; QL | ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL |
| TODAYS HEALTH PEN NEEDLES | 3 | ST; QL | ULTRA FLO INSULIN PEN NEEDLES | 3 | ST; QL |
| TODAYS HEALTH SHORT PEN NEEDLE | 3 | ST; QL | ULTRA FLO INSULIN SYR 1/2 UNIT | 3 | ST; QL |
| true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml | 3 | ST; QL | ULTRA FLO INSULIN SYRINGE | 3 | ST; QL |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL | ULTRA THIN PEN NEEDLES | 3 | ST; QL |
| TRUE COMFORT PEN NEEDLES | 3 | ST; QL | ULTRACARE INSULIN SYRINGE | 3 | ST; QL |
| TRUE COMFORT PRO INSULIN SYR | 3 | ST; QL | ULTRACARE PEN NEEDLES | 3 | ST; QL |
| TRUE COMFORT PRO PEN NEEDLES | 3 | ST; QL | ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| true comfort safety pen needle | 3 | ST; QL | ULTRA-THIN II MINI PEN NEEDLE | 3 | ST; QL |
| TRUEPLUS 5-BEVEL PEN NEEDLES | 3 | ST; QL | ULTRA-THIN II PEN NEEDLE SHORT | 3 | ST; QL |
| TRUEPLUS INSULIN SYRINGE | 3 | ST; QL | ULTRA-THIN II PEN NEEDLES | 3 | ST; QL |
| ULTICARE INSULIN SAFETY SYR | 3 | ST; QL | UNIFINE OTC PEN NEEDLES | 3 | ST; QL |
| ULTICARE INSULIN SYR 1/2 UNIT | 3 | ST; QL | UNIFINE PENTIPS | 3 | ST; QL |
| ULTICARE INSULIN SYRINGE | 3 | ST; QL | UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ULTICARE MICRO PEN NEEDLES | 3 | ST; QL | UNIFINE PROTECT PEN NEEDLE | 3 | ST; QL |
| ULTICARE MINI PEN NEEDLES | 3 | ST; QL | UNIFINE SAFECONTROL PEN NEEDLE | 3 | ST; QL |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 3 | ST; QL | UNIFINE ULTRA PEN NEEDLE | 3 | ST; QL |
| ULTICARE SHORT PEN NEEDLES | 3 | ST; QL | VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 3 | ST; QL |
| ULTIGUARD SAFEPACK PEN NEEDLE | 3 | ST; QL | VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | 3 | QL |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 3 | ST; QL | VERIFINE INSULIN PEN NEEDLE | 3 | ST; QL |

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| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM | 3 | QL |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ZEVRX INSULIN SYRINGE | 3 | ST; QL |
| ZEVRX PEN NEEDLES | 3 | ST; QL |
| CAPUCHONES CERVICALES | | |
| FEMCAP VAGINAL DEVICE | 2 | \$0 |
| DENTÍFRICOS | | |
| MI PASTE DENTAL PASTE | 3 | |
| MI PASTE PLUS DENTAL PASTE | 3 | |
| DIAFRAGMAS | | |
| CAYA VAGINAL DIAPHRAGM | 2 | \$0 |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | 2 | \$0 |

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|---|--------------|--------------|
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | 2 | \$0 |
| PRESERVATIVOS (FEMENINOS) | | |
| FC2 FEMALE CONDOM | 2 | \$0; QL |
| PRESERVATIVOS (MASCULINOS) | | |
| aimsco lubricated | 2 | \$0 |
| condoms | 2 | \$0 |
| DUREX EXTRA SENSITIVE THIN | 2 | \$0 |
| DUREX EXTRA SENSITIVE THIN DEVICE | 2 | \$0 |
| DUREX REALFEEL DEVICE | 2 | \$0 |
| DUREX TROPICAL | 2 | \$0 |
| FANTASY LUBRICATED | 2 | \$0 |
| FANTASY LUBRICATED/SPERMIC IDE | 2 | \$0 |
| KAMELEON LUBRICATED | 2 | \$0 |
| kimono | 2 | \$0 |
| KIMONO COLORS DEVICE | 2 | \$0 |
| KIMONO MAXX-LARGE FLARE | 2 | \$0 |
| kimono micro thin | 2 | \$0 |
| kimono micro thin plus | 2 | \$0 |
| kimono plus | 2 | \$0 |
| kimono ps | 2 | \$0 |
| kimono ps plus | 2 | \$0 |
| kimono sensation | 2 | \$0 |
| kimono sensation plus | 2 | \$0 |
| KIMONO SPECIAL DEVICE | 2 | \$0 |
| maxx | 2 | \$0 |
| maxx plus | 2 | \$0 |
| REALITY LATEX CONDOMS | 2 | \$0 |
| REALITY LATEX/ULTRA TEXTURED DEVICE | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---------------------------------------|-------|-------|
| REALITY LATEX/ULTRA THIN DEVICE | 2 | \$0 |
| TROJAN ENZ | 2 | \$0 |
| TROJAN MAGNUM | 2 | \$0 |
| TROJAN ULTRA RIBBED LUBRICATED DEVICE | 2 | \$0 |
| TROJAN ULTRA THIN | 2 | \$0 |
| TROJAN ULTRA THIN/SPERMICIDAL | 2 | \$0 |
| TROJAN-ENZ LUBRICATED | 2 | \$0 |
| TROJAN-ENZ/SPERMICIDAL | 2 | \$0 |
| true cover device | 2 | \$0 |
| TRUSTEX COLOR CONDOMS + LUBE | 2 | \$0 |
| TRUSTEX LUB/RIBBED/STUDDED | 2 | \$0 |
| TRUSTEX LUB/SPERMICIDE EX ST | 2 | \$0 |
| TRUSTEX LUB/SPERMICIDE XL | 2 | \$0 |
| TRUSTEX LUBRICATED | 2 | \$0 |
| TRUSTEX LUBRICATED EX LARGE | 2 | \$0 |
| TRUSTEX LUBRICATED EXTRA ST | 2 | \$0 |
| TRUSTEX LUBRICATED/SPERMIC IDE | 2 | \$0 |
| TRUSTEX NATURAL CONDOMS + LUBE | 2 | \$0 |
| TRUSTEX NON-LUBRICATED | 2 | \$0 |
| TRUSTEX RIA LUB/SPERMICIDE | 2 | \$0 |
| TRUSTEX RIA LUBRICATED | 2 | \$0 |
| TRUSTEX RIA NON-LUBRICATED | 2 | \$0 |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | 2 | \$0 |
| PRODUCTOS DE DESENSIBILIZACIÓN DENTAL | | |
| REMESENSE DENTAL | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|-------|
| SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | QL |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL |
| ACTI-LANCE 28G | 2 | QL |
| ACTI-LANCE LITE LANCETS 28G | 2 | QL |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL |
| ACTI-LANCE UNIVERSAL 23G | 2 | QL |
| adjustable lancing device | 2 | |
| ADVANCED MOBILE LANCET | 2 | QL |
| ADVOCATE LANCETS | 2 | QL |
| ADVOCATE LANCETS 30G | 2 | QL |
| ADVOCATE LANCING DEVICE | 2 | |
| ADVOCATE RAPID-SAFE LANCING | 2 | |
| ADVOCATE SAFETY LANCETS | 2 | QL |
| ADVOCATE SAFETY LANCETS 21G | 2 | QL |
| ADVOCATE SAFETY LANCETS 23G | 2 | QL |
| ADVOCATE SAFETY LANCETS 26G | 2 | QL |
| ADVOCATE SAFETY LANCETS 28G | 2 | QL |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | QL |
| AIMSCO TWIST LANCETS 32G | 2 | QL |
| AIMSCO TWIST LANCETS 33G | 2 | QL |
| AQUALANCE LANCETS 30G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|--------------|--------------|
| ASSURE COMFORT LANCETS 28G | 2 | QL |
| ASSURE LANCE LANCETS | 2 | QL |
| ASSURE LANCE LANCETS 21G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL |
| AURORA LANCET SUPER THIN 30G | 2 | QL |
| AURORA LANCET THIN 23G | 2 | QL |
| AUTO-LANCET | 2 | |
| AUTO-LANCET MINI | 2 | |
| AUTOLET II CLINISAFE KIT | 2 | QL |
| AUTOLET LANCING DEVICE | 2 | |
| AUTOLET LITE CLINISAFE KIT | 2 | QL |
| AUTOLET LITE LANCING DEVICE | 2 | |
| AUTOLET LITE STARTER PACK KIT | 2 | QL |
| AUTOLET MINI | 2 | |
| AUTOLET PLATFORMS | 2 | QL |
| AUTOLET PLUS | 2 | |
| BD MICROTAINER LANCETS | 2 | QL |
| CARDIOCOM LANCING DEVICE | 2 | |
| careone advanced lancing dev | 2 | |
| CAREONE LANCET SUPER THIN 30G | 2 | QL |
| CAREONE LANCET THIN 23G | 2 | QL |
| CARESENS LANCETS | 2 | QL |
| CARESENS LANCETS 30G | 2 | QL |
| CARETOUCH LANCING/EJECTOR | 2 | |
| CARETOUCH SAFETY LANCETS | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|--------------|--------------|
| CARETOUCH SAFETY LANCETS 26G | 2 | QL |
| CARETOUCH TWIST LANCETS 28G | 2 | QL |
| CARETOUCH TWIST LANCETS 30G | 2 | QL |
| CARETOUCH TWIST LANCETS 33G | 2 | QL |
| CARETOUCH TWIST MC LANCETS 30G | 2 | QL |
| CHOSEN LANCETS 30G | 2 | QL |
| CHOSEN LANCING DEVICE | 2 | |
| CHOSEN SAFETY LANCETS 28G | 2 | QL |
| CLEANLET LANCETS 28G | 2 | QL |
| CLEVER CHEK LANCETS | 2 | QL |
| CLEVER CHOICE COMFORT EZ | 2 | QL |
| CLEVER CHOICE LANCETS 21G | 2 | QL |
| CLEVER CHOICE LANCETS 23G | 2 | QL |
| CLEVER CHOICE LANCETS 28G | 2 | QL |
| COAGUCHEK LANCETS | 2 | QL |
| COMFORT ASSURED LANCETS 28G | 2 | QL |
| COMFORT ASSURED LANCETS 33G | 2 | QL |
| COMFORT TOUCH LANCETS 31G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | QL |
| COMFORT TOUCH TWIST LANCET 30G | 2 | QL |
| CVS LANCETS ORIGINAL | 2 | QL |
| CVS LANCETS THIN 26G | 2 | QL |
| cvs lancing device | 2 | |
| CVS ULTRA THIN LANCETS | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---------------------------------------|--------------|--------------|
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DEXCOM G7 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL |
| DIATHRIVE LANCETS | 2 | QL |
| DIATHRIVE LANCING DEVICE | 2 | |
| DROPLET GENTEEL LANCING DEVICE | 2 | |
| DROPLET LANCETS ULTRA THIN 30G | 2 | QL |
| DROPLET LANCING DEVICE | 2 | |
| DROPLET PERSONAL LANCETS 30G | 2 | QL |
| DROPSAFE ACTI-LANCE 23G | 2 | QL |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL |
| DRUG MART UNILET LANCETS 28G | 2 | QL |
| DRUG MART UNILET LANCETS 30G | 2 | QL |
| DRUG MART UNILET LANCETS 33G | 2 | QL |
| EASY COMFORT LANCETS | 2 | QL |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL |
| easy mini eject lancing device | 2 | |
| easy mini lancing device | 2 | |
| EASY TOUCH LANCETS 21G | 2 | QL |
| EASY TOUCH LANCETS 23G | 2 | QL |
| EASY TOUCH LANCETS 26G | 2 | QL |
| EASY TOUCH LANCETS 28G | 2 | QL |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 30G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---------------------------------------|--------------|--------------|
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 32G | 2 | QL |
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL |
| EASY TOUCH LANCING DEVICE | 2 | |
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 26G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 28G | 2 | QL |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | QL |
| embrace lancing device/ejector | 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | QL |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | QL |
