



Lista de Medicamentos Esenciales

Lista de medicamentos — Plan de medicamentos de cuatro niveles

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

Aquí hay algunas cosas para recordar acerca de la lista:

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

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



Lista de Medicamentos Esenciales

¿Qué es una lista de medicamentos?

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

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

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

¿Cómo puedo encontrar un medicamento en la lista?

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

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

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

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

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

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

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

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

Aquí hay algunas cosas en las que pensar:

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

¿Quién decide qué medicamentos están en la lista?

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

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

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

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

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

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

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

¿Mi plan cubre medicamentos preventivos?

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



Términos clave

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

Los medicamentos de marca están en MAYÚSCULAS, negrita.

Los medicamentos genéricos están en minúsculas, tipo simple.

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

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

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

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

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

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

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

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

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

Recursos de farmacia en línea

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

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

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

Anthem Blue Cross and Blue Shield es el nombre comercial de Anthem Health Plans, Inc. Concesionario independiente de Blue Cross and Blue Shield Association. Anthem es una marca registrada de Anthem Insurance Companies, Inc.

Lista de Medicamentos Esenciales

cuatro niveles

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cuatro niveles

CURRENT AS OF 10/1/2024

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

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

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 or 1b* | |
| isosorbide mononitrate oral tablet | 1 or 1b* | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 2 | |
| nitroglycerin in d5w intravenous solution | 1 or 1b* | |
| nitroglycerin sublingual tablet sublingual | 1 or 1b* | |
| nitroglycerin transdermal patch 24 hour | 1 or 1b* | |
| nitroglycerin translingual solution | 2 | |
| AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILADORES | | |
| AGENTES ANTIINFLAMATORIOS | | |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | |
| ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA) | | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO | | |
| montelukast sodium oral packet | 1 or 1b* | QL |
| montelukast sodium oral tablet | 1 or 1b* | QL |
| montelukast sodium oral tablet chewable | 1 or 1b* | QL |
| zafirlukast oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTICUERPOS MONOCLONALES ANTI-IGE | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 4 | PA; LD; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 4 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| BETA AGONISTAS | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 or 1b* | QL |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 1 or 1b* | QL |
| albuterol sulfate oral syrup | 1 or 1b* | |
| albuterol sulfate oral tablet | 1 or 1b* | |
| arformoterol tartrate inhalation nebulization solution | 2 | QL |
| formoterol fumarate inhalation nebulization solution | 2 | QL |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 2 | QL |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | ST; QL |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL |
| terbutaline sulfate injection solution | 1 or 1b* | |
| terbutaline sulfate oral tablet | 1 or 1b* | |
| BRONCODILADORES - ANTICOLINÉRGICOS | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL |
| ipratropium bromide inhalation solution | 1 or 1b* | QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL |
| tiotropium bromide monohydrate inhalation capsule | 2 | QL |
| COMBINACIÓN DE ADRENÉRGICOS | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 2 | QL |
| BREYNA INHALATION AEROSOL | 1 or 1b* | QL |
| BREZTRI AEROSPHERE INHALATION AEROSOL | 2 | QL |
| budesonide-formoterol fumarate inhalation aerosol | 1 or 1b* | QL |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act | 2 | QL |
| fluticasone-salmeterol inhalation aerosol | 1 or 1b* | 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 |
| ipratropium-albuterol inhalation solution | 1 or 1b* | QL |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 2 | QL |
| wixela inhub 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 propionate diskus inhalation aerosol powder breath activated | 2 | QL |
| fluticasone propionate hfa inhalation aerosol | 2 | QL |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS | | |
| roflumilast oral tablet | 2 | PA; QL |

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

En vigencia desde el 10/01/2024

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

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| metronidazole oral capsule | 1 or 1a* | |
| metronidazole oral tablet | 1 or 1a* | |
| pentamidine isethionate inhalation solution reconstituted | 2 | |
| pentamidine isethionate injection solution reconstituted | 4 | |
| tinidazole oral tablet | 1 or 1b* | QL |
| TRIMETHOPRIM ORAL TABLET | 1 or 1a* | |
| XIFAXAN ORAL TABLET | 3 | PA; QL |
| AGENTES ANTIPROTOZOARIOS | | |
| atovaquone oral suspension | 2 | |
| nitazoxanide oral tablet | 2 | QL |
| AGENTES LEPROSTÁTICOS | | |
| dapsone oral tablet | 2 | |
| CARBAPENEMAS | | |
| meropenem intravenous solution reconstituted 1 gm, 500 mg | 2 | |
| CLORANFENICOLES | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 2 | |
| COMBINACIONES DE CARBAPENEMAS | | |
| imipenem-cilastatin intravenous solution reconstituted | 2 | |
| GLUCOPÉPTIDOS | | |
| vancomycin hcl intravenous solution reconstituted 100 gm | 2 | QL |
| vancomycin hcl oral capsule | 2 | PA; QL |
| vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml | 2 | PA; QL |
| VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML | 2 | PA; QL |

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

En vigencia desde el 10/01/2024

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

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

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

En vigencia desde el 10/01/2024

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

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

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| 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 |
| 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 | | |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| 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 |
| ENTRESTO ORAL TABLET | 3 | QL |
| COMBINACIONES DE NITRATOS Y VASODILATADORES | | |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 2 | QL |
| HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA | | |
| ambrisentan oral tablet | 4 | PA; LD; QL; SP |
| bosentan oral tablet | 4 | PA; LD; QL; SP |
| OPSUMIT ORAL TABLET | 4 | PA; LD; QL; SP |
| TRACLEER ORAL TABLET SOLUBLE | 4 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA | | |
| alyq oral tablet | 4 | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 4 | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 4 | PA; QL; SP |
| tadalafil (pah) oral tablet | 4 | 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 |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| 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 | | |
| ivabradine hcl oral tablet | 2 | PA; QL |
| VASODILADORES DE LA PROSTAGLANDINA | | |
| treprostinil injection solution | 4 | PA; LD; SP |
| VENTAVIS INHALATION SOLUTION | 4 | PA; LD; QL; SP |
| AGENTES DE INMUNIZACIÓN PASIVA | | |
| ANTITOXINAS - CONTRAVENENOS | | |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 2 | |
| ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 2 | |
| ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 2 | |
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 2 | |
| SUEROS INMUNOLÓGICOS | | |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 4 | PA; LD; SP |
| GAMUNEX-C INJECTION SOLUTION | 4 | PA; LD; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 4 | PA; LD; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| 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 | 4 | PA; LD; SP |
| XEMBIFY SUBCUTANEOUS SOLUTION | 4 | PA; LD; SP |
| AGENTES DERMATOLÓGICOS | | |
| *ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** | | |
| OPZELURA EXTERNAL CREAM | 3 | PA; QL |
| AGENTES PARA ROSÁCEA | | |
| azelaic acid external gel | 1 or 1b* | QL |
| brimonidine tartrate external gel | 2 | QL |
| ivermectin external cream | 2 | QL |
| metronidazole external cream | 1 or 1b* | QL |
| metronidazole external gel | 1 or 1b* | QL |
| metronidazole external lotion | 1 or 1b* | QL |
| ZILXI EXTERNAL FOAM | 2 | QL |
| AGENTES QUEROTOLÍTICOS/ANTIMICÓTICOS | | |
| podofilox external gel | 2 | QL |
| podofilox external solution | 1 or 1b* | QL |
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS TÓPICOS | | |
| bexarotene external gel | 4 | PA; QL; SP |
| ANESTÉSICOS LOCALES TÓPICOS | | |
| glydo external prefilled syringe | 2 | |
| lidocaine external ointment 5 % | 2 | QL |
| lidocaine external patch 5 % | 2 | PA; QL |
| lidocaine hcl external solution | 2 | QL |

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

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

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| nyamyc external powder | 1 or 1b* | QL |
| nystatin external cream | 1 or 1b* | QL |
| nystatin external ointment | 1 or 1b* | QL |
| nystatin external powder | 1 or 1b* | QL |
| nystop external powder | 1 or 1b* | QL |
| ANTINEOPLÁSICO O LESIONES PREMALIGNAS - FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDES (AINE) TÓPICOS | | |
| diclofenac sodium external gel 3 % | 2 | PA; QL |
| ANTIPRURIGINOSOS - SISTÉMICOS | | |
| acitretin oral capsule | 2 | QL |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; LD; QL; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 4 | PA; LD; QL; SP |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; LD; QL; SP |
| methoxsalen rapid oral capsule | 4 | SP |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 4 | PA; LD; QL; SP |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; LD; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 4 | PA; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 4 | PA; LD; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL; SP |
| ANTIPRURIGINOSOS - TÓPICOS | | |
| doxepin hcl external cream | 2 | PA; QL |
| ANTIPSORIÁSICOS | | |
| calcipotriene external cream | 1 or 1b* | QL |
| calcipotriene external foam | 1 or 1b* | QL |
| calcipotriene external ointment | 1 or 1b* | QL |
| calcipotriene external solution | 1 or 1b* | QL |
| calcitrene external ointment | 1 or 1b* | QL |
| calcitriol external ointment | 1 or 1b* | QL |
| tazarotene external cream 0.1 % | 1 or 1b* | QL |
| tazarotene external gel | 2 | QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | QL |
| ZORYVE EXTERNAL CREAM 0.3 % | 3 | PA; QL |
| ANTIVIRALES - TÓPICOS | | |
| acyclovir external cream | 1 or 1b* | PA; QL |
| acyclovir external ointment | 1 or 1b* | QL |