| ENLITE GLUCOSE SENSOR | 3 | PA; QL |
| EVERSENSE 365 SENSOR/HOLDER | 3 | PA; QL |
| EVERSENSE 365 SMART TRANSMIT | 3 | PA; QL |
| EVERSENSE SENSOR/HOLDER | 3 | PA; QL |
| EVERSENSE SMART TRANSMITTER | 3 | PA; QL |
| EZ-LETS LANCETS 21G | 2 | QL |
| EZ-LETS LANCETS 26G | 2 | QL |
| EZ-LETS LANCETS 28G | 2 | QL |
| EZ-LETS LANCETS 30G | 2 | QL |
| FIFTY50 SAFETY SEAL LANCETS | 2 | QL |
| FIFTY50 UNILET LANCETS 33G | 2 | QL |
| FINGERSTIX LANCETS | 2 | QL |
| FORA LANCETS | 2 | QL |
| FORA LANCING DEVICE | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------------|--------------|--------------|
| FREESTYLE LANCETS | 2 | QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 PLUS SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | 2 | PA; QL |
| FREESTYLE UNISTICK II LANCETS | 2 | QL |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL |
| GENTEEL CONTACT TIPS (BLUE) | 2 | QL |
| GENTEEL CONTACT TIPS (CLEAR) | 2 | QL |
| GENTEEL CONTACT TIPS (GREEN) | 2 | QL |
| GENTEEL CONTACT TIPS (ORANGE) | 2 | QL |
| GENTEEL CONTACT TIPS (RAINBOW) | 2 | QL |
| GENTEEL CONTACT TIPS (VIOLET) | 2 | QL |
| GENTEEL CONTACT TIPS (YELLOW) | 2 | QL |
| GENTEEL LANCING KIT (BLUE) KIT | 2 | QL |
| GENTEEL NOZZLES | 2 | QL |
| GENTEEL PLUS LANCING (BLACK) | 2 | |
| GENTEEL PLUS LANCING (PURPLE) | 2 | |
| GENTEEL PLUS LANCING (WHITE) | 2 | |
| GENTEEL PLUS LANCING DEV(BLUE) | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---------------------------------------|--------------|--------------|
| GENTEEL PLUS LANCING DEV(PINK) | 2 | |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL |
| global lancing device | 2 | |
| GLUCOCOM LANCETS 28G | 2 | QL |
| GLUCOCOM LANCETS 30G | 2 | QL |
| GLUCOCOM LANCETS 33G | 2 | QL |
| GNP LANCING SYSTEM DEVICE | 2 | |
| GNP STERILE LANCETS 28G | 2 | QL |
| GNP STERILE LANCETS 30G | 2 | QL |
| GNP STERILE LANCETS 33G | 2 | QL |
| GOJJI LANCING DEVICE/CLEAR CAP | 2 | |
| GOJJI STERILE LANCETS | 2 | QL |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA; QL |
| GUARDIAN 4 TRANSMITTER | 3 | PA; QL |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA; QL |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | 3 | PA; QL |
| GUARDIAN SENSOR (3) | 3 | PA; QL |
| GUARDIAN SENSOR 3 | 3 | PA; QL |
| HAEMOLANCE | 2 | QL |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL |
| HAEMOLANCE PLUS | 2 | QL |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL |
| HAEMOLANCE PLUS MAX FLOW | 2 | QL |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL |
| h-e-b incontrol adv lancing | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| H-E-B INCONTROL LANCETS 28G | 2 | QL |
| H-E-B INCONTROL LANCETS 30G | 2 | QL |
| H-E-B INCONTROL LANCETS 33G | 2 | QL |
| HYPOLANCE AST LANCING KIT | 2 | QL |
| HY-VEE LANCETS | 2 | QL |
| HY-VEE THIN LANCETS | 2 | QL |
| IHEALTH LANCING DEVICE | 2 | |
| IN TOUCH LANCING DEVICE | 2 | |
| IN TOUCH STERILE LANCETS 30G | 2 | QL |
| KINNEY LANCETS | 2 | QL |
| KINNEY THIN LANCETS | 2 | QL |
| KROGER AUTOLET LANCING DEVICE | 2 | |
| KROGER HEALTHPRO LANCET 26G | 2 | QL |
| KROGER LANCETS | 2 | QL |
| KROGER LANCETS SUPER THIN | 2 | QL |
| KROGER LANCETS THIN | 2 | QL |
| lancet device | 2 | |
| lancet device with ejector | 2 | |
| LANCETS | 2 | QL |
| LANCETS 28G THIN | 2 | QL |
| LANCETS 30G | 2 | QL |
| LANCETS 33G | 2 | QL |
| LANCETS MICRO THIN 33G | 2 | QL |
| LANCETS SUPER THIN | 2 | QL |
| LANCETS SUPER THIN 28G | 2 | QL |
| LANCETS THIN | 2 | QL |
| LANCETS ULTRA THIN | 2 | QL |
| LANCETS ULTRA THIN 30G | 2 | QL |
| lancing device | 2 | |
| LANZO | 2 | |
| leader advanced lancing device | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| LIBERTY MEDICAL LANCETS | 2 | QL |
| LITE TOUCH LANCETS | 2 | QL |
| LITE TOUCH LANCING PEN | 2 | |
| LITETOUCH LANCETS | 2 | QL |
| LIVE BETTER LANCET SUPER THIN | 2 | QL |
| MEDICHOICE SAFETY LANCET | 2 | QL |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | QL |
| MEDICHOICE SAFETY LANCET NORM | 2 | QL |
| MEDLANCE PLUS EXTRA 21G | 2 | QL |
| MEDLANCE PLUS LITE 25G | 2 | QL |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS | 2 | QL |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL |
| MICROLET LANCETS | 2 | QL |
| MICROLET NEXT LANCING DEVICE | 2 | |
| mini lancing device | 2 | |
| MINILINK REAL-TIME TRANSMITTER | 3 | PA |
| MINIMED 630G GUARDIAN PRESS | 3 | PA |
| MM LANCING DEVICE | 2 | |
| MM TWIST LANCETS | 2 | QL |
| mobile lancets 30g | 2 | QL |
| MONOLET LANCETS | 2 | QL |
| MONOLET OPD LANCETS | 2 | QL |
| MONOLETTOR SAFETY LANCETS | 2 | QL |
| multi-lancet device | 2 | |

En vigencia desde el 01012026

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| MULTI-LANCET DEVICE 2 KIT | 2 | QL |
| MYGLUCOHEALTH LANCETS 30G | 2 | QL |
| NOVA SAFETY LANCETS 23G | 2 | QL |
| NOVA SAFETY LANCETS 28G | 2 | QL |
| NOVA SUREFLEX LANCETS | 2 | QL |
| NOVA SUREFLEX LANCING DEVICE | 2 | |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL |
| ONETOUCH DELICA PLUS LANCING | 2 | |
| ONETOUCH DELICA SAFETY LANCING | 2 | QL |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL |
| PARADIGM REAL-TIME TRANSMITTER | 3 | PA |
| PERFECT LANCETS 28G | 2 | QL |
| PERFECT LANCETS 30G | 2 | QL |
| PERFECT POINT SAFETY LANCETS | 2 | QL |
| PHARMACIST CHOICE LANCETS | 2 | QL |
| PIP LANCETS 28G | 2 | QL |
| PIP LANCETS 30G | 2 | QL |
| PRO COMFORT LANCETS 30G | 2 | QL |
| PRO COMFORT LANCETS 31G | 2 | QL |
| pro comfort safety lancets 30g | 2 | QL |
| PRODIGY LANCETS 28G | 2 | QL |
| PRODIGY LANCING DEVICE | 2 | |
| PRODIGY SAFETY LANCETS 26G | 2 | QL |
| PRODIGY TWIST TOP LANCETS 28G | 2 | QL |
| PURE COMFORT LANCETS 30G | 2 | QL |
| px advanced lancing device | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| PX LANCETS MICROTHIN 33G | 2 | QL |
| PX LANCETS ULTRA THIN 28G | 2 | QL |
| qc advanced lancing device | 2 | |
| QC LANCETS SUPER THIN 30G | 2 | QL |
| QC LANCETS ULTRA THIN | 2 | QL |
| QC UNILET LANCETS 28G | 2 | QL |
| QC UNILET LANCETS MICRO THIN | 2 | QL |
| READYLANCE SAFETY LANCETS | 2 | QL |
| REALITY LANCETS | 2 | QL |
| REALITY TRIGGER LANCETS | 2 | QL |
| RELION LANCET DEVICES 30G | 2 | QL |
| RELION LANCETS | 2 | QL |
| RELION LANCETS MICRO-THIN 33G | 2 | QL |
| RELION LANCETS THIN 26G | 2 | QL |
| RELION LANCETS ULTRA-THIN 30G | 2 | QL |
| RELION LANCING DEVICE | 2 | |
| RELION ULTRA THIN LANCETS 30G | 2 | QL |
| RIGHTEST ALTERNATE SITE ADAPT | 2 | QL |
| RIGHTEST GD500 LANCING DEVICE | 2 | |
| RIGHTEST GL300 LANCETS | 2 | QL |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | QL |
| SAFETY LANCETS | 2 | QL |
| SAFETY LANCETS 21G | 2 | QL |
| SAFETY LANCETS 23G | 2 | QL |
| SAFETY LANCETS 28G | 2 | QL |
| saps health plus lancets | 2 | QL |
| SAPS HEALTH TWIST TOP LANCETS | 2 | QL |
| SAPS TWIST TOP LANCETS | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|--------|
| SAPSCARE TWIST TOP LANCETS | 2 | QL |
| SB LANCETS THIN | 2 | QL |
| SB LANCETS ULTRA THIN | 2 | QL |
| select-lite device/lancets kit | 2 | QL |
| select-lite lancing device | 2 | |
| SIMPLE DIAGNOSTICS LANCING DEV | 2 | |
| SIMPLERA SENSOR | 3 | PA; QL |
| SIMPLERA SYNC SENSOR | 3 | PA; QL |
| SIMPLERA SYSTEM | 3 | PA; QL |
| SINGLE-LET | 2 | QL |
| SMART DIABETES VANTAGE LANCING | 2 | |
| SMARTEST LANCETS 28G | 2 | QL |
| SOLUS V2 LANCETS 28G | 2 | QL |
| SOLUS V2 LANCING DEVICE | 2 | |
| SOLUS V2 TWIST LANCETS 30G | 2 | QL |
| STERILANCE TL | 2 | QL |
| SUPER THIN LANCETS | 2 | QL |
| SURE COMFORT LANCETS 18G | 2 | QL |
| SURE COMFORT LANCETS 21G | 2 | QL |
| SURE COMFORT LANCETS 23G | 2 | QL |
| SURE COMFORT LANCETS 28G | 2 | QL |
| SURE COMFORT LANCETS 30G | 2 | QL |
| sure comfort lancing pen | 2 | |
| SURELITE LANCETS | 2 | QL |
| TECHLITE AST LANCETS | 2 | QL |
| TECHLITE LANCETS | 2 | QL |
| TECHLITE LANCETS 26G | 2 | QL |
| todays health lancing device | 2 | |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| TRAVEL LANCETS ADVANCED 28G | 2 | QL |
| true comfort safety lancets | 2 | QL |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL |
| TRUEDRAW LANCING DEVICE | 2 | |
| TRUEPLUS LANCETS 26G | 2 | QL |
| TRUEPLUS LANCETS 28G | 2 | QL |
| TRUEPLUS LANCETS 30G | 2 | QL |
| TRUEPLUS LANCETS 33G | 2 | QL |
| TRUEPLUS SAFETY LANCETS 28G | 2 | QL |
| twist top lancets 30g | 2 | QL |
| ULTI-LANCE AUTOMATIC | 2 | |
| ULTILET CLASSIC LANCETS | 2 | QL |
| ULTILET LANCETS | 2 | QL |
| ULTILET SAFETY LANCETS | 2 | QL |
| ULTILET SAFETY LANCETS 23G | 2 | QL |
| ULTRA THIN LANCETS 31G | 2 | QL |
| ULTRA-CARE LANCETS 30G | 2 | QL |
| ULTRA-THIN II AUTO LANCET | 2 | QL |
| ULTRA-THIN II LANCETS | 2 | QL |
| UNILET COMFORTOUCH LANCET | 2 | QL |
| UNILET EXCELITE | 2 | QL |
| UNILET EXCELITE II | 2 | QL |
| UNILET G.P. LANCET | 2 | QL |
| UNILET G.P. SUPERLITE LANCET | 2 | QL |
| UNILET GP 28 ULTRA THIN | 2 | QL |
| UNILET LANCET | 2 | QL |
| UNILET MICRO-THIN 33G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| UNILET SUPERLITE LANCET | 2 | QL |
| UNILET SUPER-THIN 30G | 2 | QL |
| UNILET ULTRA-THIN 28G | 2 | QL |
| UNISTIK 1 | 2 | QL |
| UNISTIK 2 | 2 | QL |
| UNISTIK 2 COMFORT | 2 | QL |
| UNISTIK 2 EXTRA | 2 | QL |
| UNISTIK 2 NEONATAL | 2 | QL |
| UNISTIK 2 NORMAL | 2 | QL |
| UNISTIK 2 SUPER | 2 | QL |
| UNISTIK 3 | 2 | QL |
| UNISTIK 3 COMFORT | 2 | QL |
| UNISTIK 3 EXTRA | 2 | QL |
| UNISTIK 3 GENTLE | 2 | QL |
| UNISTIK 3 NEONATAL | 2 | QL |
| UNISTIK 3 NORMAL | 2 | QL |
| UNISTIK CZT COMFORT | 2 | QL |
| UNISTIK CZT NORMAL | 2 | QL |
| UNISTIK NORMAL | 2 | QL |
| UNISTIK PRO SAFETY LANCET | 2 | QL |
| UNISTIK SAFETY LANCETS 28G | 2 | QL |
| UNISTIK SAFETY LANCETS 30G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL |
| VERIFINE SAFE LANCET MINI 21G | 2 | QL |
| VERIFINE SAFE LANCET MINI 23G | 2 | QL |
| VERIFINE SAFE LANCET MINI 28G | 2 | QL |
| VERIFINE SAFE LANCET MINI 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| VERIFINE UNIVERSAL LANCETS 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | QL |
| VIVAGUARD LANCETS | 2 | QL |
| VIVAGUARD LANCETS 30G | 2 | QL |
| VIVAGUARD LANCING DEVICE | 2 | |
| VIVAGUARD SAFETY LANCETS 28G | 2 | QL |
| ZEVRX TWIST TOP LANCETS 30G | 2 | QL |
| SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA | | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 2 | PA; QL |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 2 | PA; QL |
| OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT | 2 | PA; QL |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 2 | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| TWIIST REFILL KIT KIT | 2 | PA; QL |
| TWIIST REFILL KIT/INFUSION SET KIT | 2 | PA; QL |
| TWIIST STARTER KIT KIT | 2 | PA; QL |
| DIURÉTICOS | | |
| COMBINACIONES DE DIURÉTICOS | | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| spironolactone-hctz oral tablet | 1 or 1b* | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| DIURÉTICOS AHORRADORES DE POTASIO | | |
| amiloride hcl oral tablet | 1 or 1b* | |
| spironolactone oral suspension | 1 or 1b* | |
| spironolactone oral tablet | 1 or 1a* | |
| triaterene oral capsule | 1 or 1b* | |
| DIURÉTICOS DEL ASA | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| ethacrynat sodium intravenous solution reconstituted | 1 or 1b* | |
| ethacrynic acid oral tablet | 1 or 1b* | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT | 3 | PA; QL |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| tosemide oral tablet | 1 or 1b* | |
| DIURÉTICOS OSMÓTICOS | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 20 % | 1 or 1b* | |
| DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS | | |
| chlorothiazide sodium intravenous solution reconstituted | 1 or 1b* | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 or 1a* | |
| DIURIL ORAL SUSPENSION | 3 | |
| hydrochlorothiazide oral capsule | 1 or 1a* | |
| hydrochlorothiazide oral tablet | 1 or 1a* | |
| indapamide oral tablet | 1 or 1b* | |
| metolazone oral tablet | 1 or 1b* | |
| THALITONE ORAL TABLET | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| dichlorphenamide oral tablet | 3 | PA; QL |
| methazolamide oral tablet | 1 or 1b* | |
| ORMALVI ORAL TABLET | 3 | PA; LD; QL |
| ESTRÓGENOS | | |
| *ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** | | |
| MYFEMBREE ORAL TABLET | 3 | PA; QL |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | PA; QL |
| ESTRÓGENO - COMBINACIÓN DE MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS | | |
| DUAVEE ORAL TABLET | 3 | PA; QL |
| ESTRÓGENO Y PROGESTINA | | |
| ABIGALE LO ORAL TABLET | 1 or 1b* | |
| ABIGALE ORAL TABLET | 1 or 1b* | |
| ANGELIQ ORAL TABLET | 3 | |
| BIJUVA ORAL CAPSULE | 2 | QL |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | QL |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | QL |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |
| ESTRÓGENOS | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 3 | QL |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| dotti transdermal patch twice weekly | 1 or 1b* | QL |
| ELESTRIN TRANSDERMAL GEL | 3 | QL |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal gel | 1 or 1b* | QL |
| estradiol transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol transdermal patch weekly | 1 or 1b* | QL |
| estradiol valerate intramuscular oil | 1 or 1b* | |
| EVAMIST TRANSDERMAL SOLUTION | 2 | QL |
| lyllana transdermal patch twice weekly | 1 or 1b* | QL |
| MENEST ORAL TABLET | 2 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 3 | QL |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |
| PREMARIN ORAL TABLET | 2 | QL |
| EXTRACTOS ALERGÉNICOS/PRODUCTOS BIOLÓGICOS MISCELÁNEOS | | |
| EXTRACTOS ALERGÉNICOS MIXTOS | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; LD; QL |
| EXTRACTOS ALERGÉNICOS | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| PALFORZIA (1 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (12 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (120 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (160 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (20 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (200 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (240 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (3 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | 3 | PA; LD; QL |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | 3 | PA; LD; QL |
| PALFORZIA (40 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (6 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA (80 MG DAILY DOSE) ORAL | 3 | PA; LD; QL |
| PALFORZIA INITIAL DOSE 1-3YRS ORAL | 3 | PA; LD; QL |
| PALFORZIA INITIAL DOSE 4-17YRS ORAL | 3 | PA; LD; QL |
| PALFORZIA INITIAL ESCALATION ORAL | 3 | PA; LD; QL |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| FLUOROQUINOLONAS | | |
| FLUOROQUINOLONAS | | |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| BAXDELA ORAL TABLET | 3 | PA |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | |
| ciprofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin intravenous solution | 1 or 1b* | QL |
| levofloxacin oral solution | 1 or 1b* | |
| levofloxacin oral tablet | 1 or 1b* | |
| moxifloxacin hcl in nacl intravenous solution | 1 or 1b* | |
| MOXIFLOXACIN HCL INTRAVENOUS SOLUTION | 3 | |
| moxifloxacin hcl oral tablet | 1 or 1b* | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 or 1b* | |
| HIPNÓTICOS | | |
| AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO | | |
| HETLIOZ LQ ORAL SUSPENSION | 3 | PA; LD; QL |
| ramelteon oral tablet | 1 or 1b* | QL |
| tasimelteon oral capsule | 3 | PA; QL |
| ANTAGONISTAS DEL RECEPTOR DE LA OREXINA | | |
| QUVIVIQ ORAL TABLET | 3 | ST; QL |
| HIPNÓTICOS - AGENTES TRICÍCLICOS | | |
| doxepin hcl oral tablet | 1 or 1b* | ST; QL |
| HIPNÓTICOS BARBITÚRICOS | | |
| pentobarbital sodium injection solution | 1 or 1b* | |
| phenobarbital oral elixir | 1 or 1b* | QL |
| phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg | 1 or 1b* | QL |
| phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| phenobarbital sodium injection solution | 1 or 1b* | |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| HIPNÓTICOS DE LA BENZODIAZEPINA | | |
| BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| estazolam oral tablet | 1 or 1b* | QL |
| flurazepam hcl oral capsule | 1 or 1b* | QL |
| midazolam hcl (pf) +rfid injection solution | 1 or 1b* | |
| midazolam hcl (pf) injection solution | 1 or 1b* | |
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml | 1 or 1b* | |
| midazolam hcl oral syrup | 1 or 1b* | QL |
| midazolam-sodium chloride (pf) intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-% | 1 or 1b* | |
| quazepam oral tablet | 1 or 1b* | QL |
| temazepam oral capsule | 1 or 1b* | QL |
| triazolam oral tablet | 1 or 1b* | QL |
| MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA | | |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL | 3 | ST; QL |
| eszopiclone oral tablet | 1 or 1b* | QL |
| zaleplon oral capsule | 1 or 1b* | QL |
| zolpidem tartrate er oral tablet extended release | 1 or 1b* | QL |
| zolpidem tartrate oral tablet | 1 or 1b* | QL |
| zolpidem tartrate sublingual tablet sublingual | 1 or 1b* | ST; QL |
| SEDATIVOS AGONISTAS DEL RECEPTOR ADRENÉRGICO ALFA 2 SELECTIVO | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| IGALMI SUBLINGUAL FILM | 3 | PA; QL |
| PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML | 3 | |
| LAXANTES | | |
| COMBINACIONES DE LAXANTES | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML | 3 | QL |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| gavilyte-g oral solution reconstituted | 1 or 1a* | \$0; QL |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | 1 or 1b* | \$0; QL |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | 1 or 1a* | \$0; QL |
| peg-3350/electrolytes oral solution reconstituted | 1 or 1a* | \$0; QL |
| peg-3350/electrolytes/ascorbat oral solution reconstituted | 1 or 1b* | \$0; QL |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | 1 or 1b* | \$0; QL |
| PEG-PREP ORAL KIT | 3 | QL |
| PLENUV ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUTAB ORAL TABLET | 2 | QL |
| LAXANTES ESTIMULANTES | | |
| bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| cvs c-lax laxative oral tablet delayed release | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| cvs gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| eq gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ex-lax ultra oral tablet delayed release | 1 or 1a* | \$0 |
| FLEET STIMULANT ORAL TABLET DELAYED RELEASE | | |
| ft laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp womens gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense bisacodyl laxative oral tablet delayed release | 1 or 1a* | \$0 |
| kp bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| qc gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| qc gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| qc laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| sb bisacodyl laxative ec oral tablet delayed release | 1 or 1a* | \$0 |
| sb gentle lax-women oral tablet delayed release | 1 or 1a* | \$0 |
| womans laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| LAXANTES LUBRICANTES | | |
| mineral oil heavy oral oil | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| LAXANTES SALINOS | | |
| citrate of magnesia oral solution | 1 or 1a* | \$0 |
| citroma oral solution | 1 or 1a* | \$0 |
| cvs magnesium citrate oral solution | 1 or 1a* | \$0 |
| cvs milk of magnesia oral suspension 1200 mg/15ml | 1 or 1b* | \$0 |
| dulcolax milk of magnesia oral suspension | 1 or 1b* | \$0 |
| dulcolax oral suspension | 1 or 1b* | \$0 |
| eq magnesium citrate oral solution | 1 or 1a* | \$0 |
| eql magnesium citrate oral solution | 1 or 1a* | \$0 |
| FRESKARO MAGNESIUM CITRATE ORAL SOLUTION | | |
| ft magnesium citrate oral solution | 1 or 1a* | \$0 |
| ft milk of magnesia oral suspension | 1 or 1b* | \$0 |
| gentle laxative oral suspension | 1 or 1b* | \$0 |
| gnp magnesium citrate oral solution | 1 or 1a* | \$0 |
| gnp milk of magnesia oral suspension | 1 or 1b* | \$0 |
| goodsense magnesium citrate oral solution | 1 or 1a* | \$0 |
| goodsense milk of magnesia oral suspension | 1 or 1b* | \$0 |
| magnesium citrate oral solution 1.745 gm/30ml | 1 or 1a* | \$0 |
| milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | | |
| phillips milk of magnesia oral suspension 400 mg/5ml | 1 or 1b* | \$0 |
| qc magnesium citrate oral solution | 1 or 1a* | \$0 |
| qc milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ra magnesium citrate oral solution | 1 or 1a* | \$0 |
| ra milk of magnesia oral suspension | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| sb magnesium citrate oral solution | 1 or 1a* | \$0 |
| sb milk of magnesia oral suspension | 1 or 1b* | \$0 |
| LAXANTES VARIOS | | |
| clearlax oral powder | 1 or 1b* | \$0 |
| constulose oral solution | 1 or 1b* | QL |
| cvs purelax oral packet | 1 or 1b* | \$0 |
| cvs purelax oral powder | 1 or 1b* | \$0 |
| eq clearlax oral powder | 1 or 1b* | \$0 |
| eq laxative oral packet | 1 or 1b* | \$0 |
| eql clearlax oral powder | 1 or 1b* | \$0 |
| ft clearlax oral powder | 1 or 1b* | \$0 |
| gavilax oral powder | 1 or 1b* | \$0 |
| glycolax oral powder | 1 or 1b* | \$0 |
| gnp clearlax oral packet | 1 or 1b* | \$0 |
| gnp clearlax oral powder | 1 or 1b* | \$0 |
| goodsense clearlax oral powder | 1 or 1b* | \$0 |
| healthylax oral packet | 1 or 1b* | \$0 |
| kls laxaclear oral powder | 1 or 1b* | \$0 |
| KRISTALOSE ORAL PACKET | | |
| LACTULOSE ORAL PACKET 10 GM | | |
| lactulose oral packet 20 gm | 1 or 1b* | ST; QL |
| lactulose oral solution | 1 or 1b* | QL |
| mm clearlax oral powder | 1 or 1b* | \$0 |
| peg 3350 oral packet | 1 or 1b* | \$0 |
| peg 3350 oral powder | 1 or 1b* | \$0 |
| Polyethylene glycol 3350 oral packet 17 gm | 1 or 1b* | \$0 |
| Polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| qc natura-lax oral powder | 1 or 1b* | \$0 |
| ra laxative oral powder | 1 or 1b* | \$0 |
| sb polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| smooth lax oral packet | 1 or 1b* | \$0 |
| smooth lax oral powder | 1 or 1b* | \$0 |
| true laxative oral powder | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MACRÓLIDOS | | |
| AZITROMICINA | | |
| azithromycin intravenous solution reconstituted 500 mg | 1 or 1b* | |
| azithromycin oral suspension reconstituted | 1 or 1b* | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 or 1b* | |
| CLARITROMICINA | | |
| clarithromycin er oral tablet extended release 24 hour | 1 or 1b* | |
| clarithromycin oral suspension reconstituted | 1 or 1b* | |
| clarithromycin oral tablet | 1 or 1b* | |
| ERITROMICINAS | | |
| e.e.s. 400 oral tablet | 1 or 1b* | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 or 1b* | |
| erythromycin lactobionate intravenous solution reconstituted | 1 or 1b* | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| FIDAXOMICINA | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| fidaxomicin oral tablet | 1 or 1b* | QL |
| MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA | | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS | | |
| bromphen-pseudoeph-dm oral syrup | 1 or 1b* | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS | | |
| MAXI-TUSS CD ORAL LIQUID | 2 | AL; QL |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | AL; QL |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML | 3 | PA |
| RYDEX ORAL LIQUID | 2 | AL; QL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS | | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | 1 or 1b* | AL; QL |
| promethazine-codeine oral solution | 1 or 1a* | AL; QL |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | AL; QL |
| ANTITUSIVOS - EXPECTORANTES - DESCONGESTIVOS | | |
| CODITUSSIN DAC ORAL LIQUID | 3 | AL |
| ANTITUSIVOS - EXPECTORANTES | | |
| CODITUSSIN AC ORAL LIQUID | 3 | AL |
| g tussin ac oral solution | 1 or 1a* | AL; QL |
| guaifenesin-codeine oral solution | 1 or 1a* | AL; QL |
| MAR-COF CG EXPECTORANT ORAL LIQUID | 2 | AL |
| maxi-tuss ac oral solution | 1 or 1a* | AL; QL |
| NINJACOF-XG ORAL LIQUID | 3 | AL |
| ANTITUSIVOS - NO NARCÓTICOS | | |
| benzonatate oral capsule | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTITUSIVOS - OPIOIDES | | |
| hydrocodone bit-homatrop mbr oral solution | 1 or 1a* | AL; QL |
| hydrocodone bit-homatrop mbr oral tablet | 1 or 1a* | PA; QL |
| hydromet oral solution | 1 or 1a* | AL; QL |
| DESCONGESTIVO Y ANTIHISTAMÍNICO | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL |
| promethazine-phenylephrine oral syrup | 1 or 1b* | QL |
| INHALANTES RESPIRATORIOS VARIOS | | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 1 or 1b* | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | 1 or 1b* | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 or 1b* | |
| MUCOLÍTICOS | | |
| acetylcysteine inhalation solution | 1 or 1b* | |
| MEDICAMENTOS PARA ÚLCERAS | | |
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO | | |
| bis subcit-metronid-tetracyc oral capsule | 1 or 1b* | ST; QL |
| bismuth/metronidaz/tetracycl in oral capsule | 1 or 1b* | ST; QL |
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON INHIBIDORES DE LA BOMBA DE PROTONES | | |
| amoxicill-clarithro-lansopraz oral therapy pack | 1 or 1b* | ST; QL |
| OMECLAMOX-PAK ORAL | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| ALCALOIDES DE LA BELLADONA | | |
| ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML | 3 | |
| hyoscyamine sulfate sl sublingual tablet sublingual | 1 or 1b* | |
| ANTAGONISTAS H2 | | |
| cimetidine hcl oral solution 300 mg/5ml | 1 or 1b* | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 or 1b* | |
| famotidine (pf) intravenous solution | 1 or 1b* | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |
| famotidine oral suspension reconstituted | 1 or 1b* | |
| famotidine oral tablet 40 mg | 1 or 1b* | |
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | |
| ANTICOLINÉRGICOS NASALES CUATERNARIOS | | |
| GLYCATE ORAL TABLET | 3 | PA |
| glycopyrrolate injection solution | 1 or 1b* | |
| glycopyrrolate oral solution | 1 or 1b* | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | PA |
| glycopyrrolate pf +rfid injection solution prefilled syringe | 1 or 1b* | |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML | 1 or 1b* | |
| glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| GLYRX-PF INJECTION SOLUTION | 3 | |
| GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML | 3 | |
| methscopolamine bromide oral tablet | 1 or 1b* | |
| ANTIESPASMÓDICOS | | |
| dicyclomine hcl intramuscular solution | 1 or 1b* | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution 10 mg/5ml | 1 or 1a* | |
| dicyclomine hcl oral tablet 20 mg | 1 or 1a* | |
| ANTIULCEROSOS VARIOS | | |
| sucralfate oral suspension | 1 or 1b* | |
| sucralfate oral tablet | 1 or 1b* | |
| COMBINACIONES DE ANTICOLINÉRGICOS | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| INHIBIDORES DE LA BOMBA DE PROTONES | | |
| esomeprazole magnesium oral capsule delayed release | 1 or 1b* | |
| esomeprazole magnesium oral packet | 1 or 1b* | |
| esomeprazole sodium intravenous solution reconstituted 40 mg | 1 or 1b* | |