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

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

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| 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 |
| fluticasone propionate external cream | 1 or 1b* | QL |
| fluticasone propionate external lotion | 1 or 1b* | QL |
| fluticasone propionate external ointment | 1 or 1b* | QL |
| halobetasol propionate external cream | 1 or 1b* | QL |
| halobetasol propionate external ointment | 1 or 1b* | QL |
| hydrocortisone external cream 2.5 % | 1 or 1a* | QL |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | QL |
| hydrocortisone external ointment 2.5 % | 1 or 1a* | QL |
| mometasone furoate external cream | 1 or 1b* | QL |
| mometasone furoate external ointment | 1 or 1b* | QL |
| mometasone furoate external solution | 1 or 1b* | QL |
| tovet external foam | 1 or 1b* | QL |
| triamcinolone acetonide external cream | 1 or 1a* | QL |
| triamcinolone acetonide external lotion | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | QL |
| triderm external cream 0.5 % | 1 or 1a* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 4 | PA; SP |
| EMOLIENTES | | |
| ammonium lactate external cream | 1 or 1b* | QL |
| ESCABICIDAS Y PEDICULICIDAS | | |
| croton external lotion | 2 | QL |
| malathion external lotion | 1 or 1b* | QL |
| permethrin external cream | 1 or 1b* | QL |
| spinosad external suspension | 1 or 1b* | QL |
| IMIDAZOQUINOLINAMINAS INMUNOMODULADORAS TÓPICAS | | |
| imiquimod external cream | 1 or 1b* | QL |
| imiquimod pump external cream | 1 or 1b* | 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 |
| INMUNODEPRESORES MACRÓLIDOS - TÓPICOS | | |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| PRODUCTOS ANTISEBORREICOS | | |
| selenium sulfide external lotion | 1 or 1a* | QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PRODUCTOS DE ALQUITRÁN | | |
| coal tar external solution | 1 or 1b* | |
| PRODUCTOS DE QUEMA | | |
| mafenide acetate external packet | 2 | |
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |
| PRODUCTOS PARA EL ACNÉ | | |
| accutane oral capsule | 2 | PA |
| adapalene external cream | 1 or 1b* | PA; QL |
| adapalene external gel 0.3 % | 1 or 1b* | PA; QL |
| adapalene external pad | 1 or 1b* | PA; QL |
| amnesteem oral capsule | 2 | PA |
| claravis oral capsule | 2 | PA |
| isotretinoin oral capsule | 2 | PA |
| tretinoin external cream | 1 or 1b* | PA; QL |
| tretinoin external gel | 1 or 1b* | PA; QL |
| tretinoin microsphere external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| zenatane oral capsule | 2 | PA |
| AGENTES DIARRÉICOS/PROBIÓTICOS | | |
| AGENTES ANTIPERISTÁLTICOS | | |
| diphenoxylate-atropine oral liquid | 1 or 1b* | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| loperamide hcl oral capsule | 1 or 1b* | QL |
| AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS | | |
| ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA | | |
| mifepristone oral tablet 200 mg | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| AGENTES CALCIOMIMÉTICOS | | |
| cinacalcet hcl oral tablet | 4 | PA; QL |
| AGENTES DE SOMATOSTATINA | | |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION | 4 | PA; LD; QL; SP |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | 4 | PA; LD; QL; SP |
| AGENTES PARA LA HIPOFOSFATASIA (HPP) | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 4 | PA |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA | | |
| cabergoline oral tablet | 1 or 1b* | QL |
| ANTAGONISTAS DEL GNRH/LHRH | | |
| ORILISSA ORAL TABLET | 2 | PA; QL |
| ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2 | | |
| tolvaptan oral tablet | 4 | PA; LD; QL; SP |
| BISFOSFONATOS | | |
| alendronate sodium oral solution | 1 or 1b* | QL |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 or 1b* | QL |
| FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| ibandronate sodium oral tablet | 1 or 1b* | QL |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 or 1b* | QL |
| risedronate sodium oral tablet delayed release | 1 or 1b* | QL |
| CALCITONINAS | | |
| calcitonin (salmon) injection solution | 4 | |
| calcitonin (salmon) nasal solution | 2 | QL |
| ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS | | |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | 4 | PA; SP |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | 4 | PA; SP |
| ESTIMULANTES DE OVULACIÓN - SINTÉTICOS | | |
| CLOMID ORAL TABLET | 1 or 1b* | PA |
| HORMONA PARATIROIDEA Y DERIVADOS | | |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml | 4 | QL; SP |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 4 | QL; SP |
| teriparatide subcutaneous solution pen-injector | 4 | QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| HORMONAS DEL CRECIMIENTO | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | 4 | PA; QL; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 4 | PA; QL; SP |
| HUMATROPE INJECTION CARTRIDGE | 4 | PA; QL; SP |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LD; QL; SP |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LD; QL; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LD; QL; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH | | |
| SYNAREL NASAL SOLUTION | 4 | PA; QL; SP |
| INHIBIDORES DEL LIGANDO RANK (RANKL) | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM) | | |
| raloxifene hcl oral tablet | 1 or 1b* | \$0; QL |
| REFORZADOR DE LA CARNITINA - AGENTES | | |
| levocarnitine intravenous solution | 2 | |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| levocarnitine oral solution | 2 | |
| levocarnitine oral tablet | 2 | |
| levocarnitine sf oral solution | 2 | |
| TRASTORNOS EN EL CICLO DE LA UREA - AGENTES | | |
| PHEBURANE ORAL PELLET | 4 | PA; QL; SP |
| sodium phenylbutyrate oral powder 3 gm/tsp | 4 | PA; LD; QL; SP |
| sodium phenylbutyrate oral tablet | 4 | PA; LD; QL; SP |
| TRATAMIENTO CON FENILBUTAZONAS - AGENTES | | |
| JAVYGTOR ORAL PACKET | 4 | PA; LD |
| JAVYGTOR ORAL TABLET | 4 | PA; LD |
| sapropterin dihydrochloride oral packet | 4 | PA; LD; SP |
| sapropterin dihydrochloride oral tablet | 4 | PA; LD; SP |
| TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES | | |
| carglumic acid oral tablet soluble | 4 | PA |
| TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES | | |
| betaine oral powder | 4 | |
| TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES | | |
| nitisinone oral capsule 10 mg, 2 mg, 5 mg | 4 | PA; SP |
| nitisinone oral capsule 20 mg | 4 | PA |
| TRATAMIENTO DEL HIPERPARATIROIDISM O - ANÁLOGOS DE VITAMINA D | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA |
| calcitriol oral capsule | 1 or 1b* | PA |
| calcitriol oral solution | 2 | PA |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| doxercalciferol intravenous solution | 2 | PA |
| doxercalciferol oral capsule | 2 | PA |
| paricalcitol oral capsule | 2 | PA |
| VASOPRESINA | | |
| desmopressin ace spray refrig nasal solution | 1 or 1b* | |
| desmopressin acetate injection solution | 1 or 1b* | |
| desmopressin acetate oral tablet 0.1 mg | 1 or 1b* | DO |
| desmopressin acetate oral tablet 0.2 mg | 1 or 1b* | QL |
| desmopressin acetate pf injection solution | 1 or 1b* | |
| desmopressin acetate spray nasal solution | 1 or 1b* | |
| vasopressin +rfd intravenous solution | 2 | |
| vasopressin intravenous solution | 2 | |
| AGENTES GASTROINTESTINALES VARIOS | | |
| ACIDULANTES INTESTINALES | | |
| enulose oral solution | 1 or 1b* | QL |
| generlac oral solution | 1 or 1b* | QL |
| lactulose encephalopathy oral solution 10 gm/15ml | 1 or 1b* | QL |
| ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES | | |
| lubiprostone oral capsule | 2 | QL |
| AGENTES AGLUTINANTES DEL FOSFATO | | |
| calcium acetate (phos binder) oral capsule | 2 | QL |
| calcium acetate oral tablet 667 mg | 2 | QL |
| lanthanum carbonate oral tablet chewable | 2 | QL |
| sevelamer carbonate oral packet | 2 | QL |
| sevelamer carbonate oral tablet | 2 | QL |
| sevelamer hcl oral tablet | 2 | QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| AGENTES ANTIALERGÉNICOS GASTROINTESTINALES | | |
| cromolyn sodium oral concentrate | 1 or 1b* | |
| AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3 | | |
| alosetron hcl oral tablet | 2 | PA; QL |
| 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 |
| mesalamine er oral capsule extended release | 2 | QL |
| mesalamine er oral capsule extended release 24 hour | 2 | QL |
| mesalamine oral capsule delayed release | 2 | QL |
| mesalamine oral tablet delayed release | 2 | QL |
| mesalamine rectal enema | 2 | QL |
| mesalamine rectal suppository | 2 | QL |
| mesalamine-cleanser rectal kit | 2 | QL |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 2 | QL |
| 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 | 2 | |
| ursodiol oral tablet | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| ANTAGONISTAS DE LA INTERLEUCINA | | |
| SKYRIZI INTRAVENOUS SOLUTION | 4 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL; SP |
| STELARA INTRAVENOUS SOLUTION | 4 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO | | |
| alvimopan oral capsule | 1 or 1b* | |
| BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL | | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; SP |
| INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; SP |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; SP |
| ESTIMULANTES GASTROINTESTINALES | | |
| 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* | ST; QL |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| AGENTES GENITOURINARIOS VARIOS | | |
| AGENTES ANTIINFECCIOSOS - IRRIGANTES GENITOURINARIOS | | |
| neomycin-polymyxin b gu irrigation solution | 2 | |
| AGENTES PARA CÁLCULOS URINARIOS | | |
| tiopronin oral tablet | 2 | PA; QL |
| tiopronin oral tablet delayed release | 2 | PA; QL |
| ANTAGONISTAS DE ADRENORECEPTORES ALFA 1 | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| silodosin oral capsule | 2 | QL |
| tamsulosin hcl oral capsule | 1 or 1b* | QL |
| CITRATOS | | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA | | |
| dutasteride-tamsulosin hcl oral capsule | 1 or 1b* | QL |
| INHIBIDORES DE LA 5-ALFA REDUCTASA | | |
| dutasteride oral capsule | 1 or 1b* | QL |
| finasteride oral tablet 5 mg | 1 or 1b* | QL |
| IRRIGANTES GENITOURINARIOS | | |
| acetic acid irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 2 | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| sodium chloride irrigation solution 0.9 % | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| AGENTES HEMATOLÓGICOS VARIOS | | |
| AGENTES DE QUINAZOLINA | | |
| anagrelide hcl oral capsule | 1 or 1b* | QL |
| AGENTES HEMORREOLÓGICOS | | |
| pentoxifylline er oral tablet extended release | 1 or 1b* | |
| ANTAGONISTAS DE LOS RECEPTORES B2 DE LA BRADICININA | | |
| icatibant acetate subcutaneous solution prefilled syringe | 4 | PA; LD; QL; SP |
| sajazir subcutaneous solution prefilled syringe | 4 | PA; LD; QL |
| COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | QL |
| DERIVADOS DE LA CICLO-PENTIL-TRIAZOLO-PIRIMIDINA (CPTP) | | |
| BRILINTA ORAL TABLET | 2 | QL |
| DERIVADOS DE LA TIENOPIRIDINA | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | QL |
| prasugrel hcl oral tablet | 2 | QL |
| EXPANSORES PLASMÁTICOS | | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| dipyridamole oral tablet | 2 | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| INHIBIDORES DE C1 | | |
| BERINERT INTRAVENOUS KIT | 4 | PA; LD; QL; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLONALES | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 4 | PA; LD; QL; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA | | |
| KALBITOR SUBCUTANEOUS SOLUTION | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA FOSFODIESTERASA III | | |
| cilostazol oral tablet | 2 | |
| INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA | | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 2 | |
| tirofiban hcl in nacl intravenous solution | 2 | |
| PROTAMINA | | |
| protamine sulfate intravenous solution | 1 or 1b* | |
| AGENTES HEMATOPOYÉTICOS | | |
| ÁCIDO FÓLICO/FOLATO | | |
| cvs folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| fa-8 oral capsule | 1 or 1b* | \$0 |
| folate oral tablet | 1 or 1a* | \$0 |
| folic acid injection solution | 1 or 1a* | |
| folic acid oral capsule 0.8 mg | 1 or 1b* | \$0 |
| folic acid oral tablet 400 mcg, 800 mcg | 1 or 1a* | \$0 |
| ft folic acid oral tablet | 1 or 1a* | \$0 |
| gnp folic acid oral tablet | 1 or 1a* | \$0 |
| kp folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| qc folic acid oral tablet | 1 or 1a* | \$0 |
| ra folic acid oral tablet | 1 or 1a* | \$0 |
| sm folic acid oral tablet | 1 or 1a* | \$0 |
| true folic acid oral tablet 400 mcg | 1 or 1a* | \$0 |
| yl folic acid oral tablet | 1 or 1a* | \$0 |
| AGENTES CITOTÓXICOS | | |
| DROXIA ORAL CAPSULE | 2 | |
| AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA) | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | PA; QL; SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| PROCRIT INJECTION SOLUTION | 4 | PA; QL; SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 4 | PA; QL; SP |
| AGENTES PARA LA ENFERMEDAD DE GAUCHER | | |
| CERDELGA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| miglustat oral capsule | 2 | PA; QL; SP |

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| YARGESA ORAL CAPSULE | 2 | PA; QL; SP |
| AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO) | | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 4 | PA; LD; DO; SP |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 4 | PA; LD; QL; SP |
| AMINOÁCIDOS | | |
| l-glutamine oral packet | 4 | PA; LD; SP |
| COBALAMINAS | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| dodex injection solution | 1 or 1a* | |
| hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |
| COMBINACIONES DE ÁCIDO FÓLICO/FOLATO | | |
| foltabs 800 oral tablet | 1 or 1b* | \$0 |
| FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF) | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 4 | PA; QL; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA; SP |

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| HIERRO | | |
| FERAHEME INTRAVENOUS SOLUTION | 4 | PA; QL; SP |
| FERRLECIT INTRAVENOUS SOLUTION | 4 | PA; QL; SP |
| ferumoxytol intravenous solution | 4 | PA; QL; SP |
| INFED INJECTION SOLUTION | 4 | PA; SP |
| na ferric gluc cplx in sucrose intravenous solution | 4 | PA; QL; SP |
| VENOFER INTRAVENOUS SOLUTION | 4 | PA; QL; SP |
| AGENTES HEMOSTÁTICOS | | |
| AGENTES HEMOSTÁTICOS SISTÉMICOS | | |
| aminocaproic acid intravenous solution | 1 or 1b* | |
| aminocaproic acid oral solution | 2 | QL |
| aminocaproic acid oral tablet 1000 mg | 2 | |
| aminocaproic acid oral tablet 500 mg | 2 | QL |
| tranexamic acid intravenous solution 1000 mg/10ml | 2 | |
| tranexamic acid oral tablet | 1 or 1b* | QL |
| AGENTES NASALES - SISTÉMICOS Y TÓPICOS | | |
| ANTICOLINÉRGICOS NASALES | | |
| ipratropium bromide nasal solution | 1 or 1b* | QL |
| ANTIISTAMÍNICOS ESTEROIDES | | |
| azelastine-fluticasone nasal suspension | 3 | QL |
| ANTIISTAMÍNICOS NASALES | | |
| azelastine hcl nasal solution | 1 or 1b* | QL |
| olopatadine hcl nasal solution | 1 or 1b* | QL |

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| Nombre del Medicamento | Nivel | Notas |
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| ESTEROIDES NASALES | | |
| fluticasone propionate nasal suspension | 1 or 1a* | QL |
| AGENTES NEUROMUSCULARES | | |
| BENZOTIAZOLES | | |
| riluzole oral tablet | 4 | PA; QL; SP |
| RELAJANTES MUSCULARES NO DESPOLARIZANTES | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |
| 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 | 4 | PA; LD; SP |
| VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE | 4 | PA |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS | | |
| bromfenac sodium (once-daily) ophthalmic solution | 2 | QL |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 2 | QL |
| diclofenac sodium ophthalmic solution | 1 or 1b* | QL |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| ILEVRO OPTHALMIC SUSPENSION | 2 | QL |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | QL |
| AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS | | |
| apraclonidine hcl ophthalmic solution | 1 or 1b* | |
| brimonidine tartrate ophthalmic solution 0.1 % | 2 | QL |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | 1 or 1b* | QL |
| ANESTÉSICOS LOCALES OFTÁLMICOS | | |
| proparacaine hcl ophthalmic solution | 1 or 1b* | |
| tetracaine hcl ophthalmic solution | 1 or 1b* | |
| ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1) | | |
| XIIDRA OPTHALMIC SOLUTION | 2 | PA; QL |
| ANTAGONISTAS DEL FACTOR DE CRECIMIENTO ENDOTELIAL VASCULAR (VEGF) | | |
| BYOOVIZ INTRAVITREAL SOLUTION | 4 | PA; LD; SP |
| CIMERLI INTRAVITREAL SOLUTION | 4 | PA; LD; SP |
| EYLEA HD INTRAVITREAL SOLUTION | 4 | PA; LD; SP |
| EYLEA INTRAVITREAL SOLUTION | 4 | PA; LD; SP |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 4 | PA; LD; SP |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 4 | PA; LD; SP |

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| ANTIALÉRGICOS OFTÁLMICOS | | |
| azelastine hcl ophthalmic solution | 1 or 1b* | QL |
| cromolyn sodium ophthalmic solution | 1 or 1a* | QL |
| epinastine hcl ophthalmic solution | 1 or 1b* | QL |
| ANTIBIÓTICOS OFTÁLMICOS | | |
| bacitracin ophthalmic ointment | 1 or 1b* | QL |
| ciprofloxacin hcl ophthalmic solution | 1 or 1a* | QL |
| gatifloxacin ophthalmic solution | 1 or 1b* | QL |
| gentamicin sulfate ophthalmic solution | 1 or 1a* | QL |
| levofloxacin ophthalmic solution 1.5 % | 1 or 1b* | QL |
| moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | QL |
| moxifloxacin hcl ophthalmic solution | 2 | QL |
| ofloxacin ophthalmic solution | 1 or 1a* | QL |
| tobramycin ophthalmic solution | 1 or 1a* | QL |
| ANTIVIRALES OFTÁLMICOS | | |
| trifluridine ophthalmic solution | 1 or 1b* | QL |
| BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS | | |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal ophthalmic solution | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | 1 or 1b* | QL |
| BETABLOQUEADORES - OFTÁLMICOS | | |
| betaxolol hcl ophthalmic solution | 1 or 1b* | QL |
| BETOPTIC-S OPTHALMIC SUSPENSION | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| carteolol hcl ophthalmic solution | 1 or 1a* | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 or 1b* | |
| timolol maleate (once-daily) ophthalmic solution | 1 or 1b* | QL |
| timolol maleate ocudose ophthalmic solution | 1 or 1b* | QL |
| timolol maleate ophthalmic gel forming solution | 1 or 1b* | QL |
| timolol maleate ophthalmic solution | 1 or 1b* | QL |
| timolol maleate pf ophthalmic solution | 1 or 1b* | QL |
| COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| SIMBRINZA OPTHALMIC SUSPENSION | 2 | QL |
| COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS | | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 or 1a* | QL |
| neomycin-bacitracin zn-polymyx ophthalmic ointment | 1 or 1b* | QL |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 or 1b* | QL |
| neo-polycin ophthalmic ointment | 1 or 1b* | QL |
| polycin ophthalmic ointment | 1 or 1a* | QL |
| polymyxin b-trimethoprim ophthalmic solution | 1 or 1a* | QL |
| COMBINACIONES DE ESTEROIDES OFTÁLMICOS | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | 1 or 1b* | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 or 1a* | QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 or 1a* | QL |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 or 1b* | |
| neo-polycin hc ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | QL |
| TOBRADEX OPTHALMIC OINTMENT | 2 | |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | QL |
| ZYLET OPTHALMIC SUSPENSION | 2 | QL |
| ESTEROIDES OFTÁLMICOS | | |
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | |
| difluprednate ophthalmic emulsion | 1 or 1b* | QL |
| fluorometholone ophthalmic suspension | 1 or 1b* | |
| LOTEMAX OPTHALMIC OINTMENT | 3 | QL |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL |
| loteprednol etabonate ophthalmic suspension 0.5 % | 1 or 1b* | QL |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS | | |
| brinzolamide ophthalmic suspension | 1 or 1b* | QL |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | QL |
| INMUNOMODULADORES OFTÁLMICOS | | |
| cyclosporine ophthalmic emulsion | 1 or 1b* | PA; QL |

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| RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 % | 2 | PA; QL |
| RESTASIS OPTHALMIC EMULSION | 2 | PA; QL |
| MIDRIÁTICOS CICLOPLÉJICOS | | |
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| tropicamide ophthalmic solution | 1 or 1b* | |
| MIÓTICOS - ACTUACIÓN DIRECTA | | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 or 1b* | |
| OFTÁLMICOS - AGENTES DE CISTINOSIS | | |
| CYSTARAN OPTHALMIC SOLUTION | 4 | PA; QL |
| PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO | | |
| ak-fluor intravenous solution 10 % | 1 or 1b* | |
| altafluor benox ophthalmic solution | 1 or 1b* | |
| fluorescein intravenous solution | 1 or 1b* | |
| fluorescein-benoxinate ophthalmic solution | 1 or 1b* | |
| PROSTAGLANDINAS - OFTÁLMICAS | | |
| bimatoprost ophthalmic solution | 2 | |
| latanoprost ophthalmic solution | 1 or 1b* | QL |
| LUMIGAN OPTHALMIC SOLUTION 0.01 % | 2 | QL |
| tafluprost (pf) ophthalmic solution | 2 | QL |
| travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |

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| Nombre del Medicamento | Nivel | Notas |
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| SULFONAMIDAS OFTÁLMICAS | | |
| sulfacetamide sodium ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide sodium ophthalmic solution | 1 or 1b* | QL |
| AGENTES ÓTICOS | | |
| AGENTES ÓTICOS VARIOS | | |
| acetic acid otic solution | 1 or 1b* | |
| ANTIINFECCIOSOS ÓTICOS | | |
| ciprofloxacin hcl otic solution | 1 or 1b* | QL |
| ofloxacin otic solution | 1 or 1b* | QL |
| COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS | | |
| ciprofloxacin-dexamethasone otic suspension | 1 or 1b* | QL |
| ciprofloxacin-fluocinolone pf otic solution | 1 or 1b* | QL |
| neomycin-polymyxin-hc otic solution | 1 or 1b* | |
| neomycin-polymyxin-hc otic suspension | 1 or 1b* | QL |
| ESTEROIDES ÓTICOS | | |
| flac otic oil | 1 or 1b* | |
| fluocinolone acetonide otic oil | 1 or 1b* | |
| AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES | | |
| AGENTES ANTIINFECCIOSOS - GARGANTA | | |
| clotrimazole mouth/throat troche | 1 or 1b* | QL |
| ANESTÉSICOS TÓPICOS ORALES | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | QL |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | QL |

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| 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 | 2 | |
| pilocarpine hcl oral tablet | 2 | QL |
| PRODUCTOS DENTALES - COMBINACIONES | | |
| sodium fluoride 5000 enamel dental gel | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental gel | 1 or 1b* | |
| PRODUCTOS DENTALES CON FLUORURO | | |
| clinpro 5000 dental paste | 1 or 1b* | QL |
| denta 5000 plus dental cream | 1 or 1b* | QL |
| dentagel dental gel | 1 or 1a* | QL |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | QL |
| fluoridex enhanced whitening dental paste | 1 or 1b* | QL |
| sf 5000 plus dental cream | 1 or 1b* | QL |
| sf dental gel | 1 or 1a* | QL |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental gel | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | QL |
| sodium fluoride dental cream | 1 or 1b* | QL |

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| sodium fluoride mouth/throat solution | 1 or 1a* | |
| AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR | | |
| COMBINACIONES DE RELAJANTES MUSCULARES | | |
| norgesic oral tablet | 1 or 1b* | ST; QL |
| ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG | 1 or 1b* | ST; QL |
| orphengesic forte oral tablet 50-770-60 mg | 1 or 1b* | ST; QL |
| RELAJANTES MUSCULARES CENTRALES | | |
| baclofen intrathecal solution 40000 mcg/20ml | 4 | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| carisoprodol oral tablet | 1 or 1b* | QL |
| chlorzoxazone oral tablet 375 mg, 750 mg | 1 or 1b* | ST; QL |
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | QL |
| lorzone oral tablet | 1 or 1b* | ST; QL |
| metaxalone oral tablet | 1 or 1b* | ST; QL |
| methocarbamol injection solution 1000 mg/10ml | 1 or 1b* | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 or 1b* | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | 1 or 1b* | QL |
| orphenadrine citrate injection solution | 1 or 1b* | |
| tizanidine hcl oral capsule 6 mg | 1 or 1b* | QL |
| tizanidine hcl oral tablet | 1 or 1b* | QL |
| RELAJANTES MUSCULARES DIRECTOS | | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |

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| dantrolene sodium oral capsule | 2 | |
| revonto intravenous solution reconstituted | 1 or 1b* | |
| VISCOSUPLEMENTOS | | |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| AGENTES PARA LA GOTA | | |
| AGENTES PARA LA GOTA | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 or 1a* | QL |
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| colchicine oral tablet | 2 | QL |
| febuxostat oral tablet | 2 | ST; QL |
| COMBINACIONES DE AGENTES PARA LA GOTA | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| URICOSÚRICO | | |
| probenecid oral tablet | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| AGENTES DE NEURALGIA POSTHERPÉTICA (PHN) | | |
| gabapentin (once-daily) oral tablet | 2 | PA; DO |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | 2 | PA; DO |

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|---|----------|----------------|
| pregabalin er oral tablet extended release 24 hour 330 mg | 2 | PA; QL |
| AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| teriflunomide oral tablet | 4 | PA; LD; QL; SP |
| AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | QL |
| AGENTES PARA LA ABSTINENCIA DE ESTUPEFACIENTES | | |
| lofexidine hcl oral tablet | 2 | QL |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2 | | |
| dimethyl fumarate oral capsule delayed release | 1 or 1b* | PA; LD; QL; SP |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | 1 or 1b* | PA; LD; QL; SP |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | 4 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |

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| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO | | |
| dalfampridine er oral tablet extended release 12 hour | 1 or 1b* | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 4 | PA; QL; SP |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 4 | PA; QL; SP |
| BETASERON SUBCUTANEOUS KIT | 4 | PA; LD; QL; SP |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LD; QL; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LD; QL; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; LD; QL; SP |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |

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| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 4 | PA; QL; SP |
| glatiramer acetate subcutaneous solution prefilled syringe | 4 | PA; QL; SP |
| glatopa subcutaneous solution prefilled syringe | 4 | PA; QL; SP |
| AGENTES PARA SÍNTOMAS VASOMOTORES - ISRS | | |
| paroxetine mesylate oral capsule | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| ergoloid mesylates oral tablet | 2 | QL |
| pimozide oral tablet | 1 or 1b* | AL; QL |
| ANTAGONISTAS DEL RECEPTOR NMDA | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 2 | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 2 | QL |
| memantine hcl oral solution 2 mg/ml | 2 | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 2 | QL |
| memantine hcl oral tablet 5 mg | 2 | DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| 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 | 2 | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 2 | DO |
| galantamine hydrobromide oral solution | 2 | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 2 | QL |
| galantamine hydrobromide oral tablet 4 mg | 2 | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 2 | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 2 | QL |
| rivastigmine transdermal patch 24 hour | 2 | QL |
| FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO | | |
| AUSTEDO ORAL TABLET | 4 | PA; QL; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 4 | PA; QL; SP |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 4 | PA; QL; SP |
| INGREZZA ORAL CAPSULE 40 MG | 4 | PA; LD; DO; SP |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 4 | PA; LD; QL; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 4 | PA; DO; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 4 | PA; QL; SP |
| INGREZZA ORAL CAPSULE THERAPY PACK | 4 | PA; LD; QL; SP |
| tetrabenazine oral tablet | 4 | PA; LD; QL; SP |
| FENOTIAZINAS Y AGENTES TRICÍCLICOS | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | AL |
| MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P) | | |
| fingolimod hcl oral capsule | 4 | PA; QL; SP |
| MAYZENT ORAL TABLET | 4 | PA; LD; QL; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 4 | PA; LD; QL; SP |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 4 | PA; LD; QL; SP |
| ZEPOSIA ORAL CAPSULE | 4 | PA; LD; QL; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 4 | PA; LD; QL; SP |
| PRODUCTOS PARA DEJAR DE BEBER ALCOHOL | | |
| acamprosate calcium oral tablet delayed release | 2 | QL |
| disulfiram oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| PRODUCTOS PARA DEJAR DE FUMAR | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 or 1b* | \$0; QL |
| cvs nicotine mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| cvs nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| cvs nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| eq nicotine mouth/throat gum 4 mg | 1 or 1b* | \$0 |
| eq nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| eq nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| eq nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| eq nicotine step 3 transdermal patch 24 hour | 1 or 1b* | \$0 |
| eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| ft nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| ft nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ft nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine mouth/throat gum | 1 or 1b* | \$0 |
| gnp nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| gnp nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| gnp nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| goodsense nicotine mouth/throat gum | 1 or 1b* | \$0 |
| goodsense nicotine mouth/throat lozenge | 1 or 1b* | \$0 |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| habitrol transdermal patch 24 hour | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat lozenge 2 mg | 1 or 1b* | \$0 |
| kls quit2 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit2 mouth/throat lozenge | 1 or 1b* | \$0 |
| kls quit4 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit4 mouth/throat lozenge | 1 or 1b* | \$0 |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | 2 | \$0 |
| NICORETTE MINI MOUTH/THROAT LOZENGE | 2 | \$0 |
| NICORETTE MOUTH/THROAT GUM | 2 | \$0 |
| NICORETTE MOUTH/THROAT LOZENGE | 2 | \$0 |
| NICORETTE STARTER KIT MOUTH/THROAT GUM | 2 | \$0 |
| nicotine mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mini mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| nicotine step 1 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 2 transdermal patch 24 hour | 1 or 1b* | \$0 |
| nicotine step 3 transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTINE TRANSDERMAL KIT | 2 | \$0 |
| nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| NICOTROL INHALATION INHALER | 2 | \$0; QL |
| NICOTROL NS NASAL SOLUTION | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| qc nicotine transdermal system transdermal patch 24 hour | 1 or 1b* | \$0 |
| ra mini nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg | 1 or 1b* | \$0 |
| ra nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ra nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| sm nicotine mouth/throat gum | 1 or 1b* | \$0 |
| sm nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| sm nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| sm nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| sm nicotine transdermal patch 24 hour | 1 or 1b* | \$0 |
| thrive mouth/throat gum 2 mg | 1 or 1b* | \$0 |
| varenicline tartrate (starter) oral tablet therapy pack | 2 | \$0; QL |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | 2 | \$0; QL |
| varenicline tartrate(continue) oral tablet | 2 | \$0; QL |
| AGENTES RESPIRATORIOS VARIOS | | |
| AGENTE PARA LA FIBROSIS QUÍSTICA - COMBINACIONES | | |
| TRIKAFTA ORAL TABLET THERAPY PACK | 4 | PA; QL |
| TRIKAFTA ORAL THERAPY PACK | 4 | PA; QL |
| AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA | | |
| OFEV ORAL CAPSULE | 4 | PA; LD; QL; SP |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES PARA LA FIBROSIS PULMONAR | | |
| pirfenidone oral capsule | 4 | PA; LD; QL; SP |
| pirfenidone oral tablet 267 mg, 801 mg | 4 | PA; LD; QL; SP |
| pirfenidone oral tablet 534 mg | 4 | PA; QL |
| ENZIMAS HIDROLÍTICAS | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 4 | PA; LD; QL; SP |
| AGENTES TIROIDEOS | | |
| AGENTES ANTITIROIDEOS | | |
| methimazole oral tablet | 1 or 1a* | |
| propylthiouracil oral tablet | 1 or 1b* | |
| HORMONAS TIROIDEAS | | |
| euthyrox oral tablet | 1 or 1b* | |
| levo-t oral tablet | 1 or 1b* | |
| levothyroxine sodium oral capsule | 2 | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |
| liothyronine sodium intravenous solution | 1 or 1b* | |
| liothyronine sodium oral tablet | 1 or 1b* | |
| np thyroid oral tablet | 1 or 1a* | |
| unithroid oral tablet | 1 or 1a* | |
| AMINOGLUCÓSIDOS | | |
| AMINOGLUCÓSIDOS | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 2 | |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 2 | |
| gentamicin sulfate injection solution | 2 | |
| neomycin sulfate oral tablet | 1 or 1a* | |
| streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| tobramycin inhalation nebulization solution | 4 | LD; QL; SP |
| tobramycin sulfate injection solution | 2 | QL |
| tobramycin sulfate injection solution reconstituted | 2 | QL |
| ANALGÉSICOS - ANTIINFLAMATORIOS | | |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE) | | |
| diclofenac potassium oral tablet 50 mg | 1 or 1b* | QL |
| diclofenac sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| diclofenac sodium oral tablet delayed release | 1 or 1b* | QL |
| ec-naproxen oral tablet delayed release | 1 or 1b* | |
| etodolac er oral tablet extended release 24 hour | 1 or 1b* | QL |
| etodolac oral capsule | 1 or 1b* | QL |
| etodolac oral tablet | 1 or 1b* | QL |
| flurbiprofen oral tablet | 1 or 1b* | QL |
| ibu oral tablet | 1 or 1a* | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 or 1a* | QL |
| indomethacin er oral capsule extended release | 1 or 1b* | QL |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | QL |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | QL |
| ketorolac tromethamine injection solution 15 mg/ml | 2 | QL |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML | 2 | QL |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 2 | QL |
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |
| meclofenamate sodium oral capsule | 1 or 1b* | QL |
| mefenamic acid oral capsule | 1 or 1b* | QL |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| meloxicam oral tablet | 1 or 1b* | QL |
| nabumetone oral tablet | 1 or 1b* | QL |
| naproxen dr oral tablet delayed release 500 mg | 1 or 1b* | |
| naproxen oral tablet | 1 or 1b* | QL |
| naproxen oral tablet delayed release | 1 or 1b* | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 or 1b* | QL |
| oxaprozin oral tablet | 1 or 1b* | QL |
| piroxicam oral capsule | 1 or 1b* | QL |
| sulindac oral tablet | 1 or 1b* | QL |
| tolmetin sodium oral capsule | 2 | QL |
| AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 4 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | 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 | 4 | PA; QL; SP |
| ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK) | | |
| RINVOQ LQ ORAL SOLUTION | 4 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 4 | PA; QL; SP |
| XELJANZ ORAL SOLUTION | 4 | PA; QL; SP |
| XELJANZ ORAL TABLET | 4 | PA; QL; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 4 | PA; QL; SP |
| ANTITNF ALFA - ANTICUERPOS MONOCLONALES | | |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit | 4 | PA; QL |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit | 4 | PA; QL |
| adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit | 4 | PA; QL |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit | 4 | PA; QL |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT | 4 | PA; QL; SP |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 4 | PA; QL; SP |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 4 | PA; QL; SP |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 4 | PA; QL; SP |
| SIMPONI ARIA INTRAVENOUS SOLUTION | 4 | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL; SP |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES | | |
| diclofenac-misoprostol oral tablet delayed release | 2 | QL |
| COMPUESTOS DE ORO | | |
| RIDAURA ORAL CAPSULE | 2 | QL |
| INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2) | | |
| celecoxib oral capsule | 2 | QL |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) | | |
| OTEZLA ORAL TABLET | 4 | PA; QL; SP |
| OTEZLA ORAL TABLET THERAPY PACK | 4 | PA; QL; SP |
| INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| leflunomide oral tablet | 2 | QL |
| ANALGÉSICOS - NO NARCÓTICOS | | |
| ANALGÉSICOS - OTROS | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| ANALGÉSICOS - SEDATIVOS | | |
| bac oral tablet | 1 or 1b* | QL |
| butalbital-acetaminophen oral capsule | 1 or 1b* | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | QL |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | QL |
| tencon oral tablet 50-325 mg | 1 or 1b* | QL |