| lansoprazole oral capsule delayed release 30 mg | 1 or 1b* | |
| omeprazole oral capsule delayed release | 1 or 1b* | |
| pantoprazole sodium intravenous solution reconstituted | 1 or 1b* | |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | |
| pantoprazole sodium-nacl intravenous solution | 3 | |
| MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS | | |
| misoprostol oral tablet | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MINERALES Y ELECTROLITOS | | |
| BICARBONATOS | | |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 % | 1 or 1b* | |
| COMBINACIONES DE CALCIO | | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-% | 3 | |
| COMBINACIONES DE FLUORURO | | |
| FLORIVA ORAL LIQUID | 3 | ST |
| COMBINACIONES DE OLIGOELEMENTOS | | |
| MULTRY'S INTRAVENOUS SOLUTION | 3 | |
| THE LIQUILIFT TRACE INTRAVENOUS KIT | 3 | |
| TRALEMENT INTRAVENOUS SOLUTION | 3 | |
| ELECTROLITOS PARENTERALES | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-% | 1 or 1b* | |
| kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-% | 1 or 1b* | |
| KCL (0.298%) IN NACL INTRAVENOUS SOLUTION | 1 or 1b* | |
| lactated ringers intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 5.5 intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| multiple electro type 1 ph 7.4 intravenous solution | 1 or 1b* | |
| NORMOSOL-R INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | 3 | |
| ringers intravenous solution | 1 or 1b* | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 3 | |
| ELECTROLITOS Y DEXTROSA | | |
| DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION | 3 | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |
| dextrose-nacl intravenous solution 5-0.9 % | 3 | |
| DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 % | 3 | |
| dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | |
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |
| KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | 3 | |
| potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 or 1b* | |
| FLUORURO | | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | 1 or 1a* | \$0 |
| sodium fluoride oral tablet | 1 or 1a* | \$0 |
| sodium fluoride oral tablet chewable | 1 or 1a* | \$0 |
| FOSFATO | | |
| GLYCOPHOS INTRAVENOUS SOLUTION | 3 | |
| phospha 250 neutral oral tablet | 1 or 1b* | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin 250 neutral oral tablet | 1 or 1b* | |
| phospho-trin k500 oral tablet | 1 or 1b* | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |
| POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION | 3 | |
| potassium phosphates-nacl intravenous solution 15 mmol/100ml, 30 mmol/500ml | 3 | |
| sodium phosphates intravenous solution | 1 or 1b* | |
| wes-phos 250 neutral oral tablet | 1 or 1b* | |
| MAGNESIO | | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 1 or 1b* | |
| MANGANESO | | |
| manganese chloride intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| OLIGOELEMENTOS | | |
| SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML | 3 | |
| SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML | 1 or 1b* | |
| POTASIO | | |
| klor-con 10 oral tablet extended release | 1 or 1b* | |
| klor-con m10 oral tablet extended release | 1 or 1a* | |
| klor-con m15 oral tablet extended release | 1 or 1a* | |
| klor-con m20 oral tablet extended release | 1 or 1a* | |
| klor-con oral packet 20 meq | 1 or 1b* | |
| klor-con oral tablet extended release | 1 or 1b* | |
| potassium chloride crys er oral tablet extended release | 1 or 1a* | |
| potassium chloride er oral capsule extended release | 1 or 1b* | |
| potassium chloride er oral tablet extended release | 1 or 1b* | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |
| SODIO | | |
| aquastat intravenous solution | 1 or 1b* | |
| AQUASTAT SFR INTRAVENOUS SOLUTION | 1 or 1b* | |
| bd posiflush intravenous solution | 1 or 1b* | |
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION | 1 or 1b* | |
| monoject flush syringe intravenous solution | 1 or 1b* | |
| monoject sodium chloride flush intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| normal saline flush intravenous solution | 1 or 1b* | |
| saline flush intravenous solution | 1 or 1b* | |
| sodium chloride (pf) injection solution | 1 or 1b* | |
| sodium chloride injection solution 2.5 meq/ml | 1 or 1b* | |
| sodium chloride intravenous solution 0.45 %, 3 %, 5 % | 1 or 1b* | |
| ZINC | | |
| GALZIN ORAL CAPSULE | 3 | |
| MULTIVITAMINAS | | |
| anti-oxidant oral tablet | 1 or 1b* | \$0 |
| CENTRUM MENOPAUSE MIND/MOOD ORAL TABLET | 2 | \$0 |
| daily multiple vitamins oral tablet | 1 or 1b* | \$0 |
| daily value multivitamin oral tablet | 1 or 1b* | \$0 |
| daily vitamins oral tablet | 1 or 1b* | \$0 |
| daily vite oral tablet | 1 or 1b* | \$0 |
| daily vites oral tablet | 1 or 1b* | \$0 |
| daily-vite multivitamin oral tablet | 1 or 1b* | \$0 |
| daily-vite oral tablet | 1 or 1b* | \$0 |
| ESTROFACTORS ORAL TABLET | 2 | \$0 |
| gnp essential one daily oral tablet | 1 or 1b* | \$0 |
| healthy hair/skin/nails oral tablet | 1 or 1b* | \$0 |
| INFUVITE ADULT INTRAVENOUS SOLUTION | 3 | |
| mincora oral tablet | 3 | |
| multi vitamin oral tablet | 2 | \$0 |
| MULTI VITAMIN W/D-3 ORAL TABLET | 2 | \$0 |
| multiple vitamin-folic acid oral tablet | 1 or 1b* | \$0 |
| multiple vitamins essential oral tablet | 1 or 1b* | \$0 |
| multiple vitamins oral tablet | 1 or 1b* | \$0 |
| multivitamin adult oral tablet | 2 | \$0 |

En vigencia desde el 01012026

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| multivitamin iron-free oral tablet | 1 or 1b* | \$0 |
| MULTIVITAMIN ORAL TABLET | 2 | \$0 |
| multi-vitamin oral tablet | 1 or 1b* | \$0 |
| NEOMULTIVITE ORAL TABLET | 2 | \$0 |
| novite oral capsule | 1 or 1b* | |
| OMNICAP ORAL TABLET | 2 | \$0 |
| once daily oral tablet | 1 or 1b* | \$0 |
| one daily essential oral tablet | 2 | \$0 |
| one daily essentials oral tablet | 2 | \$0 |
| one daily multivitamin adult oral tablet | 1 or 1b* | \$0 |
| one daily oral tablet | 1 or 1b* | \$0 |
| ONE VITE DAILY MULTIVITAMIN ORAL TABLET | 2 | \$0 |
| one-daily multi vitamins oral tablet | 1 or 1b* | \$0 |
| one-daily multi-vitamin oral tablet | 1 or 1b* | \$0 |
| qc essentials oral tablet | 1 or 1b* | \$0 |
| QUINTABS ORAL TABLET | 2 | \$0 |
| stress formula oral tablet | 1 or 1b* | \$0 |
| stress formula/zinc/energy oral tablet | 2 | \$0 |
| stresstabs energy oral tablet | 1 or 1b* | \$0 |
| tab-a-vite oral tablet | 1 or 1b* | \$0 |
| tab-a-vite/beta carotene oral tablet | 1 or 1b* | \$0 |
| THERA ORAL TABLET | 2 | \$0 |
| thera-tabs oral tablet | 1 or 1b* | \$0 |
| THEREMS ORAL TABLET | 2 | \$0 |
| tm-daily vite oral tablet | 2 | \$0 |
| true daily vite oral tablet | 1 or 1b* | \$0 |
| true multivitamin oral tablet | 2 | \$0 |
| vit e-vit c-beta carotene oral tablet | 1 or 1b* | \$0 |
| vitalee oral tablet | 1 or 1b* | \$0 |
| VITLIPID N ADULT INTRAVENOUS EMULSION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| VITAMINAS CON LIPOPOTRÓPICOS | | |
| ACTIFLOVIT EAR HEALTH ORAL TABLET | 2 | \$0 |
| b complex (lipotropics) oral tablet | 1 or 1b* | \$0 |
| b complex formula 1 (lipotrop) oral tablet | 1 or 1b* | \$0 |
| balance b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-50 complex oral tablet | 1 or 1b* | \$0 |
| COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE | 2 | \$0 |
| cvs balanced b50 oral tablet | 1 or 1b* | \$0 |
| cvs inner ear plus oral tablet | 1 or 1b* | \$0 |
| ear health formula oral tablet | 1 or 1b* | \$0 |
| ear health plus oral tablet | 1 or 1b* | \$0 |
| FLAVOVIT EAR HEALTH ORAL TABLET | 1 or 1b* | \$0 |
| lipo flavonoid plus oral tablet | 1 or 1b* | \$0 |
| LIPOTRIAD ORAL TABLET | 2 | \$0 |
| mega multiple/chelated mineral oral tablet | 1 or 1b* | \$0 |
| nat-rul b-50 oral tablet | 1 or 1b* | \$0 |
| risanoid plus oral tablet | 1 or 1b* | \$0 |
| ultra b-100 complex oral tablet | 1 or 1b* | \$0 |
| VITAMINAS DEL COMPLEJO B | | |
| allbee/c oral tablet | 1 or 1b* | \$0 |
| b complex 100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b complex formula 1 (w/ fa) oral tablet | 1 or 1b* | \$0 |
| b complex-b12 oral tablet | 1 or 1b* | \$0 |
| b complex-c oral tablet | 1 or 1b* | \$0 |
| B COMPLEX-C-BIOTIN-E-FA ORAL TABLET | 2 | \$0 |
| b complex-c-folic acid oral tablet | 1 or 1b* | \$0 |
| b-100 b-complex oral tablet | 1 or 1b* | \$0 |
| b-100 complex cr oral tablet extended release | 1 or 1b* | \$0 |
| b-100 tr oral tablet extended release | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| b-50 complex oral tablet | 1 or 1b* | \$0 |
| balance b-50 oral tablet | 1 or 1b* | \$0 |
| balanced b complex oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet extended release | 1 or 1b* | \$0 |
| balanced b-50/fa oral tablet | 1 or 1b* | \$0 |
| b-compleet-100 oral tablet | 1 or 1b* | \$0 |
| b-compleet-50 oral tablet | 1 or 1b* | \$0 |
| b-complex (folic acid) oral tablet | 1 or 1b* | \$0 |
| b-complex balanced oral tablet | 1 or 1b* | \$0 |
| b-complex oral tablet | 1 or 1b* | \$0 |
| b-complex plus b-12 oral tablet | 1 or 1b* | \$0 |
| b-complex/b-12 oral tablet | 1 or 1b* | \$0 |
| b-complex/electrolytes oral tablet | 1 or 1b* | \$0 |
| b-complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| b-complex-c (w/folic acid) oral tablet | 1 or 1b* | \$0 |
| b-complex-c oral tablet | 1 or 1b* | \$0 |
| better b complex oral tablet | 1 or 1b* | \$0 |
| big 100 (biotin) oral tablet | 1 or 1b* | \$0 |
| big 100 oral tablet | 1 or 1b* | \$0 |
| b-plex oral tablet | 1 or 1b* | \$0 |
| complex b-100 oral tablet extended release | 1 or 1b* | \$0 |
| complex b-50 prolonged release oral tablet extended release | 1 or 1b* | \$0 |
| cvs b complex plus c oral tablet | 1 or 1b* | \$0 |
| cvs super b complex/c oral tablet | 1 or 1b* | \$0 |
| dalyvite 800 oral tablet | 1 or 1b* | \$0 |
| endur-b oral tablet extended release | 1 or 1b* | \$0 |
| eql b complex 50 oral tablet | 1 or 1b* | \$0 |
| eql b-100 complex oral tablet extended release | 1 or 1b* | \$0 |
| eql super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| ft b-100 complex pr oral tablet extended release | 1 or 1b* | \$0 |
| ft b-complex plus vitamin c oral tablet | 1 or 1b* | \$0 |
| FULL SPECTRUM B/VITAMIN C ORAL TABLET | 1 or 1b* | \$0 |
| gnp b-100 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-50 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-complex plus vitamin c oral tablet | 1 or 1b* | \$0 |
| kobee oral tablet | 1 or 1b* | \$0 |
| kp b complex-c oral tablet | 1 or 1b* | \$0 |
| nephro vitamins oral tablet | 1 or 1b* | \$0 |
| NEPHRO-VITE ORAL TABLET | 1 or 1b* | \$0 |
| qc b50 prolonged release oral tablet extended release | 1 or 1b* | \$0 |
| qc b-complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| quin b strong b-25 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-100 cr oral tablet extended release | 1 or 1b* | \$0 |
| ra balanced b-100 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-50 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-50 tr oral tablet extended release | 1 or 1b* | \$0 |
| ra b-complex oral tablet | 1 or 1b* | \$0 |
| ra b-complex with b-12 oral tablet | 1 or 1b* | \$0 |
| renal vitamin oral tablet | 1 or 1b* | \$0 |
| rena-vite oral tablet | 1 or 1b* | \$0 |
| stress formula (folic acid) oral tablet | 1 or 1b* | \$0 |
| super b complex/fa/vit c oral tablet | 1 or 1b* | \$0 |
| super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex + vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex oral tablet | 1 or 1b* | \$0 |
| super b-complex/vit c/fa oral tablet | 1 or 1b* | \$0 |
| super dec b-100 oral tablet | 1 or 1b* | \$0 |
| super quints b-50 oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| vitamin b complex oral tablet | 1 or 1b* | \$0 |
| vitamin b complex w/b-12 oral tablet | 1 or 1b* | \$0 |
| vitamin-b complex oral tablet | 1 or 1b* | \$0 |
| yl balanced b-100 oral tablet | 1 or 1b* | \$0 |
| VITAMINAS MÚLTIPLES CON HIERRO | | |
| daily vite multivitamin/iron oral tablet | 1 or 1b* | \$0 |
| destress-iron oral tablet | 2 | \$0 |
| multiple vitamins/iron oral tablet | 1 or 1b* | \$0 |
| multivitamin plus iron adult oral tablet | 1 or 1b* | \$0 |
| multi-vitamin/iron oral tablet | 1 or 1b* | \$0 |
| nat-rul daily-vite+iron oral tablet | 1 or 1b* | \$0 |
| one daily multivitamin/iron oral tablet | 1 or 1b* | \$0 |
| one-daily multi-vitamin/iron oral tablet | 1 or 1b* | \$0 |
| one-daily/iron oral tablet | 1 or 1b* | \$0 |
| qc daily multivitamins/iron oral tablet | 1 or 1b* | \$0 |
| stress b complex/iron oral tablet | 1 or 1b* | \$0 |
| stress formula/iron oral tablet | 1 or 1b* | \$0 |
| tab-a-vite/iron oral tablet | 1 or 1b* | \$0 |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET | 2 | \$0 |
| VITAMINAS MÚLTIPLES CON MINERALES Y CALCIO-ÁCIDO FÓLICO | | |
| FOLGARD OS ORAL TABLET | 3 | |
| VITAMINAS MÚLTIPLES CON MINERALES Y FLUORURO-HIERRO-ÁCIDO FÓLICO | | |
| QUFLORA FE ORAL TABLET CHEWABLE | 3 | ST |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| VITAMINAS MÚLTIPLES CON MINERALES | | |
| FLORRAXYL ORAL TABLET | 3 | |
| VITAMINAS PEDIÁTRICAS | | |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE | 3 | ST |
| FLORIVA ORAL TABLET CHEWABLE | 3 | ST |
| FLORIVA PLUS ORAL SOLUTION | 3 | ST |
| FLOTREX ORAL TABLET CHEWABLE | 3 | ST |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| multivitamin w/fluoride oral tablet chewable | 1 or 1b* | \$0 |
| multi-vitamin/fluoride oral solution | 1 or 1b* | \$0 |
| multivitamin/fluoride oral solution 0.25 mg/ml | 2 | |
| multivitamin/fluoride oral solution 0.5 mg/ml | 2 | ST |
| multivitamin/fluoride oral suspension | 3 | ST |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 2 | \$0 |
| multi-vitamin/fluoride/iron oral solution | 1 or 1b* | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE | 3 | ST |
| POLY-VI-FLOR ORAL SUSPENSION | 3 | ST |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | 3 | ST |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE | 3 | ST |
| QUFLORA FE PEDIATRIC ORAL LIQUID | 3 | ST |
| QUFLORA PEDIATRIC ORAL SOLUTION | 3 | ST |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE | 3 | ST |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | 3 | ST |
| TRI-VI-FLORO ORAL SUSPENSION | 3 | ST |
| tri-vitamin with fluoride oral suspension | 3 | ST |
| tri-vite/fluoride oral solution | 1 or 1b* | \$0 |
| VITALIPID N INFANT INTRAVENOUS EMULSION | 3 | |
| VITLIPID N INFANT INTRAVENOUS EMULSION | 3 | |
| VITAMINAS PRENATALES | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | 2 | QL |
| ATABEX OB ORAL TABLET | 2 | QL |
| AZESCO ORAL TABLET | 3 | ST; QL |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | ST; QL |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | 3 | ST; QL |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | ST; QL |
| CITRANATAL MEDLEY ORAL CAPSULE | 3 | ST; QL |
| CLASSIC PRENATAL ORAL TABLET | 2 | \$0; QL |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |
| CO-NATAL FA ORAL TABLET | 2 | QL |
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| CVS PRENATAL ORAL TABLET 27-0.8 MG | 2 | \$0; QL |
| DERMACINRX PRETRATE ORAL TABLET | 3 | QL |
| elite-ob oral tablet | 1 or 1b* | QL |
| ENBRACE HR ORAL CAPSULE | 3 | ST; QL |
| ENFAMIL EXPECTA ORAL | 2 | \$0; QL |
| EQL PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| ft prenatal oral tablet | 2 | \$0; QL |
| GNP PRENATAL ORAL TABLET | 2 | \$0; QL |
| gnp prenatal/folic acid oral tablet | 2 | \$0; QL |
| inatal gt oral tablet | 1 or 1b* | QL |
| JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE | 3 | ST; QL |
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 3 | ST; QL |
| KP PRENATAL MULTIVITAMINS ORAL TABLET | 2 | \$0; QL |
| KPN PRENATAL ORAL TABLET | 2 | \$0; QL |
| MASONATAL ORAL TABLET | 2 | \$0; QL |
| MATERNACEL ORAL TABLET | 3 | ST; QL |
| M-NATAL PLUS ORAL TABLET | 2 | QL |
| MULTI PRENATAL ORAL TABLET | 2 | \$0; QL |
| natal pnv oral tablet | 3 | ST; QL |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | 3 | ST; QL |
| neomaterna oral tablet | 3 | ST; QL |
| NEONATAL COMPLETE ORAL TABLET 27-1 MG | 3 | ST; QL |
| NEONATAL PLUS ORAL TABLET | 3 | ST; QL |
| neonatal prenatal oral tablet | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| NEONATAL VITAMIN ORAL TABLET | 2 | \$0; QL |
| NESTABS DHA ORAL | 3 | ST; QL |
| NESTABS ONE ORAL CAPSULE | 3 | ST; QL |
| NESTABS ORAL TABLET | 3 | ST; QL |
| NIVA-PLUS ORAL TABLET | 2 | QL |
| OB COMPLETE ONE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE ORAL TABLET | 3 | ST; QL |
| OB COMPLETE PETITE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE PREMIER ORAL TABLET | 3 | ST; QL |
| OB COMPLETE/DHA ORAL CAPSULE | 3 | ST; QL |
| ONE VITE WOMENS ORAL TABLET | 2 | \$0; QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | QL |
| pnv 27-ca/fe/fa oral tablet | 2 | ST; QL |
| pnv prenatal plus multivit+dha oral | 2 | QL |
| PNV TABS 20-1 ORAL TABLET | 3 | ST; QL |
| pnv-dha oral capsule | 1 or 1b* | QL |
| PNV-DHA+DOCUSATE ORAL CAPSULE | 3 | ST; QL |
| PNV-OMEGA ORAL CAPSULE | 3 | ST; QL |
| pnv-select oral tablet | 1 or 1b* | QL |
| PREGEN DHA ORAL CAPSULE | 3 | ST; QL |
| PREGENNA ORAL TABLET | 3 | ST; QL |
| PREMESISRX ORAL TABLET | 3 | ST; QL |
| PRENA 1 TRUE ORAL | 2 | QL |
| PRENA1 ORAL TABLET CHEWABLE | 3 | ST; QL |
| PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| PRENATAL (W/IRON & FA) ORAL TABLET | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| PRENATAL 19 ORAL TABLET 29-1 MG | 2 | QL |
| prenatal 19 oral tablet chewable | 1 or 1a* | QL |
| PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| PRENATAL COMPLETE ORAL TABLET | 2 | \$0; QL |
| PRENATAL FORTE ORAL TABLET | 2 | \$0; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | 2 | \$0; QL |
| PRENATAL ONE DAILY ORAL TABLET | 2 | \$0; QL |
| PRENATAL ORAL TABLET 27-0.8 MG, 28-0.8 MG | 2 | \$0; QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL PLUS ORAL TABLET | 2 | QL |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET | 2 | \$0; QL |
| prenatal vitamins oral tablet 27-0.8 mg | 2 | \$0; QL |
| PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL/IRON ORAL TABLET | 2 | \$0; QL |
| PRENATAL-U ORAL CAPSULE | 2 | QL |
| PRENATE AM ORAL TABLET | 3 | ST; QL |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 3 | ST; QL |
| PRENATE ENHANCE ORAL CAPSULE | 3 | ST; QL |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | 3 | ST; QL |
| PRENATE ORAL TABLET CHEWABLE | 3 | ST; QL |
| PRENATE PIXIE ORAL CAPSULE | 3 | ST; QL |
| PRENATE RESTORE ORAL CAPSULE | 3 | ST; QL |
| PRENATRIX ORAL TABLET | 3 | ST; QL |
| PRENATRYL ORAL TABLET | 3 | ST; QL |
| PROVIDA OB ORAL CAPSULE | 2 | QL |
| QC PRENATAL ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL ORAL TABLET | 2 | \$0; QL |
| RELNATE DHA ORAL CAPSULE | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| SELECT-OB+DHA ORAL | 3 | ST; QL |
| SE-NATAL 19 ORAL TABLET | 2 | QL |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 2 | QL |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 2 | QL |
| THRIVITE RX ORAL TABLET | 2 | QL |
| TRINATAL RX 1 ORAL TABLET | 2 | QL |
| trinate oral tablet | 1 or 1a* | QL |
| TRISTART DHA ORAL CAPSULE | 3 | ST; QL |
| VINATE DHA RF ORAL CAPSULE | 3 | ST; QL |
| VITAFOL FE+ ORAL CAPSULE | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 2 | QL |
| VITAFOL ULTRA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL-OB ORAL TABLET | 3 | ST; QL |
| VITAFOL-OB+DHA ORAL | 3 | ST; QL |
| VITAFOL-ONE ORAL CAPSULE | 3 | ST; QL |
| vitalara oral tablet | 3 | ST; QL |
| VITATHELY WITH GINGER ORAL TABLET | 3 | ST; QL |
| VIVA DHA ORAL CAPSULE | 3 | ST; QL |
| wesnatal dha complete oral | 2 | QL |
| WESTAB PLUS ORAL TABLET | 2 | QL |
| WESTGEL DHA ORAL CAPSULE | 3 | ST; QL |
| ZALVIT ORAL TABLET | 3 | ST; QL |
| ZIPHEX ORAL TABLET | 3 | ST; QL |
| NUTRIENTES | | |
| AMINOÁCIDOS SIMPLES | | |
| ELCYS INTRAVENOUS SOLUTION | 3 | |
| CARBOHIDRATOS | | |
| dextrose intravenous solution 10 % | 1 or 1b* | |
| DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 % | 3 | |
| dextrose intravenous solution 5 % | 3 | |
| glucose (dextrose) intravenous solution 50 % | 3 | |
| LÍPIDOS | | |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | |
| DOJOLVI ORAL LIQUID | 3 | PA; LD; QL; SP |
| INTRALIPID INTRAVENOUS EMULSION | 3 | |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|---|----------|-------|
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | | CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| OMEGAVEN INTRAVENOUS EMULSION | 3 | | CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 3 | |
| SMOFLIPID INTRAVENOUS EMULSION | 3 | | CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| MEZCLAS DE AMINOÁCIDOS | | | CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 % | 3 | | clinisol sf intravenous solution | 1 or 1b* | |
| aminosyn ii intravenous solution 15 % | 1 or 1b* | | plenamine intravenous solution | 1 or 1b* | |
| AMINOSYN-PF 7% INTRAVENOUS SOLUTION | 3 | | PREMASOL INTRAVENOUS SOLUTION 10 % | 3 | |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 3 | | PROSOL INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | 3 | | TRAVASOL INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | | TROPHAMINE INTRAVENOUS SOLUTION 10 % | 3 | |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | | PROTEÍNA-CARBOHIDRATO-LÍPIDO CON COMBINACIONES DE ELECTROLITOS | | |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | | KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % | 3 | |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | | PERIKABIVEN INTRAVENOUS EMULSION | 3 | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | | OXITÓCICOS | | |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | | ABORTIFACIENTES/MA DURACIÓN CERVICAL - PROSTAGLANDINAS | | |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | | carboprost tromethamine intramuscular solution | 1 or 1b* | |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | | carboprost tromethamine intramuscular solution prefilled syringe | 3 | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | | CERVIDIL VAGINAL INSERT | 3 | |
| | | | PREPIDIL VAGINAL GEL | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| OXITÓCICOS | | |
| methergine oral tablet | 1 or 1b* | |
| methylergonovine maleate injection solution | 1 or 1b* | |
| methylergonovine maleate oral tablet | 1 or 1b* | |
| oxytocin injection solution | 1 or 1b* | |
| PENICILINAS | | |
| AMINOPENICILINAS | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted | 1 or 1a* | |
| amoxicillin oral tablet | 1 or 1a* | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 or 1a* | |
| ampicillin oral capsule 500 mg | 1 or 1a* | |
| ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 or 1b* | |
| ampicillin sodium intravenous solution reconstituted | 1 or 1b* | |
| COMBINACIONES DE PENICILINA | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 or 1b* | |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet | 1 or 1b* | |
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 1 or 1b* | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | 1 or 1b* | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm | 1 or 1b* | |
| ZOSYN INTRAVENOUS SOLUTION | 3 | |
| PENICILINAS NATURALES | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| LETOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML | 3 | |
| penicillin g potassium injection solution reconstituted | 1 or 1b* | |
| penicillin g sodium injection solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral tablet | 1 or 1b* | |
| pfizerpen injection solution reconstituted | 1 or 1b* | |
| PENICILINAS RESISTENTES A LA PENICILINASA | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML | 3 | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| nafcillin sodium intravenous solution reconstituted 10 gm | 1 or 1b* | |
| OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML | 3 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| oxacillin sodium intravenous solution reconstituted | 1 or 1b* | |
| PRODUCTOS DE DIAGNÓSTICO | | |
| ANÁLISIS DE DIAGNÓSTICO | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP | 2 | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | ST; QL |
| FREESTYLE INSULINX TEST IN VITRO STRIP | 2 | QL |
| FREESTYLE LITE TEST IN VITRO STRIP | 2 | QL |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | 2 | QL |
| FREESTYLE TEST IN VITRO STRIP | 2 | QL |
| PRODUCTOS DIGESTIVOS | | |
| ENZIMAS DIGESTIVAS | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | QL |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | 3 | ST; QL |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| SUCRAID ORAL SOLUTION | 3 | PA; LD; QL |
| VIOKACE ORAL TABLET | 3 | QL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 2 | QL |
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | PA; QL |
| QULIPTA ORAL TABLET | 2 | PA; QL |
| UBRELVY ORAL TABLET | 2 | ST; QL |
| AGONISTAS SELECTIVOS DE SEROTONINA 5-HT(1) | | |
| almotriptan malate oral tablet | 1 or 1b* | QL |
| eletriptan hydrobromide oral tablet | 1 or 1b* | QL |
| frovatriptan succinate oral tablet | 1 or 1b* | ST; QL |
| naratriptan hcl oral tablet | 1 or 1b* | QL |
| rizatriptan benzoate oral tablet | 1 or 1b* | QL |
| rizatriptan benzoate oral tablet dispersible | 1 or 1b* | QL |
| sumatriptan nasal solution | 1 or 1b* | QL |
| sumatriptan succinate oral tablet | 1 or 1b* | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 or 1b* | QL |
| zolmitriptan nasal solution | 1 or 1b* | ST; QL |
| zolmitriptan oral tablet | 1 or 1b* | QL |
| zolmitriptan oral tablet dispersible | 1 or 1b* | QL |
| ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP) | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-Injector | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| COMBINACIONES DE ERGOTAMINA | | |
| ergotamine-caffeine oral tablet | 1 or 1b* | |
| migergot rectal suppository | 1 or 1b* | |
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | |
| dihydroergotamine mesylate injection solution | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| PRODUCTOS VAGINALES | | |
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | 3 | \$0 |
| ANTIINFECCIOSOS VAGINALES | | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |
| CLINDESSE VAGINAL CREAM | 3 | |
| metronidazole vaginal gel | 1 or 1b* | |
| NUVESSA VAGINAL GEL | 3 | |
| VANDAZOLE VAGINAL GEL | 3 | |
| XACIATO VAGINAL GEL | 3 | PA; QL |
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL | | |
| GYNIAZOLE-1 VAGINAL CREAM | 3 | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | QL |
| terconazole vaginal suppository | 1 or 1b* | QL |
| ESPERMICIDAS | | |
| ENCARE VAGINAL SUPPOSITORY | 2 | \$0 |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL | 2 | \$0 |
| TODAY SPONGE VAGINAL | 2 | \$0 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 2 | \$0 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL | 2 | \$0 |
| ESTRÓGENOS VAGINALES | | |
| estradiol vaginal cream | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| estradiol vaginal tablet | 1 or 1b* | QL |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 3 | QL |