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

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| eq aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| eq aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin oral tablet chewable | 1 or 1a* | \$0 |
| gnp adult aspirin low strength oral tablet chewable | 1 or 1a* | \$0 |
| gnp aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| gnp aspirin oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| goodsense aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense aspirin oral tablet chewable | 1 or 1a* | \$0 |
| h-e-b aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| kls aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| kp aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| mm aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| qc aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| qc aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| qc childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin adult low dose oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin adult low strength oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin childrens oral tablet chewable | 1 or 1a* | \$0 |
| ra aspirin ec adult low st oral tablet delayed release | 1 or 1a* | \$0 |
| ra aspirin ec oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| sb childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| sb low dose asa ec oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| sm childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| st joseph aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| st joseph low dose oral tablet chewable | 1 or 1a* | \$0 |
| st joseph low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ANALGÉSICOS - OPIOIDES | | |
| AGONISTAS OPIÁCEOS PARCIALES | | |
| buprenorphine hcl injection solution 0.3 mg/ml | 2 | |
| buprenorphine hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual film | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine transdermal patch weekly | 2 | PA; QL |
| butorphanol tartrate injection solution | 2 | |
| butorphanol tartrate nasal solution | 1 or 1b* | QL |
| nalbuphine hcl injection solution | 2 | QL |
| pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| AGONISTAS OPIÁCEOS | | |
| codeine sulfate oral tablet 30 mg | 2 | AL; QL |
| duramorph injection solution | 1 or 1b* | |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML | 1 or 1b* | |
| fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml | 1 or 1b* | |
| fentanyl citrate buccal lozenge on a handle | 2 | PA; QL |
| fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg | 2 | PA; QL |
| fentanyl transdermal patch 72 hour | 2 | PA; QL |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent | 1 or 1b* | PA; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | 2 | PA; QL |
| hydromorphone hcl injection solution 4 mg/ml | 1 or 1b* | |
| hydromorphone hcl oral liquid | 1 or 1b* | QL |
| hydromorphone hcl oral tablet | 1 or 1b* | QL |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | |
| levorphanol tartrate oral tablet | 2 | PA; QL |
| meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 or 1b* | |
| meperidine hcl oral solution | 1 or 1b* | QL |
| meperidine hcl oral tablet 50 mg | 1 or 1b* | QL |
| methadone hcl intensol oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral solution | 1 or 1b* | PA; QL |
| methadone hcl oral tablet | 1 or 1b* | PA; QL |
| methadone hcl oral tablet soluble | 1 or 1b* | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL |
| mitigo injection solution | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 or 1b* | QL |
| morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml | 1 or 1b* | |
| morphine sulfate er beads oral capsule extended release 24 hour | 2 | PA; QL |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 2 | PA; QL |
| morphine sulfate er oral tablet extended release | 2 | PA; QL |
| morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml | 1 or 1b* | |
| morphine sulfate oral solution | 1 or 1b* | QL |
| morphine sulfate oral tablet | 1 or 1b* | QL |
| oxycodone hcl oral capsule | 2 | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 2 | QL |
| oxycodone hcl oral solution | 2 | QL |
| oxycodone hcl oral tablet | 2 | QL |
| oxycodone hcl oral tablet abuse-deterrent | 2 | QL |
| oxymorphone hcl er oral tablet extended release 12 hour | 2 | PA; QL |
| oxymorphone hcl oral tablet | 2 | QL |
| remifentanyl hcl intravenous solution reconstituted | 1 or 1b* | |
| SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 1 or 1b* | |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | 2 | PA; QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 2 | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 2 | PA; QL |
| tramadol hcl oral tablet 100 mg, 50 mg | 1 or 1b* | AL; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| tramadol hcl oral tablet 25 mg | 2 | 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 |
| butalbital-apap-caff-cod oral capsule | 1 or 1b* | AL; QL |
| butalbital-asa-caff-codeine oral capsule | 1 or 1b* | AL; QL |
| COMBINACIONES DE DIHIDROCODEÍNA | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |
| trezix oral capsule 320.5-30-16 mg | 1 or 1b* | QL |
| COMBINACIONES DE HIDROCODONA | | |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 or 1b* | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 or 1b* | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 or 1b* | QL |
| COMBINACIONES DE OPIÁCEOS | | |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | 1 or 1b* | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| COMBINACIONES DE TRAMADOL | | |
| tramadol-acetaminophen oral tablet | 1 or 1b* | AL; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANDRÓGENOS-ANABÓLICOS | | |
| ANDRÓGENOS | | |
| danazol oral capsule | 2 | QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 1 or 1b* | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 or 1b* | PA |
| testosterone enanthate intramuscular solution | 1 or 1b* | PA |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 2 | PA; QL |
| testosterone transdermal solution | 2 | PA; QL |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| ANESTÉSICOS GENERALES | | |
| ANESTÉSICOS VARIOS | | |
| etomidate intravenous solution | 1 or 1b* | |
| fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| ketamine hcl injection solution 100 mg/ml, 50 mg/ml | 1 or 1b* | |
| propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| propofol-lipuro intravenous emulsion | 1 or 1b* | |
| ANESTÉSICOS VOLÁTILES | | |
| desflurane inhalation solution | 1 or 1b* | |
| isoflurane inhalation solution | 1 or 1b* | |
| sevoflurane inhalation solution | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| terrell inhalation solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES - PARENTERALES | | |
| ANESTÉSICOS LOCALES - AMIDAS | | |
| bupivacaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl injection solution 0.5 % | 1 or 1b* | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |
| ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 or 1b* | |
| sensorcaine injection solution | 1 or 1b* | |
| sensorcaine-mpf injection solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES - ÉSTERES | | |
| chloroprocaine hcl (pf) injection solution | 1 or 1b* | |
| ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS | | |
| bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |
| bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |
| lidocaine-epinephrine injection solution 0.5 % - 1:200000, 1.5 %-1:200000, 2 %-1:100000 | 1 or 1b* | |
| sensorcaine/epinephrine injection solution | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000 | 1 or 1b* | |
| ANTIARRÍTMICOS | | |
| ANTIARRÍTMICOS DE CLASE I-A | | |
| disopyramide phosphate oral capsule | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 2 | |
| procainamide hcl injection solution | 2 | |
| quinidine gluconate er oral tablet extended release | 2 | |
| quinidine sulfate oral tablet | 1 or 1a* | |
| ANTIARRÍTMICOS DE CLASE I-B | | |
| lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml | 1 or 1b* | |
| lidocaine hcl (cardiac) pf intravenous solution prefilled syringe | 1 or 1b* | |
| lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-% | 1 or 1b* | |
| mexiletine hcl oral capsule | 2 | |
| ANTIARRÍTMICOS DE CLASE I-C | | |
| flecainide acetate oral tablet | 2 | QL |
| propafenone hcl er oral capsule extended release 12 hour | 2 | |
| propafenone hcl oral tablet | 2 | |
| ANTIARRÍTMICOS DE CLASE III | | |
| amiodarone hcl intravenous solution | 1 or 1b* | |
| amiodarone hcl oral tablet 100 mg, 400 mg | 1 or 1b* | |
| amiodarone hcl oral tablet 200 mg | 1 or 1b* | QL |
| dofetilide oral capsule | 4 | |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| pacerone oral tablet 100 mg, 400 mg | 1 or 1b* | |
| pacerone oral tablet 200 mg | 1 or 1b* | QL |
| ANTIARRÍTMICOS VARIOS | | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ANTICOAGULANTES | | |
| AGENTES TIPO HEPARINA SINTÉTICOS | | |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |
| ANTICOAGULANTES DERIVADOS DE LA CUMARINA | | |
| jantoven oral tablet | 1 or 1a* | |
| warfarin sodium oral tablet | 1 or 1a* | |
| HEPARINA Y AGENTES TIPO HEPARINA | | |
| bd heparin posiflush intravenous solution | 2 | |
| heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% | 2 | |
| heparin na (pork) lock flsh pf intravenous solution | 2 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 2 | |
| heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml | 2 | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 2 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 2 | |
| HEPARINAS DE BAJO PESO MOLECULAR | | |
| enoxaparin sodium injection solution 300 mg/3ml | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | 3 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| 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 |
| setlakin oral tablet | 1 or 1b* | \$0 |
| simpesse oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE EMERGENCIA | | |
| aftera oral tablet | 1 or 1b* | \$0 |
| afterpill oral tablet | 1 or 1b* | \$0 |
| CURAE ORAL TABLET | 1 or 1b* | \$0 |
| econtra one-step oral tablet | 1 or 1b* | \$0 |
| ELLA ORAL TABLET | 2 | \$0 |
| HER STYLE ORAL TABLET | 1 or 1b* | \$0 |
| levonorgestrel oral tablet 1.5 mg | 1 or 1b* | \$0 |
| my choice oral tablet | 1 or 1b* | \$0 |
| my way oral tablet | 1 or 1b* | \$0 |
| new day oral tablet | 1 or 1b* | \$0 |
| opcicon one-step oral tablet | 1 or 1b* | \$0 |
| option 2 oral tablet | 1 or 1b* | \$0 |
| react oral tablet | 1 or 1b* | \$0 |
| take action oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| medroxyprogesterone acetate intramuscular suspension | 1 or 1b* | \$0 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS DE PROGESTINA - ORALES | | |
| camila oral tablet | 1 or 1b* | \$0 |
| deblitane oral tablet | 1 or 1b* | \$0 |
| EMZAHH ORAL TABLET | 1 or 1b* | \$0 |
| errin oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| heather oral tablet | 1 or 1b* | \$0 |
| incassia oral tablet | 1 or 1b* | \$0 |
| jencycla oral tablet | 1 or 1b* | \$0 |
| lyleq oral tablet | 1 or 1b* | \$0 |
| lyza oral tablet | 1 or 1b* | \$0 |
| nora-be oral tablet | 1 or 1b* | \$0 |
| norethindrone oral tablet | 1 or 1b* | \$0 |
| norlyroc oral tablet | 1 or 1b* | \$0 |
| OPILL ORAL TABLET | 2 | \$0 |
| sharobel oral tablet | 1 or 1b* | \$0 |
| ANTICONCEPTIVOS TRIFÁSICOS ORALES | | |
| alyacen 7/7/7 oral tablet | 1 or 1a* | \$0 |
| aranelle oral tablet | 1 or 1a* | \$0 |
| dasetta 7/7/7 oral tablet | 1 or 1a* | \$0 |
| 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-ethinyl estrad-fe oral tablet | 1 or 1b* | \$0 |
| norgestim-eth estrad triphasic oral tablet | 1 or 1b* | \$0 |
| nortrel 7/7/7 oral tablet | 1 or 1a* | \$0 |
| nylia 7/7/7 oral tablet | 1 or 1a* | \$0 |
| tilia fe oral tablet | 1 or 1b* | \$0 |
| tri-estarylla 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-estarylla 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 |
| trivora (28) oral tablet | 1 or 1a* | \$0 |
| tri-vylibra lo oral tablet | 1 or 1b* | \$0 |
| tri-vylibra oral tablet | 1 or 1b* | \$0 |
| velivet oral tablet | 1 or 1a* | \$0 |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| COMBINACIONES DE ANTICONCEPTIVOS ORALES | | |
| afirmelle oral tablet | 1 or 1a* | \$0 |
| altavera oral tablet | 1 or 1a* | \$0 |
| alyacen 1/35 oral tablet | 1 or 1a* | \$0 |
| apri oral tablet | 1 or 1a* | \$0 |
| aubra eq oral tablet | 1 or 1a* | \$0 |
| aurovela 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela 1/20 oral tablet | 1 or 1a* | \$0 |
| aurovela 24 fe oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| aurovela fe 1/20 oral tablet | 1 or 1a* | \$0 |
| aviane oral tablet | 1 or 1a* | \$0 |
| ayuna oral tablet | 1 or 1a* | \$0 |
| balziva oral tablet | 1 or 1a* | \$0 |
| blisovi 24 fe oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| blisovi fe 1/20 oral tablet | 1 or 1a* | \$0 |
| briellyn oral tablet | 1 or 1a* | \$0 |
| charlotte 24 fe oral tablet chewable | 1 or 1a* | \$0 |
| chateal eq oral tablet | 1 or 1a* | \$0 |
| cryselles-28 oral tablet | 1 or 1a* | \$0 |
| cyred eq oral tablet | 1 or 1a* | \$0 |
| dasetta 1/35 oral tablet | 1 or 1a* | \$0 |
| delyla oral tablet | 1 or 1a* | \$0 |
| drospiren-eth estrad-levomefol oral tablet | 1 or 1b* | \$0 |
| drospirenone-ethinyl estradiol oral tablet | 1 or 1b* | \$0 |
| elinest oral tablet | 1 or 1a* | \$0 |
| enskyce oral tablet 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| estarylla oral tablet | 1 or 1a* | \$0 |
| ethynodiol diac-eth estradiol oral tablet | 1 or 1a* | \$0 |
| falmina oral tablet | 1 or 1a* | \$0 |
| FINZALA ORAL TABLET CHEWABLE | 1 or 1a* | \$0 |
| gemmily oral capsule | 1 or 1b* | \$0 |
| hailey 1.5/30 oral tablet | 1 or 1a* | \$0 |
| hailey 24 fe oral tablet | 1 or 1a* | \$0 |
| hailey fe 1.5/30 oral tablet | 1 or 1a* | \$0 |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| microgestin 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin 1/20 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| microgestin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| mili oral tablet | 1 or 1a* | \$0 |
| mono-linyah oral tablet | 1 or 1a* | \$0 |
| necon 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| nikki oral tablet | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral capsule | 1 or 1b* | \$0 |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | 1 or 1a* | \$0 |
| norethin ace-eth estrad-fe oral tablet chewable | 1 or 1a* | \$0 |
| norethindrone acet-ethinyl est oral tablet | 1 or 1a* | \$0 |
| norethin-eth estradiol-fe oral tablet chewable | 1 or 1b* | \$0 |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 or 1a* | \$0 |
| nortrel 0.5/35 (28) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (21) oral tablet | 1 or 1a* | \$0 |
| nortrel 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| nylia 1/35 oral tablet | 1 or 1a* | \$0 |
| ocella oral tablet | 1 or 1b* | \$0 |
| philith oral tablet | 1 or 1a* | \$0 |
| portia-28 oral tablet | 1 or 1a* | \$0 |
| reclipsen oral tablet | 1 or 1a* | \$0 |
| sprintec 28 oral tablet | 1 or 1a* | \$0 |
| sronyx oral tablet | 1 or 1a* | \$0 |
| syeda oral tablet | 1 or 1b* | \$0 |
| tarina 24 fe oral tablet | 1 or 1a* | \$0 |
| tarina fe 1/20 eq oral tablet | 1 or 1a* | \$0 |
| taysofy oral capsule | 1 or 1b* | \$0 |
| TURQOZ ORAL TABLET | 1 or 1a* | \$0 |
| tydemy oral tablet | 1 or 1b* | \$0 |
| vestura oral tablet | 1 or 1b* | \$0 |
| vienva 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| wymzya fe oral tablet chewable | 1 or 1b* | \$0 |
| zovia 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| zumandimine oral tablet | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS | | |
| norelgestromin-eth estradiol transdermal patch weekly | 1 or 1b* | \$0 |
| xulane transdermal patch weekly | 1 or 1b* | \$0 |
| zafemy transdermal patch weekly | 1 or 1b* | \$0 |
| COMBINACIONES DE ANTICONCEPTIVOS VAGINALES | | |
| eluryng vaginal ring | 1 or 1b* | \$0 |
| ENILLORING VAGINAL RING | 1 or 1b* | \$0 |
| etonogestrel-ethinyl estradiol vaginal ring | 1 or 1b* | \$0 |
| HALOETTE VAGINAL RING | 1 or 1b* | \$0 |
| ANTICONVULSIVOS | | |
| ÁCIDO VALPROICO | | |
| divalproex sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| divalproex sodium oral capsule delayed release sprinkle | 1 or 1b* | QL |
| divalproex sodium oral tablet delayed release | 1 or 1b* | QL |
| valproate sodium intravenous solution 100 mg/ml | 1 or 1b* | |
| valproic acid oral capsule | 1 or 1b* | QL |
| valproic acid oral solution 250 mg/5ml | 1 or 1b* | |
| ANTICONVULSIVOS - BENZODIAZEPINAS | | |
| clobazam oral suspension | 2 | QL |
| clobazam oral tablet | 2 | QL |
| clonazepam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet dispersible | 1 or 1b* | QL |
| diazepam rectal gel | 1 or 1b* | QL |

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

En vigencia desde el 10/01/2024

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

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

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| HIDANTOÍNA | | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| fosphenytoin sodium injection solution | 2 | |
| PHENYTEK ORAL CAPSULE | 1 or 1b* | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension 125 mg/5ml | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| MODULADORES DEL ÁCIDO ?-AMINO BUTÍRICO (GABA) | | |
| tiagabine hcl oral tablet | 2 | QL |
| vigabatrin oral packet | 4 | LD; QL; SP |
| vigabatrin oral tablet | 4 | LD; QL; SP |
| vigadrone oral packet | 4 | LD; QL |
| VIGADRONE ORAL TABLET | 4 | LD; QL; SP |
| VIGPODER ORAL PACKET | 4 | LD; QL |
| SUCCINIMIDAS | | |
| ethosuximide oral capsule | 1 or 1b* | QL |
| ethosuximide oral solution | 1 or 1b* | QL |
| methsuximide oral capsule | 2 | QL |
| ANTIDEPRESIVOS | | |
| AGENTES TRICÍCLICOS | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1a* | DO |
| amitriptyline hcl oral tablet 100 mg, 150 mg | 1 or 1a* | QL |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 2 | DO |
| desipramine hcl oral tablet 100 mg, 150 mg | 2 | QL |
| doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO |
| doxepin hcl oral capsule 100 mg, 150 mg | 1 or 1b* | QL |
| doxepin hcl oral concentrate | 1 or 1b* | QL |
| imipramine hcl oral tablet 10 mg, 25 mg | 1 or 1b* | DO |
| imipramine hcl oral tablet 50 mg | 1 or 1b* | QL |
| imipramine pamoate oral capsule 100 mg, 75 mg | 1 or 1b* | DO |
| imipramine pamoate oral capsule 125 mg, 150 mg | 1 or 1b* | QL |
| nortriptyline hcl oral capsule 10 mg, 25 mg | 1 or 1b* | DO |
| nortriptyline hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL |
| nortriptyline hcl oral solution | 1 or 1b* | QL |
| protriptyline hcl oral tablet 10 mg | 2 | QL |
| protriptyline hcl oral tablet 5 mg | 2 | DO |
| trimipramine maleate oral capsule | 1 or 1b* | QL |
| ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS) | | |
| mirtazapine oral tablet | 1 or 1b* | |
| mirtazapine oral tablet dispersible | 1 or 1b* | |
| ANTIDEPRESIVOS VARIOS | | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg | 1 or 1b* | DO |
| bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | 1 or 1b* | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | 1 or 1b* | DO |
| bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg | 1 or 1b* | QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| bupropion hcl oral tablet 100 mg | 1 or 1b* | QL |
| bupropion hcl oral tablet 75 mg | 1 or 1b* | DO |
| CÍCLICOS MODIFICADOS | | |
| nefazodone hcl oral tablet 100 mg, 50 mg | 1 or 1b* | DO |
| nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg | 1 or 1b* | QL |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 or 1a* | DO |
| trazodone hcl oral tablet 300 mg | 1 or 1a* | QL |
| TRINTELLIX ORAL TABLET 10 MG, 5 MG | 3 | DO |
| TRINTELLIX ORAL TABLET 20 MG | 3 | QL |
| vilazodone hcl oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| vilazodone hcl oral tablet 40 mg | 1 or 1b* | QL |
| INHIBIDORES DE LA MONOAMINO OXIDASA (IMAO) | | |
| phenelzine sulfate oral tablet | 1 or 1b* | QL |
| tranylcypromine sulfate oral tablet | 1 or 1b* | QL |
| INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS) | | |
| citalopram hydrobromide oral solution | 1 or 1b* | |
| citalopram hydrobromide oral tablet | 1 or 1b* | |
| escitalopram oxalate oral solution | 1 or 1b* | |
| 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* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| 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 | 2 | |
| paroxetine hcl oral tablet | 1 or 1b* | |
| sertraline hcl oral concentrate | 1 or 1b* | |
| sertraline hcl oral tablet | 1 or 1b* | |
| SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN) | | |
| 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 | 2 | 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 | | |
| *INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** | | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| *SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** | | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1) | | |
| liraglutide subcutaneous solution pen-injector | 2 | 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 |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| ANÁLOGOS DE MEGLITINIDAS | | |
| nateglinide oral tablet | 2 | QL |
| repaglinide oral tablet | 2 | QL |
| ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA | | |
| mifepristone oral tablet 300 mg | 4 | PA; QL |
| ANTIDIABÉTICOS - ANÁLOGOS DE AMILINA | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |

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

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

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

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | QL |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMULIN R INJECTION SOLUTION | 2 | QL |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | PA; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| INSULIN LISPRO INJECTION SOLUTION | 2 | ST; QL |
| INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | QL |
| LYUMJEV INJECTION SOLUTION | 2 | QL |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| 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 |

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

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| TIAZOLIDINEDIONAS | | |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; 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 |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1b* | QL |
| naloxone hcl injection solution cartridge | 1 or 1b* | QL |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml | 1 or 1b* | ST; QL |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | 1 or 1b* | QL |
| naloxone hcl nasal liquid | 1 or 1b* | QL |
| naltrexone hcl oral tablet | 1 or 1b* | |
| OPVEE NASAL SOLUTION | 2 | QL |
| REXTOVY NASAL LIQUID | 2 | QL |
| RIVIVE NASAL LIQUID | 2 | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |
| ANTÍDOTOS - AGENTES QUELANTES | | |
| deferasirox granules oral packet | 4 | PA; LD; SP |
| deferasirox oral packet | 4 | PA; LD; SP |
| deferasirox oral tablet | 4 | PA; LD; SP |
| deferasirox oral tablet soluble | 4 | PA; LD; SP |
| deferiprone oral tablet | 4 | PA; LD |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTÍDOTOS | | |
| acetylcysteine intravenous solution | 2 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |
| methylene blue (antidote) intravenous solution | 1 or 1b* | |
| methylene blue intravenous solution 50 mg/10ml | 1 or 1b* | |
| SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML | 1 or 1b* | |
| ANTIEMÉTICOS | | |
| ANTAGONISTAS DEL RECEPTOR 5-HT3 | | |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 2 | |
| granisetron hcl oral tablet | 2 | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 2 | |
| ondansetron hcl injection solution prefilled syringe | 2 | |
| ondansetron hcl oral solution | 2 | QL |
| ondansetron hcl oral tablet | 2 | QL |
| ondansetron oral tablet dispersible | 2 | QL |
| palonosetron hcl intravenous solution 0.25 mg/5ml | 2 | PA |
| palonosetron hcl intravenous solution prefilled syringe | 2 | PA |
| ANTIEMÉTICOS - AGENTE ANTICOLINÉRGICO | | |
| meclizine hcl oral tablet 50 mg | 1 or 1b* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| ANTIEMÉTICOS VARIOS | | |
| dronabinol oral capsule | 2 | QL |
| COMBINACIONES DE ANTIEMÉTICOS | | |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| SUSTANCIA PARA ANTAGONISTAS DEL RECEPTOR NK1 | | |
| aprepitant oral | 2 | QL |
| aprepitant oral capsule | 2 | QL |
| fosaprepitant dimeglumine intravenous solution reconstituted | 2 | PA; QL |
| ANTIESPASMÓDICOS URINARIOS | | |
| AGONISTAS DEL RECEPTOR ADRENÉRGICO BETA 3 | | |
| mirabegron er oral tablet extended release 24 hour | 2 | QL |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 3 | QL |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| ANTIESPASMÓDICOS URINARIOS - AGONISTAS COLINÉRGICOS | | |
| bethanechol chloride oral tablet | 2 | |
| ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS) | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 2 | QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | 2 | QL |
| oxybutynin chloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| oxybutynin chloride oral solution | 1 or 1b* | QL |
| oxybutynin chloride oral tablet | 1 or 1b* | QL |
| solifenacin succinate oral tablet | 2 | QL |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tolterodine tartrate oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| tropium chloride er oral capsule extended release 24 hour | 2 | QL |
| tropium chloride oral tablet | 2 | QL |
| ANTIESPASMÓDICOS URINARIOS - RELAJANTES MUSCULARES DIRECTOS | | |
| flavoxate hcl oral tablet | 1 or 1b* | |
| ANTIHELMÍNTICOS | | |
| ANTIHELMÍNTICOS | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| ivermectin oral tablet | 1 or 1b* | QL |
| praziquantel oral tablet | 2 | |
| ANTIHIPERLIPIDÉMIC OS | | |
| ANTIHIPERLIPIDÉMIC OS VARIOS | | |
| icosapent ethyl oral capsule | 2 | PA; QL |
| omega-3-acid ethyl esters oral capsule | 1 or 1b* | PA; QL |
| VASCEPA ORAL CAPSULE | 2 | PA; QL |
| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA- INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe-simvastatin oral tablet | 2 | ST; QL |
| DERIVADOS DEL ÁCIDO FÍBRICO | | |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | 1 or 1b* | QL |
| fenofibrate oral capsule | 1 or 1b* | QL |
| fenofibrate oral tablet 120 mg, 40 mg | 3 | ST; QL |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 or 1b* | QL |
| fenofibric acid oral capsule delayed release | 1 or 1b* | QL |
| fenofibric acid oral tablet | 1 or 1b* | QL |
| gemfibrozil oral tablet | 1 or 1b* | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| 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 | 2 | QL |
| INHIBIDORES DE LA HMG COA REDUCTASA | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| atorvastatin calcium oral tablet 40 mg | 1 or 1b* | DO |
| atorvastatin calcium oral tablet 80 mg | 1 or 1b* | QL |
| fluvastatin sodium oral capsule | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | 1 or 1b* | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | 1 or 1b* | \$0; QL |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 2 | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | 2 | DO |
| rosuvastatin calcium oral tablet 40 mg | 2 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO; \$0 |
| simvastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| simvastatin oral tablet 80 mg | 1 or 1b* | PA; QL |
| INHIBIDORES DE PCSK9 | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL |
| 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 | 2 | QL |
| cholestyramine light oral powder | 2 | QL |
| cholestyramine oral packet | 2 | QL |
| cholestyramine oral powder | 2 | QL |
| colesevelam hcl oral packet | 3 | QL |
| colesevelam hcl oral tablet | 2 | 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 | 2 | QL |
| prevalite oral powder | 2 | QL |
| ANTIHIPERTENSIVOS | | |
| AGENTES PARA FEOCROMOCITOMAS | | |
| metyrosine oral capsule | 1 or 1b* | PA; QL |
| phenoxybenzamine hcl oral capsule | 2 | 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 |
| 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 |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| 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 | 2 | 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 |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg | 1 or 1b* | DO |
| 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 | 2 | |
| ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL | | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | 1 or 1a* | DO |
| clonidine hcl oral tablet 0.3 mg | 1 or 1a* | QL |
| clonidine transdermal patch weekly | 2 | QL |
| guanfacine hcl oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| methyldopa oral tablet 250 mg | 1 or 1b* | DO |
| methyldopa oral tablet 500 mg | 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 |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | QL |
| amlodipine besylate-valsartan oral tablet 5-160 mg | 1 or 1b* | DO |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine-olmesartan oral tablet 5-20 mg | 1 or 1b* | DO |
| telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg | 1 or 1b* | QL |
| telmisartan-amlodipine oral tablet 40-5 mg | 1 or 1b* | DO |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA | | |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | QL |
| irbesartan-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | 1 or 1b* | QL |
| losartan potassium-hctz oral tablet 50-12.5 mg | 1 or 1b* | DO |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg | 1 or 1b* | DO |
| olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg | 1 or 1b* | QL |
| telmisartan-hctz oral tablet 40-12.5 mg | 1 or 1b* | DO |
| telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg | 1 or 1b* | QL |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg | 1 or 1b* | DO |
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | 1 or 1b* | QL |
| COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | QL |
| bisoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| metoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg | 1 or 1b* | DO |
| trandolapril-verapamil hcl er oral tablet extended release | 1 or 1b* | QL |
| INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg | 1 or 1b* | DO |