| FEMRING VAGINAL RING | 3 | QL |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | 3 | QL |
| IMVEXXY STARTER PACK VAGINAL INSERT | 3 | QL |
| PREMARIN VAGINAL CREAM | 2 | QL |
| yuvafem vaginal tablet | 1 or 1b* | QL |
| PRODUCTOS VAGINALES VARIOS | | |
| INTRAROSA VAGINAL INSERT | 3 | ST; QL |
| PROGESTINAS VAGINALES | | |
| CRINONE VAGINAL GEL 4 % | 3 | SP |
| CRINONE VAGINAL GEL 8 % | 3 | PA; QL; SP |
| ENDOMETRIN VAGINAL INSERT | 3 | PA |
| PROGESTINAS | | |
| PROGESTINAS | | |
| GALLIFREY ORAL TABLET | 1 or 1b* | |
| medroxyprogesterone acetate oral tablet | 1 or 1a* | |
| megestrol acetate oral suspension 625 mg/5ml | 1 or 1b* | |
| norethindrone acetate oral tablet | 1 or 1b* | |
| progesterone intramuscular oil | 1 or 1b* | |
| progesterone oral capsule | 1 or 1b* | |
| SULFONAMIDAS | | |
| SULFONAMIDAS | | |
| sulfadiazine oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANOREXÍGENOS | | |
| *ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; QL |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; DO |
| *HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX ORAL TABLET 17.8 MG | 3 | PA; LD; QL; SP |
| WAKIX ORAL TABLET 4.45 MG | 3 | PA; LD; DO; SP |
| *MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | 3 | PA; LD; BE; QL |
| AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA | | |
| atomoxetine hcl oral capsule | 1 or 1b* | PA |
| AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA |
| guanfacine hcl er oral tablet extended release 24 hour | 1 or 1b* | PA |
| ANALÉPTICOS | | |
| caffeine citrate oral solution | 1 or 1b* | |

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

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

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg, 45 mg, 54 mg, 63 mg | 1 or 1b* | PA; QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG | 1 or 1b* | PA; QL |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 10 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er oral tablet extended release 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; DO |
| methylphenidate hcl oral solution | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl oral tablet 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 10 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 2.5 mg | 1 or 1b* | ST; DO |
| methylphenidate hcl oral tablet chewable 5 mg | 1 or 1b* | PA; DO |
| methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr | 1 or 1b* | ST; DO |
| methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr | 1 or 1b* | ST; QL |
| modafinil oral tablet 100 mg | 1 or 1b* | PA; DO |
| modafinil oral tablet 200 mg | 1 or 1b* | PA; QL |
| INHIBDORES DE LA LIPASA | | |
| orlistat oral capsule | 1 or 1b* | PA; BE; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| MEZCLAS DE ANFETAMINAS | | |
| amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg | 1 or 1b* | PA; QL |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | 1 or 1b* | PA; QL |
| amphet-dextroamphet 3-bead oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| TETRACICLINAS | | |
| *GLYCYLCYCLINES*** | | |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| AMINOMETICICLINAS | | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| NUZYRA ORAL TABLET 150 MG | 3 | PA; QL |
| FLUOROCICLINAS | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TETRACICLINAS | | |
| demeclacycline hcl oral tablet | 1 or 1b* | |
| doxy 100 intravenous solution reconstituted | 1 or 1b* | QL |
| doxycycline hyclate intravenous solution reconstituted | 1 or 1b* | QL |
| doxycycline hyclate oral capsule | 1 or 1b* | QL |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral capsule 150 mg | 3 | ST; QL |
| doxycycline monohydrate oral suspension reconstituted | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet | 1 or 1b* | QL |
| MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| minocycline hcl oral capsule | 1 or 1b* | QL |
| minocycline hcl oral tablet | 1 or 1b* | QL |
| monodoxine nl oral capsule 100 mg | 1 or 1b* | QL |
| tetracycline hcl oral capsule | 1 or 1b* | QL |
| TOXOIDES | | |
| COMBINACIONES DE TOXOIDES | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 3 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | \$0 |
| INFANRIX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|--------------|--------------|
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | 3 | \$0 |
| VAXELIS INTRAMUSCULAR SUSPENSION | 3 | |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| VACUNAS | | |
| COMBINACIONES DE VACUNAS VIRALES | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| VACUNAS BACTERIANAS | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 3 | |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| HIBERIX INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| MENQUADFI INTRAMUSCULAR SOLUTION | 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION | 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE | 2 | \$0 |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|-----------------|
| VACUNAS VIRALES | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0; QL |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| AFLURIA INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; AL; \$0; QL |
| AUDENZ INTRAMUSCULAR EMULSION | 2 | \$0 |
| AUDENZ INTRAMUSCULAR PREFILLED SYRINGE | 2 | \$0 |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | \$0 |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| ERVEBO INTRAMUSCULAR SUSPENSION | 3 | |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas | Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|--|-------|-------------|
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0; QL | IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | 2 | \$0; QL | IXIARO INTRAMUSCULAR SUSPENSION | 3 | |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | JYNNEOS SUBCUTANEOUS SUSPENSION | 3 | \$0 |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| FLUMIST NASAL LIQUID | 2 | \$0; QL | MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; \$0; QL |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | novavax covid-19 vaccine intramuscular suspension prefilled syringe | 2 | \$0 |
| FLUZONE INTRAMUSCULAR SUSPENSION | 2 | \$0; QL | RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL | RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 2 | \$0 | RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 | ROTARIX ORAL SUSPENSION | 3 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML | 3 | \$0 | ROTAQE ORAL SOLUTION | 3 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 | SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | \$0 | SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | | TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| IPOL INJECTION INJECTABLE | 3 | \$0 | | | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 3 | \$0 |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED | 3 | \$0 |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| YF-VAX SUBCUTANEOUS INJECTABLE | 3 | |
| VASOPRESORES | | |
| AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA | | |
| epinephrine (anaphylaxis) injection solution 1 mg/ml | 1 or 1b* | |
| EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 30 MG/30ML | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | QL |
| EPINEPHRINESNAP INJECTION KIT | 3 | |
| HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES | | |
| droxidopa oral capsule | 3 | PA; QL; SP |
| VASOPRESORES | | |
| ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-% | 3 | |
| ADRENALIN-NACL INTRAVENOUS SOLUTION | 3 | |
| BIORPHEN INTRAVENOUS SOLUTION | 3 | |
| EMERPHED INTRAVENOUS SOLUTION | 3 | |
| EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION | 3 | |
| epinephrine bitartrate-nacl intravenous solution | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML | 3 | |
| GIAPREZA INTRAVENOUS SOLUTION | 3 | |
| IMMPHENТИV INTRAVENOUS SOLUTION | 3 | |
| midodrine hcl oral tablet | 1 or 1b* | |
| REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML | 3 | |
| VITAMINAS | | |
| VITAMINA A | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML | 3 | |
| VITAMINA B | | |
| thiamine hcl injection solution | 1 or 1b* | |
| VITAMINA C | | |
| ASCOR INTRAVENOUS SOLUTION | 3 | |
| VITAMINA D | | |
| ergocalciferol oral capsule | 1 or 1a* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 or 1a* | |
| VITAMINA K | | |
| phytonadione injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |
| phytonadione oral tablet | 1 or 1b* | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

La mayoría de los planes incluyen nuestro práctico programa de envío a domicilio sin costos adicionales para el afiliado. Puedes obtener más información en anthem.com o llamando al 833-236-6196.

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

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 de Farmacia para Miembros que aparece en tu tarjeta de identificación.



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