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

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| lisinopril oral tablet 30 mg, 40 mg | 1 or 1a* | QL |
| moexipril hcl oral tablet 15 mg | 1 or 1b* | QL |
| moexipril hcl oral tablet 7.5 mg | 1 or 1b* | DO |
| perindopril erbumine oral tablet 2 mg, 4 mg | 1 or 1b* | DO |
| perindopril erbumine oral tablet 8 mg | 1 or 1b* | QL |
| quinapril hcl oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO |
| quinapril hcl oral tablet 40 mg | 1 or 1b* | QL |
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg | 1 or 1b* | DO |
| ramipril oral capsule 10 mg | 1 or 1b* | QL |
| trandolapril oral tablet 1 mg, 2 mg | 1 or 1b* | DO |
| trandolapril oral tablet 4 mg | 1 or 1b* | QL |
| INHIBIDORES DIRECTOS DE LA RENINA | | |
| aliskiren fumarate oral tablet 150 mg | 2 | DO |
| aliskiren fumarate oral tablet 300 mg | 2 | QL |
| VASODILADORES | | |
| hydralazine hcl injection solution | 2 | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| ANTIHIISTAMÍNICOS | | |
| ANTIHIISTAMÍNICOS - ETANOLAMINAS | | |
| carbinoxamine maleate er oral suspension extended release | 1 or 1b* | ST; QL |
| carbinoxamine maleate oral solution | 1 or 1b* | ST |
| carbinoxamine maleate oral tablet 4 mg | 1 or 1b* | ST |
| clemastine fumarate oral tablet 2.68 mg | 1 or 1b* | ST; QL |
| diphenhydramine hcl injection solution | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ANTIHIISTAMÍNICOS - FENOTIAZINA | | |
| promethazine hcl injection solution | 1 or 1a* | |
| promethazine hcl oral solution | 1 or 1a* | QL |
| promethazine hcl oral tablet | 1 or 1a* | QL |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 2 | QL |
| promethegan rectal suppository | 2 | QL |
| ANTIHIISTAMÍNICOS - NO SEDANTES | | |
| cetirizine hcl oral solution | 1 or 1b* | QL |
| desloratadine oral tablet | 3 | QL |
| desloratadine oral tablet dispersible | 3 | QL |
| ANTIHIISTAMÍNICOS - PIPERIDINAS | | |
| cyproheptadine hcl oral syrup | 1 or 1b* | |
| cyproheptadine hcl oral tablet | 1 or 1b* | |
| ANTIMICÓTICOS | | |
| ANTIMICÓTICOS | | |
| amphotericin b intravenous solution reconstituted | 2 | |
| amphotericin b liposome intravenous suspension reconstituted | 2 | |
| flucytosine oral capsule | 2 | PA |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet | 1 or 1b* | |
| nystatin oral tablet | 1 or 1b* | |
| terbinafine hcl oral tablet | 1 or 1b* | QL |
| IMIDAZOLES | | |
| ketoconazole oral tablet | 1 or 1b* | QL |
| TRIAZOLES | | |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| fluconazole oral suspension reconstituted | 1 or 1b* | QL |
| fluconazole oral tablet | 1 or 1b* | QL |
| itraconazole oral capsule | 2 | PA; QL |
| itraconazole oral solution | 2 | PA; QL |
| posaconazole intravenous solution | 2 | |
| posaconazole oral suspension | 2 | PA; QL |
| posaconazole oral tablet delayed release | 2 | PA; QL |
| voriconazole oral suspension reconstituted | 2 | PA; QL |
| voriconazole oral tablet | 2 | PA; QL |
| ANTINEOPLÁSTICOS Y TERAPIAS COMPLEMENTARIAS | | |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| ALUNBRIG ORAL TABLET | 2 | PA; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | 2 | PA; QL |
| XALKORI ORAL CAPSULE | 4 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 4 | LD; SP |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | 4 | LD; SP |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL CAPSULE | 2 | PA; QL; SP |
| BOSULIF ORAL TABLET | 2 | PA; QL; SP |
| imatinib mesylate oral tablet | 1 or 1b* | PA; QL; SP |
| SPRYCEL ORAL TABLET | 2 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| TASIGNA ORAL CAPSULE | 4 | PA; QL; SP |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; QL |
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| erlotinib hcl oral tablet | 1 or 1b* | PA; LD; QL; SP |
| gefitinib oral tablet | 4 | PA; LD; QL; SP |
| GILOTRIF ORAL TABLET | 4 | PA; QL |
| AGENTES ALQUILANTES | | |
| MYLERAN ORAL TABLET | 4 | |
| AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO | | |
| leucovorin calcium injection solution | 1 or 1b* | |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | |
| leucovorin calcium oral tablet | 2 | |
| AGENTES PROTECTORES DEL TRACTO URINARIO | | |
| mesna intravenous solution | 1 or 1b* | PA |
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS | | |
| bexarotene oral capsule | 4 | PA; QL; SP |
| ANÁLOGOS DE LHRH | | |
| leuprolide acetate injection kit | 4 | PA; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 4 | PA; QL; SP |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH) | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; QL; SP |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4 | PA; QL; SP |
| ANTIANDRÓGENOS | | |
| bicalutamide oral tablet | 2 | QL |
| ERLEADA ORAL TABLET | 4 | PA; LD; QL; SP |
| nilutamide oral tablet | 4 | QL |
| NUBEQA ORAL TABLET | 4 | PA; LD; QL; SP |
| XTANDI ORAL CAPSULE | 4 | PA; LD; QL; SP |
| XTANDI ORAL TABLET | 4 | PA; LD; QL; SP |
| ANTICUERPOS ANTIADRENAL | | |
| LYSODREN ORAL TABLET | 4 | QL |
| ANTIESTRÓGENOS | | |
| SOLTAMOX ORAL SOLUTION | 2 | \$0 |
| tamoxifen citrate oral tablet | 2 | \$0 |
| toremifene citrate oral tablet | 4 | QL |
| ANTIMETABOLITOS | | |
| capecitabine oral tablet | 4 | PA; LD; SP |
| mercaptopurine oral tablet | 2 | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution reconstituted | 1 or 1b* | |
| methotrexate sodium oral tablet | 2 | |
| TABLOID ORAL TABLET | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| TREXALL ORAL TABLET | 2 | ST |
| ANTINEOPLÁSTICOS - INHIBIDORES DE CINASA MTOR | | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 4 | PA; SP |
| everolimus oral tablet soluble | 4 | PA; SP |
| TORPENZ ORAL TABLET | 4 | PA; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA CINASA BRAF | | |
| TAFINLAR ORAL CAPSULE | 4 | PA; LD; QL; SP |
| ZELBORAF ORAL TABLET | 4 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA HISTONA DESACETILASA | | |
| ZOLINZA ORAL CAPSULE | 4 | PA; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG | | |
| ERIVEDGE ORAL CAPSULE | 4 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE MEK | | |
| MEKINIST ORAL TABLET | 4 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES MULTICINASAS | | |
| CABOMETYX ORAL TABLET | 2 | PA; LD; QL; SP |
| CAPRELSA ORAL TABLET | 4 | PA; QL |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 4 | PA; LD; QL; SP |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 4 | PA; LD; QL; SP |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 4 | PA; LD; QL; SP |

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| lapatinib ditosylate oral tablet | 4 | PA; LD; QL; SP |
| pazopanib hcl oral tablet | 4 | PA; LD; QL; SP |
| sorafenib tosylate oral tablet | 4 | PA; LD; QL; SP |
| STIVARGA ORAL TABLET | 4 | PA; LD; QL; SP |
| sunitinib malate oral capsule | 4 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INMUNOMODULADORES | | |
| POMALYST ORAL CAPSULE | 4 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS VARIOS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 4 | PA; LD; SP |
| hydroxyurea oral capsule | 2 | |
| MATULANE ORAL CAPSULE | 4 | |
| COMBINACIONES DE ANTINEOPLÁSTICOS | | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 4 | LD; SP |
| ESTRÓGENOS - ANTINEOPLÁSTICOS | | |
| EMCYT ORAL CAPSULE | 4 | PA |
| IMIDAZOTETRAZINA | | |
| temozolomide oral capsule | 4 | PA; QL; SP |
| INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS | | |
| abiraterone acetate oral tablet | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA AROMATASA | | |
| anastrozole oral tablet | 2 | \$0; QL |
| exemestane oral tablet | 2 | \$0; QL |
| letrozole oral tablet | 2 | \$0; QL |
| INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS | | |
| JAKAFI ORAL TABLET | 4 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP) | | |
| LYNPARZA ORAL TABLET | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK) | | |
| IBRANCE ORAL CAPSULE | 4 | PA; LD; QL; SP |
| IBRANCE ORAL TABLET | 4 | PA; LD; QL; SP |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 4 | PA; QL; SP |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 4 | PA; QL; SP |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 4 | PA; QL; SP |
| VERZENIO ORAL TABLET | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA TOPOISOMERASA I | | |
| HYCAMTIN ORAL CAPSULE | 4 | PA; SP |
| INHIBIDORES DEL VEGF | | |
| AVASTIN INTRAVENOUS SOLUTION | 4 | PA; LD; SP |
| INLYTA ORAL TABLET | 2 | PA; LD; QL; SP |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| 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 | 4 | PA; LD; SP |
| INHIBIDORES MIÓTICOS | | |
| etoposide oral capsule | 4 | SP |
| MOSTAZAS DE NITRÓGENO | | |
| cyclophosphamide oral capsule | 4 | SP |
| LEUKERAN ORAL TABLET | 2 | |
| 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* | |
| RETINIOIDES | | |
| tretinoin oral capsule | 2 | |
| ANTIPALÚDICOS | | |
| ANTIPALÚDICOS | | |
| 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 |
| mefloquine hcl oral tablet | 1 or 1b* | QL |
| pyrimethamine oral tablet | 1 or 1b* | PA; QL |
| quinine sulfate oral capsule | 1 or 1b* | PA; QL |
| COMBINACIONES DE ANTIPALÚDICOS | | |
| atovaquone-proguanil hcl oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTIPARKINSONIANOS | | |
| ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS | | |
| apomorphine hcl subcutaneous solution cartridge | 4 | PA; LD; QL; SP |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| pramipexole dihydrochloride oral tablet | 1 or 1b* | QL |
| ropinirole hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| ropinirole hcl oral tablet | 1 or 1b* | |
| ANTICOLINÉRGICOS ANTIPARKINSONIANOS | | |
| benztropine mesylate injection solution | 1 or 1a* | |
| benztropine mesylate oral tablet | 1 or 1a* | |
| trihexyphenidyl hcl oral solution | 1 or 1a* | |
| trihexyphenidyl hcl oral tablet | 1 or 1a* | |
| COMBINACIONES DE LEVODOPA | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 2 | |
| carbidopa-levodopa oral tablet | 1 or 1b* | |
| carbidopa-levodopa oral tablet dispersible | 2 | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 2 | |
| DOPAMINÉRGICOS ANTIPARKINSONIANOS | | |
| amantadine hcl oral capsule | 1 or 1b* | QL |
| amantadine hcl oral solution | 1 or 1b* | QL |
| amantadine hcl oral tablet | 1 or 1b* | QL |
| bromocriptine mesylate oral capsule | 1 or 1b* | |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| bromocriptine mesylate oral tablet | 1 or 1b* | |
| INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS | | |
| tolcapone oral tablet | 2 | PA; QL |
| INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA | | |
| rasagiline mesylate oral tablet | 2 | QL |
| selegiline hcl oral capsule | 2 | |
| selegiline hcl oral tablet | 2 | |
| INHIBIDORES COMT PERIFÉRICOS | | |
| entacapone oral tablet | 2 | QL |
| INHIBIDORES DE LA DESCARBOXILASA | | |
| carbidopa oral tablet | 2 | |
| ANTIVIRALES | | |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | 3 | QL |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | 3 | QL |
| *MISC. ANTIVIRALS*** | | |
| LAGEVRIO ORAL CAPSULE | 3 | QL |
| AGENTES DEL CITOMEGALOVIRUS (CMV) | | |
| valganciclovir hcl oral solution reconstituted | 4 | |
| valganciclovir hcl oral tablet | 4 | |
| 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* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| acyclovir sodium intravenous solution | 1 or 1b* | |
| valacyclovir hcl oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA | | |
| famciclovir oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS | | |
| ribavirin inhalation solution reconstituted | 2 | |
| AGENTES PARA LA HEPATITIS B | | |
| adefovir dipivoxil oral tablet | 4 | PA; QL; SP |
| BARACLUDE ORAL SOLUTION | 4 | PA; QL |
| entecavir oral tablet | 4 | PA; QL |
| VEMLIDY ORAL TABLET | 4 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C - COMBINACIONES | | |
| EPCLUSA ORAL PACKET | 4 | PA; QL; SP |
| EPCLUSA ORAL TABLET | 4 | PA; QL; SP |
| HARVONI ORAL PACKET | 4 | PA; QL; SP |
| HARVONI ORAL TABLET | 4 | PA; QL; SP |
| VOSEVI ORAL TABLET | 4 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C | | |
| ribavirin oral capsule | 4 | QL; SP |
| ribavirin oral tablet 200 mg | 4 | QL; SP |
| AGENTES PARA LA INFLUENZA | | |
| rimantadine hcl oral tablet | 1 or 1b* | |
| ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA) | | |
| maraviroc oral tablet | 4 | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|
| ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; LD; QL |
| ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA | | |
| ISENTRESS ORAL TABLET | 4 | QL |
| ISENTRESS ORAL TABLET CHEWABLE | 4 | QL |
| TIVICAY ORAL TABLET 50 MG | 4 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | 4 | QL |
| ANTIRRETROVIRALES - INHIBIDORES DE LA PROTEASA | | |
| APTIVUS ORAL CAPSULE | 4 | PA; QL |
| atazanavir sulfate oral capsule | 4 | QL |
| darunavir oral tablet | 4 | QL |
| fosamprenavir calcium oral tablet | 4 | QL |
| PREZISTA ORAL SUSPENSION | 4 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 4 | QL |
| REYATAZ ORAL PACKET | 4 | QL |
| ritonavir oral tablet | 4 | QL |
| ANTIRRETROVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS | | |
| EDURANT ORAL TABLET | 4 | PA; QL |
| efavirenz oral capsule | 4 | QL |
| efavirenz oral tablet | 4 | QL |
| etravirine oral tablet | 4 | PA; QL |
| INTELENCE ORAL TABLET 25 MG | 4 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|
| nevirapine er oral tablet extended release 24 hour 400 mg | 4 | QL |
| nevirapine oral suspension | 4 | QL |
| nevirapine oral tablet | 4 | QL |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS | | |
| tenofovir disoproxil fumarate oral tablet | 4 | \$0; QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4 | QL |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS | | |
| emtricitabine oral capsule | 4 | \$0; QL |
| EMTRIVA ORAL SOLUTION | 4 | QL |
| lamivudine oral tablet 150 mg, 300 mg | 4 | QL |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS | | |
| abacavir sulfate oral solution | 4 | QL |
| abacavir sulfate oral tablet | 4 | QL |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-TIMIDINAS | | |
| zidovudine oral capsule | 4 | QL |
| zidovudine oral syrup | 4 | QL |
| zidovudine oral tablet | 4 | QL |
| COMBINACIONES DE ANTIRRETROVIRALES | | |
| abacavir sulfate-lamivudine oral tablet | 2 | QL |
| BIKTARVY ORAL TABLET | 4 | QL |
| CIMDUO ORAL TABLET | 4 | QL |
| DESCOVY ORAL TABLET 120-15 MG | 2 | QL |
| DESCOVY ORAL TABLET 200-25 MG | 2 | \$0; QL |
| DOVATO ORAL TABLET | 4 | QL |
| efavirenz-emtricitab-tenofo df oral tablet | 4 | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| efavirenz-lamivudine-tenofovir oral tablet | 4 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 or 1b* | \$0; QL |
| GENVOYA ORAL TABLET | 4 | QL |
| lamivudine-zidovudine oral tablet | 2 | QL |
| lopinavir-ritonavir oral solution | 4 | QL |
| lopinavir-ritonavir oral tablet | 4 | QL |
| STRIBILD ORAL TABLET | 4 | QL |
| TRIUMEQ ORAL TABLET | 4 | QL |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 4 | 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 |
| 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* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| metoprolol succinate er oral tablet extended release 24 hour | 1 or 1b* | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| nebivolol hcl oral tablet | 2 | |
| BETABLOQUEADORES NO SELECTIVOS | | |
| nadolol oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| nadolol oral tablet 80 mg | 1 or 1b* | QL |
| pindolol oral tablet 10 mg | 2 | QL |
| pindolol oral tablet 5 mg | 2 | DO |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg | 1 or 1b* | DO |
| propranolol hcl er oral capsule extended release 24 hour 160 mg | 1 or 1b* | QL |
| propranolol hcl intravenous solution | 1 or 1b* | |
| propranolol hcl oral solution | 1 or 1b* | QL |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg | 1 or 1b* | DO |
| propranolol hcl oral tablet 80 mg | 1 or 1b* | QL |
| sotalol hcl (af) oral tablet | 2 | |
| sotalol hcl oral tablet | 2 | QL |
| timolol maleate oral tablet 10 mg, 20 mg | 1 or 1b* | QL |
| timolol maleate oral tablet 5 mg | 1 or 1b* | DO |
| BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA | | |
| carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg | 1 or 1b* | DO |
| carvedilol oral tablet 25 mg | 1 or 1b* | QL |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg | 2 | DO |
| carvedilol phosphate er oral capsule extended release 24 hour 80 mg | 2 | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| labetalol hcl oral tablet 100 mg, 200 mg | 1 or 1b* | DO |
| labetalol hcl oral tablet 300 mg | 1 or 1b* | QL |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate oral tablet 10 mg | 1 or 1b* | QL |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg | 1 or 1b* | QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| diltiazem hcl intravenous solution | 1 or 1b* | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule 2.5 mg | 1 or 1b* | DO |
| isradipine oral capsule 5 mg | 1 or 1b* | QL |
| levamlodipine maleate oral tablet 2.5 mg | 1 or 1b* | ST; DO |
| levamlodipine maleate oral tablet 5 mg | 1 or 1b* | ST; QL |
| matzim la oral tablet extended release 24 hour | 1 or 1b* | QL |
| nicardipine hcl intravenous solution | 1 or 1b* | |
| nicardipine hcl oral capsule | 1 or 1b* | QL |
| nifedipine er oral tablet extended release 24 hour | 2 | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 2 | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 2 | QL |
| nifedipine oral capsule 10 mg | 2 | DO |
| nifedipine oral capsule 20 mg | 2 | QL |
| nimodipine oral capsule | 2 | QL |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | 1 or 1b* | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | 1 or 1b* | QL |

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

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| 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* | |
| 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 | |
| CEFALOSPORINAS | | |
| CEFALOSPORINAS - 1.^a GENERACIÓN | | |
| cefadroxil oral capsule | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg | 2 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 2 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |
| CEFALOSPORINAS - 2.^a GENERACIÓN | | |
| CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 2 | |
| cefaclor oral capsule | 1 or 1b* | |
| cefaclor oral suspension reconstituted 250 mg/5ml | 1 or 1b* | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| cefoxitin sodium intravenous solution reconstituted | 2 | |
| cefprozil oral suspension reconstituted | 1 or 1b* | |
| cefprozil oral tablet | 1 or 1b* | |
| cefuroxime axetil oral tablet | 1 or 1b* | |
| cefuroxime sodium injection solution reconstituted 750 mg | 2 | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | 2 | |
| CEFALOSPORINAS - 3.^a GENERACIÓN | | |
| cefdinir oral capsule | 1 or 1b* | |
| cefdinir oral suspension reconstituted | 1 or 1b* | |
| cefixime oral capsule | 2 | |
| cefixime oral suspension reconstituted | 2 | |
| cefpodoxime proxetil oral suspension reconstituted | 2 | |
| cefpodoxime proxetil oral tablet | 2 | |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ceftazidime injection solution reconstituted 1 gm, 6 gm | 2 | |
| ceftazidime intravenous solution reconstituted | 2 | |
| ceftriaxone sodium in dextrose intravenous solution | 2 | QL |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 2 | QL |
| ceftriaxone sodium intravenous solution reconstituted | 2 | QL |
| tazicef injection solution reconstituted 1 gm | 2 | |
| tazicef intravenous solution reconstituted | 2 | |
| CEFALOSPORINAS - 4.ª GENERACIÓN | | |
| cefepime hcl injection solution reconstituted 1 gm | 2 | |
| cefepime hcl intravenous solution reconstituted 2 gm | 2 | |
| CLASES TERAPÉUTICAS VARIAS | | |
| AGENTES LIBERADORES DE POTASIO | | |
| KIONEX ORAL SUSPENSION | 2 | |
| LOKELMA ORAL PACKET | 3 | QL |
| sodium polystyrene sulfonate oral powder | 2 | |
| sps oral suspension | 2 | |
| AGENTES PARA LA ESCLEROSIS | | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 1 or 1b* | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| AGENTES QUELANTES | | |
| penicillamine oral tablet | 2 | PA; QL; SP |
| trientine hcl oral capsule 250 mg | 4 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANÁLOGOS DE LA CICLOSPORINA | | |
| cyclosporine modified oral capsule | 4 | |
| cyclosporine modified oral solution | 4 | |
| cyclosporine oral capsule | 4 | |
| gengraf oral capsule 100 mg, 25 mg | 4 | |
| gengraf oral solution | 4 | |
| ANÁLOGOS DE LA PURINA | | |
| azasan oral tablet | 1 or 1b* | |
| azathioprine oral tablet | 1 or 1b* | |
| ANTILEPROSOS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 4 | PA; LD; QL; SP |
| INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA | | |
| mycophenolate mofetil oral capsule | 4 | |
| mycophenolate mofetil oral suspension reconstituted | 4 | |
| mycophenolate mofetil oral tablet | 4 | |
| mycophenolate sodium oral tablet delayed release | 4 | |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 4 | |
| INMUNODEPRESORES MACRÓLIDOS | | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 4 | |
| sirolimus oral solution | 4 | |
| sirolimus oral tablet | 4 | |
| tacrolimus oral capsule | 4 | |
| INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS | | |
| lenalidomide oral capsule | 4 | PA; LD; QL; SP |
| REVLIMID ORAL CAPSULE | 4 | PA; LD; QL; SP |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| SOLUCIONES DE IRRIGACIÓN | | |
| argyle sterile water irrigation solution | 1 or 1b* | |
| lactated ringers irrigation solution | 1 or 1b* | |
| physiolyte irrigation solution | 1 or 1b* | |
| physiosol irrigation irrigation solution | 1 or 1b* | |
| ringers irrigation irrigation solution | 1 or 1b* | |
| sterile water for irrigation irrigation solution | 1 or 1b* | |
| tis-u-sol irrigation solution | 1 or 1b* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | |
| CORTICOESTEROIDES | | |
| GLUCOCORTICOIDES | | |
| budesonide er oral tablet extended release 24 hour | 2 | QL |
| budesonide oral capsule delayed release particles | 2 | QL |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | | |
| dexamethasone oral elixir | 1 or 1a* | |
| dexamethasone oral solution | 1 or 1a* | |
| dexamethasone oral tablet | 1 or 1a* | |
| dexamethasone oral tablet therapy pack | 1 or 1b* | |
| dexamethasone sod phos +rfid injection solution prefilled syringe | 1 or 1b* | |
| dexamethasone sod phosphate pf injection solution | 1 or 1b* | |
| DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | 1 or 1b* | |
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| hidex 6-day oral tablet therapy pack | 1 or 1b* | |
| hydrocortisone oral tablet | 1 or 1b* | |
| methylprednisolone oral tablet | 1 or 1a* | |
| methylprednisolone oral tablet therapy pack | 1 or 1a* | |
| 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 | 2 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 or 1a* | |
| prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg | 1 or 1a* | QL |
| prednisolone sodium phosphate oral tablet dispersible 15 mg | 1 or 1a* | DO |
| 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 | | |
| 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* | |
| MINERALCORTICOIDES | | |
| fludrocortisone acetate oral tablet | 1 or 1b* | |
| DISPOSITIVOS MÉDICOS | | |
| AGUJAS Y JERINGAS | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| 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 | QL |
| ASSURE ID PRO PEN NEEDLES | 3 | QL |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 3 | ST; QL |
| aum insulin safety pen needle | 3 | ST; QL |
| AUM MINI INSULIN PEN NEEDLE | 3 | ST; QL |
| aum pen needle | 3 | ST; QL |
| AUM READYGARD DUO PEN NEEDLE | 3 | ST; QL |
| AUM SAFETY PEN NEEDLE | 3 | ST; QL |
| AURORA PEN NEEDLES | 3 | ST; QL |
| BD AUTOSHIELD DUO | 2 | QL |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | QL |
| BD INSULIN SYRINGE HALF-UNIT | 2 | QL |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL |
| BD INSULIN SYRINGE U/F | 2 | QL |
| BD INSULIN SYRINGE U/F 1/2UNIT | 2 | QL |
| BD INSULIN SYRINGE U-500 | 2 | QL |

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

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| 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 |
| COMFORT EZ MICRO PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM | 3 | ST; QL |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 3 | QL |
| COMFORT EZ SHORT PEN NEEDLES | 3 | ST; QL |
| COMFORT TOUCH INSULIN PEN NEED | 3 | ST; QL |
| DIATHRIVE PEN NEEDLE | 3 | ST; QL |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 3 | QL |
| DROPLET MICRON | 3 | QL |
| DROPLET PEN NEEDLES | 3 | ST; QL |

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

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| EMBRACE PEN NEEDLES | 3 | ST; QL |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| 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 |
| GNP CLICKFINE PEN NEEDLES | 3 | ST; QL |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| GNP INSULIN SYRINGES | 3 | ST; QL |
| GNP INSULIN SYRINGES 28GX1/2" | 3 | ST; QL |
| GNP INSULIN SYRINGES 29GX1/2" | 3 | ST; QL |
| GNP INSULIN SYRINGES 30GX5/16" | 3 | ST; QL |
| GNP INSULIN SYRINGES 31GX5/16" | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| GNP ULTICARE PEN NEEDLES | 3 | ST; QL |
| GNP ULTIGUARD SAFEPAK NEEDLE | 3 | ST; QL |
| GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML | 3 | ST; QL |
| GOODSENSE CLICKFINE PEN NEEDLE | 3 | ST; QL |
| GOODSENSE PEN NEEDLE PENFINE | 3 | ST; QL |
| HEALTHWISE INSULIN SYR/NEEDLE | 3 | ST; QL |
| HEALTHWISE MICRON PEN NEEDLES | 3 | ST; QL |
| HEALTHWISE SHORT PEN NEEDLES | 3 | ST; QL |
| H-E-B INCONTROL PEN NEEDLES | 3 | ST; QL |
| H-E-B INCONTROL UNIFINE PENTIP | 3 | ST; QL |
| HM ULTICARE INSULIN SYRINGE | 3 | ST; QL |
| HM ULTICARE MINI PEN NEEDLES | 3 | ST; QL |
| HM ULTICARE SHORT PEN NEEDLES | 3 | ST; QL |
| INCONTROL ULTICARE PEN NEEDLES | 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 |
| 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 |

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| KINRAY INSULIN SYRINGE | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 29G | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 30G | 3 | ST; QL |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| KROGER PEN NEEDLES | 3 | ST; QL |
| LEADER INSULIN SYRINGE | 3 | ST; QL |
| LEADER UNIFINE PENTIPS | 3 | ST; QL |
| LEADER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| LITETOUCH INSULIN SYRINGE | 3 | ST; QL |
| LITETOUCH PEN NEEDLES | 3 | ST; QL |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 3 | ST; QL |
| MAGELLAN INSULIN SAFETY SYR | 3 | ST; QL |
| MARATHON MEDICAL PENTIPS | 3 | ST; QL |
| MAXICOMFORT II PEN NEEDLE | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| MAXI-COMFORT INSULIN SYRINGE | 3 | ST; QL |
| MAXI-COMFORT SAFETY PEN NEEDLE | 3 | ST; QL |
| MAXICOMFORT SYR 27G X 1/2" | 3 | ST; QL |
| MEDIC INSULIN SYRINGE | 3 | ST; QL |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM | 3 | ST; QL |
| MEIJER PEN NEEDLES | 3 | ST; QL |
| MICRODOT PEN NEEDLE | 3 | ST; QL |
| MM INSULIN SYRINGE/NEEDLE | 3 | ST; QL |
| MM PEN NEEDLES | 3 | ST; QL |
| MONOJECT INSULIN SYRINGE | 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 |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| NOVOFINE PEN NEEDLE | 3 | ST; QL |
| NOVOFINE PLUS PEN NEEDLE | 3 | ST; QL |
| PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL |
| PEN NEEDLES | 3 | ST; QL |
| PEN NEEDLES 5/16" 31G X 8 MM | 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 |
| pip pen needles 31g x 5mm | 3 | ST; QL |
| pip pen needles 32g x 4mm | 3 | ST; QL |

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL |
| PREFERRED PLUS INSULIN SYRINGE | 3 | ST; QL |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 3 | ST; QL |
| PREVENT DROPSAFE PEN NEEDLES | 3 | ST; QL |
| PREVENT SAFETY PEN NEEDLES | 3 | ST; QL |
| PRO COMFORT INSULIN SYRINGE | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 3 | ST; QL |
| PRODIGY INSULIN SYRINGE | 3 | ST; QL |
| PURE COMFORT PEN NEEDLE | 3 | ST; QL |
| pure comfort safety pen needle | 3 | QL |
| PX EXTRA SHORT PEN NEEDLES | 3 | ST; QL |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | 3 | ST; QL |
| PX MINI PEN NEEDLES | 3 | ST; QL |
| PX PEN NEEDLE | 3 | ST; QL |
| QC PEN NEEDLES | 3 | ST; QL |
| QC UNIFINE PENTIPS | 3 | ST; QL |
| RA INSULIN SYRINGE | 3 | ST; QL |
| RA PEN NEEDLES | 3 | ST; QL |
| raya sure pen needle | 3 | ST; QL |
| REALITY INSULIN SYRINGE | 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 |
| RELION MINI PEN NEEDLES | 3 | ST; QL |
| RELION PEN NEEDLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| RELION SHORT PEN NEEDLES | 3 | ST; QL |
| safety pen needles | 3 | ST; QL |
| SB INSULIN SYRINGE | 3 | ST; QL |
| SECURESAFE INSULIN SYRINGE | 3 | ST; QL |
| SECURESAFE SAFETY PEN NEEDLES | 3 | ST; QL |
| SURE COMFORT INSULIN SYRINGE | 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 |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM | 3 | |
| TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 6 MM | 3 | ST; QL |
| TECHLITE PLUS PEN NEEDLES | 3 | ST; QL |
| TODAYS HEALTH PEN NEEDLES | 3 | ST; QL |
| TODAYS HEALTH SHORT PEN NEEDLE | 3 | ST; QL |
| TOPCARE CLICKFINE PEN NEEDLES | 3 | ST; QL |
| TOPCARE ULTRA COMFORT INS SYR | 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 |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |

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En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| TRUE COMFORT PEN NEEDLES | 3 | ST; QL |
| TRUE COMFORT PRO INSULIN SYR | 3 | ST; QL |
| TRUE COMFORT PRO PEN NEEDLES | 3 | ST; QL |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 3 | QL |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| TRUEPLUS INSULIN SYRINGE | 3 | ST; QL |
| TRUEPLUS PEN NEEDLES | 3 | ST; QL |
| ULTICARE INSULIN SAFETY SYR | 3 | ST; QL |
| ULTICARE INSULIN SYR 1/2 UNIT | 3 | ST; QL |
| ULTICARE INSULIN SYRINGE | 3 | ST; QL |
| ULTICARE MICRO PEN NEEDLES | 3 | ST; QL |
| ULTICARE MINI PEN NEEDLES | 3 | ST; QL |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 3 | ST; QL |
| ULTICARE SHORT PEN NEEDLES | 3 | ST; QL |
| ULTIGUARD SAFEPACK PEN NEEDLE | 3 | ST; QL |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 3 | ST; QL |
| ULTILET PEN NEEDLE | 3 | ST; QL |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL |
| ULTRA FLO INSULIN PEN NEEDLES | 3 | ST; QL |
| ULTRA FLO INSULIN SYR 1/2 UNIT | 3 | ST; QL |
| ULTRA FLO INSULIN SYRINGE | 3 | ST; QL |
| ULTRA THIN PEN NEEDLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| ULTRACARE INSULIN SYRINGE | 3 | ST; QL |
| ULTRACARE PEN NEEDLES | 3 | ST; QL |
| ULTRA-THIN II INS SYR SHORT | 3 | ST; QL |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| ULTRA-THIN II MINI PEN NEEDLE | 3 | ST; QL |
| ULTRA-THIN II PEN NEEDLE SHORT | 3 | ST; QL |
| ULTRA-THIN II PEN NEEDLES | 3 | ST; QL |
| UNIFINE PENTIPS | 3 | ST; QL |
| UNIFINE PENTIPS PLUS | 3 | ST; QL |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM | 3 | QL |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| UNIFINE SAFECONTROL PEN NEEDLE | 3 | ST; QL |
| UNIFINE ULTRA PEN NEEDLE | 3 | ST; QL |
| VALUE HEALTH INSULIN SYRINGE | 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 |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | 3 | QL |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM | 3 | QL |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|---------|
| 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 | 3 | ST; QL |
| VP INSULIN SYRINGE | 3 | ST; QL |
| WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ZEV RX INSULIN SYRINGE | 3 | ST; QL |
| ZEV RX PEN NEEDLES | 3 | ST; QL |
| CAPUCHONES CERVICALES | | |
| FEMCAP VAGINAL DEVICE | 2 | \$0 |
| DIAFRAGMAS | | |
| CAYA VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | 2 | \$0 |
| PRESERVATIVOS (FEMENINOS) | | |
| FC2 FEMALE CONDOM | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA | | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL |
| COAGUCHEK LANCETS | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DEXCOM G7 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | 2 | PA; QL |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL |
| SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA | | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 2 | PA; QL |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | PA; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| DIURÉTICOS | | |
| COMBINACIONES DE DIURÉTICOS | | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| spironolactone-hctz oral tablet | 1 or 1b* | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |
| DIURÉTICOS AHORRADORES DE POTASIO | | |
| amiloride hcl oral tablet | 2 | |
| spironolactone oral suspension | 1 or 1b* | |
| spironolactone oral tablet | 1 or 1a* | |
| triamterene oral capsule | 2 | |
| DIURÉTICOS DEL ASA | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| ethacrynic acid oral tablet | 2 | |
| furosemide injection solution 10 mg/ml | 1 or 1a* | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| torsemide oral tablet | 1 or 1b* | |
| DIURÉTICOS OSMÓTICOS | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 20 % | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS | | |
| chlorothiazide sodium intravenous solution reconstituted | 1 or 1b* | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 or 1a* | |
| hydrochlorothiazide oral capsule | 1 or 1a* | |
| hydrochlorothiazide oral tablet | 1 or 1a* | |
| indapamide oral tablet | 1 or 1b* | |
| metolazone oral tablet | 1 or 1b* | |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| dichlorphenamide oral tablet | 4 | PA; QL |
| methazolamide oral tablet | 2 | |
| ORMALVI ORAL TABLET | 4 | PA; QL |
| ESTRÓGENOS | | |
| ESTRÓGENO Y PROGESTINA | | |
| BIJUVA ORAL CAPSULE | 2 | QL |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | QL |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | QL |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREMPHASE ORAL TABLET | 2 | |

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

En vigencia desde el 10/01/2024

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| PREMPRO ORAL TABLET | 2 | |
| ESTRÓGENOS | | |
| dotti transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal gel | 2 | QL |
| estradiol transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol transdermal patch weekly | 1 or 1b* | QL |
| estradiol valerate intramuscular oil | 1 or 1b* | |
| EVAMIST TRANSDERMAL SOLUTION | 2 | QL |
| lyllana transdermal patch twice weekly | 1 or 1b* | QL |
| MENEST ORAL TABLET | 2 | |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |
| PREMARIN ORAL TABLET | 2 | QL |
| FLUROQUINOLONAS | | |
| FLUROQUINOLONAS | | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | |
| ciprofloxacin in d5w intravenous solution | 2 | |
| levofloxacin in d5w intravenous solution | 2 | |
| levofloxacin intravenous solution | 2 | QL |
| levofloxacin oral solution | 2 | |
| levofloxacin oral tablet | 1 or 1b* | |
| moxifloxacin hcl oral tablet | 2 | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 or 1b* | |
| HIPNÓTICOS | | |
| AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO | | |
| ramelteon oral tablet | 2 | QL |
| tasimelteon oral capsule | 4 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| HIPNÓTICOS - AGENTES TRICÍCLICOS | | |
| doxepin hcl oral tablet | 2 | ST; QL |
| HIPNÓTICOS BARBITÚRICOS | | |
| pentobarbital sodium injection solution | 1 or 1b* | |
| phenobarbital oral elixir | 1 or 1b* | QL |
| phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg | 1 or 1b* | QL |
| phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg | 1 or 1b* | DO |
| phenobarbital sodium injection solution | 1 or 1b* | |
| HIPNÓTICOS DE LA BENZODIAZEPINA | | |
| estazolam oral tablet | 1 or 1b* | QL |
| flurazepam hcl oral capsule | 1 or 1b* | QL |
| midazolam hcl (pf) injection solution | 1 or 1b* | |
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml | 1 or 1b* | |
| midazolam hcl oral syrup | 1 or 1b* | QL |
| quazepam oral tablet | 1 or 1b* | QL |
| temazepam oral capsule | 1 or 1b* | QL |
| triazolam oral tablet | 1 or 1b* | QL |
| MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA | | |
| eszopiclone oral tablet 1 mg, 2 mg | 1 or 1b* | QL |
| eszopiclone oral tablet 3 mg | 1 or 1b* | AL; QL |
| zaleplon oral capsule | 1 or 1b* | QL |
| zolpidem tartrate er oral tablet extended release | 1 or 1b* | QL |
| zolpidem tartrate oral tablet | 1 or 1b* | QL |
| zolpidem tartrate sublingual tablet sublingual | 2 | ST; QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| SEDATIVOS AGONISTAS DEL RECEPTOR ADRENÉRGICO ALFA 2 SELECTIVO | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| LAXANTES | | |
| COMBINACIONES DE LAXANTES | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| gavilyte-g oral solution reconstituted | 1 or 1a* | \$0; QL |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | 1 or 1b* | \$0; QL |
| 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/ascorbic acid oral solution reconstituted | 1 or 1b* | \$0; QL |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | 1 or 1b* | \$0; QL |
| SUTAB ORAL TABLET | 2 | QL |
| LAXANTES ESTIMULANTES | | |
| alophen oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| cvs c-lax laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| cvs gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| eq gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| eql laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ex-lax ultra oral tablet delayed release | 1 or 1a* | \$0 |
| ft laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| gnp womens gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense bisacodyl laxative oral tablet delayed release | 1 or 1a* | \$0 |
| kp bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| laxative oral tablet delayed release | 1 or 1a* | \$0 |
| qc gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| qc gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| qc laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| sb bisacodyl laxative ec oral tablet delayed release | 1 or 1a* | \$0 |
| sb gentle lax-women oral tablet delayed release | 1 or 1a* | \$0 |
| sm gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womans laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womens laxative oral tablet delayed release | 1 or 1a* | \$0 |

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

En vigencia desde el 10/01/2024

| 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 |
| hm milk of magnesia oral suspension | 1 or 1b* | \$0 |
| magnesium citrate oral solution 1.745 gm/30ml | 1 or 1a* | \$0 |
| milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | | |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ra magnesium citrate oral solution | 1 or 1a* | \$0 |
| ra milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sb magnesium citrate oral solution | 1 or 1a* | \$0 |
| sb milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sm milk of magnesia oral suspension 1200 mg/15ml | 1 or 1b* | \$0 |
| LAXANTES VARIOS | | |
| clearlax oral powder | 1 or 1b* | \$0 |
| constulose oral solution | 1 or 1b* | QL |
| cvs purelax oral packet | 1 or 1b* | \$0 |
| cvs purelax oral powder | 1 or 1b* | \$0 |
| eq clearlax oral powder | 1 or 1b* | \$0 |
| eq laxative oral packet | 1 or 1b* | \$0 |
| eql clearlax oral powder | 1 or 1b* | \$0 |
| ft clearlax oral powder | 1 or 1b* | \$0 |
| gavilax oral powder | 1 or 1b* | \$0 |
| gentlelax oral powder | 1 or 1b* | \$0 |
| glycolax oral powder | 1 or 1b* | \$0 |
| gnp clearlax oral packet | 1 or 1b* | \$0 |
| gnp clearlax oral powder | 1 or 1b* | \$0 |
| goodsense clearlax oral powder | 1 or 1b* | \$0 |
| healthylax oral packet | 1 or 1b* | \$0 |
| hm clearlax oral powder | 1 or 1b* | \$0 |
| kls laxaclear oral powder | 1 or 1b* | \$0 |
| lactulose oral solution | 1 or 1b* | QL |
| mm clearlax oral powder | 1 or 1b* | \$0 |
| peg 3350 oral packet | 1 or 1b* | \$0 |
| peg 3350 oral powder | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral packet 17 gm | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| qc natura-lax oral powder | 1 or 1b* | \$0 |
| ra laxative oral powder | 1 or 1b* | \$0 |
| sb polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| sm clearlax oral powder | 1 or 1b* | \$0 |
| smooth lax oral packet | 1 or 1b* | \$0 |
| smooth lax oral powder | 1 or 1b* | \$0 |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| true laxative oral powder | 1 or 1b* | \$0 |
| MACRÓLIDOS | | |
| AZITROMICINA | | |
| azithromycin intravenous solution reconstituted 500 mg | 2 | |
| azithromycin oral packet | 1 or 1b* | |
| azithromycin oral suspension reconstituted | 1 or 1b* | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 or 1b* | |
| CLARITROMICINA | | |
| clarithromycin er oral tablet extended release 24 hour | 1 or 1b* | |
| clarithromycin oral suspension reconstituted | 1 or 1b* | |
| clarithromycin oral tablet | 1 or 1b* | |
| ERITROMICINAS | | |
| e.e.s. 400 oral tablet | 1 or 1b* | |
| ery-tab oral tablet delayed release | 1 or 1b* | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 2 | |
| erythromycin ethylsuccinate oral tablet | 1 or 1b* | |
| erythromycin lactobionate intravenous solution reconstituted | 2 | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA | | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS | | |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | AL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS | | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | 1 or 1b* | AL; QL |
| promethazine-codeine oral solution | 1 or 1a* | AL; QL |
| ANTITUSIVOS - EXPECTORANTES | | |
| g tussin ac oral solution | 1 or 1a* | AL; QL |
| guaifenesin-codeine oral solution | 1 or 1a* | AL; QL |
| maxi-tuss ac oral solution | 1 or 1a* | AL; QL |
| ANTITUSIVOS - NO NARCÓTICOS | | |
| benzonatate oral capsule | 1 or 1b* | |
| ANTITUSIVOS - OPIOIDES | | |
| hydrocodone bit-homatrop mbr oral solution | 1 or 1a* | AL |
| hydrocodone bit-homatrop mbr oral tablet | 1 or 1a* | PA |
| hydromet oral solution | 1 or 1a* | AL |
| DESCONGESTIVO Y ANTIHISTAMÍNICO | | |
| promethazine vc oral syrup | 1 or 1b* | QL |
| promethazine-phenylephrine oral syrup | 1 or 1b* | QL |
| INHALANTES RESPIRATORIOS VARIOS | | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 2 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | 1 or 1b* | |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 2 | |
| MUCOLÍTICOS | | |
| acetylcysteine inhalation solution | 2 | |
| MEDICAMENTOS PARA ÚLCERAS | | |
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO | | |
| bis subcit-metronid-tetracyc oral capsule | 2 | ST; QL |
| bismuth/metronidaz/tetracycl in oral capsule | 2 | ST; QL |
| ANTAGONISTAS H2 | | |
| cimetidine hcl oral solution 300 mg/5ml | 1 or 1b* | QL |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 or 1b* | QL |
| famotidine (pf) intravenous solution | 1 or 1b* | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |
| famotidine oral suspension reconstituted | 1 or 1b* | QL |
| famotidine oral tablet 40 mg | 1 or 1b* | QL |
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | QL |
| ANTICOLINÉRGICOS NASALES CUATERNARIOS | | |
| glycopyrrolate injection solution | 1 or 1b* | |
| glycopyrrolate oral solution | 2 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML | 1 or 1b* | |
| methscopolamine bromide oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ANTIESPASMÓDICOS | | |
| dicyclomine hcl intramuscular solution | 2 | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution | 1 or 1a* | |
| dicyclomine hcl oral tablet | 1 or 1a* | |
| ANTIULCEROSOS VARIOS | | |
| sucralfate oral suspension | 2 | |
| sucralfate oral tablet | 1 or 1b* | |
| COMBINACIONES DE ANTICOLINÉRGICOS | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| INHIBIDORES DE LA BOMBA DE PROTONES | | |
| esomeprazole magnesium oral capsule delayed release | 1 or 1b* | |
| esomeprazole magnesium oral packet | 1 or 1b* | |
| lansoprazole oral capsule delayed release 30 mg | 1 or 1b* | |
| omeprazole oral capsule delayed release | 1 or 1b* | |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | |
| MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS | | |
| misoprostol oral tablet | 1 or 1a* | |
| MINERALES Y ELECTROLITOS | | |
| BICARBONATOS | | |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 % | 2 | |
| COMBINACIONES DE CALCIO | | |
| calcium 600-vitamin d3 oral tablet | 1 or 1b* | |
| ELECTROLITOS PARENTERALES | | |
| KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-% | 1 or 1b* | |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-% | 1 or 1b* | |
| KCL (0.298%) IN NACL INTRAVENOUS SOLUTION | 1 or 1b* | |
| lactated ringers intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 5.5 intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 7.4 intravenous solution | 1 or 1b* | |
| ringers intravenous solution | 1 or 1b* | |
| ELECTROLITOS Y DEXTROSA | | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |
| dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |
| potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 or 1b* | |
| FLUORURO | | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | 1 or 1a* | \$0 |
| sodium fluoride oral tablet | 1 or 1a* | \$0 |
| sodium fluoride oral tablet chewable | 1 or 1a* | \$0 |
| FOSFATO | | |
| K-PHOS ORAL TABLET | 2 | |
| phospha 250 neutral oral tablet | 1 or 1b* | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin k500 oral tablet | 1 or 1b* | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |
| sodium phosphates intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| MAGNESIO | | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 2 | |
| MANGANESO | | |
| manganese chloride intravenous solution | 1 or 1b* | |
| OLIGOELEMENTOS | | |
| chromic chloride intravenous solution | 1 or 1b* | |
| SELENIOS 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 10 meq, 20 meq, 8 meq | 1 or 1b* | |
| potassium chloride er oral tablet extended release 15 meq | 1 or 1a* | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |
| SODIO | | |
| aquastat intravenous solution | 2 | |
| AQUASTAT SFR INTRAVENOUS SOLUTION | 2 | |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| bd posiflush intravenous solution | 2 | |
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION | 2 | |
| monoject flush syringe intravenous solution | 2 | |
| monoject sodium chloride flush intravenous solution | 2 | |
| normal saline flush intravenous solution | 2 | |
| sodium chloride (pf) injection solution | 2 | |
| sodium chloride flush intravenous solution | 2 | |
| sodium chloride injection solution 2.5 meq/ml | 2 | |
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 % | 2 | |
| ZINC | | |
| zinc sulfate intravenous solution | 1 or 1b* | |
| MULTIVITAMINAS | | |
| VITAMINAS CON LIPOTRÓPICOS | | |
| b complex formula 1 (lipotrop) oral tablet | 1 or 1b* | \$0 |
| balance b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-50 complex oral tablet | 1 or 1b* | \$0 |
| VITAMINAS DEL COMPLEJO B | | |
| allbee/c oral tablet | 1 or 1b* | \$0 |
| b complex 100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b complex formula 1 (w/ fa) oral tablet | 1 or 1b* | \$0 |
| b complex-b12 oral tablet | 1 or 1b* | \$0 |
| b complex-c oral tablet | 1 or 1b* | \$0 |
| B COMPLEX-C-BIOTIN-E-FA ORAL TABLET | 2 | \$0 |
| b complex-c-folic acid oral tablet | 1 or 1b* | \$0 |
| b-100 b-complex oral tablet | 1 or 1b* | \$0 |
| b-100 complex cr oral tablet extended release | 1 or 1b* | \$0 |

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

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| eql super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| FULL SPECTRUM B/VITAMIN C ORAL TABLET | 1 or 1b* | \$0 |
| gnp b-100 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-50 complex oral tablet extended release | 1 or 1b* | \$0 |
| gnp b-complex plus vitamin c oral tablet | 1 or 1b* | \$0 |
| kobee oral tablet | 1 or 1b* | \$0 |
| kp b complex-c oral tablet | 1 or 1b* | \$0 |
| nephro vitamins oral tablet | 1 or 1b* | \$0 |
| NEPHRO-VITE ORAL TABLET | 1 or 1b* | \$0 |
| qc b50 prolonged release oral tablet extended release | 1 or 1b* | \$0 |
| qc b-complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| quin b strong b-25 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-100 cr oral tablet extended release | 1 or 1b* | \$0 |
| ra balanced b-100 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-50 oral tablet | 1 or 1b* | \$0 |
| ra balanced b-50 tr oral tablet extended release | 1 or 1b* | \$0 |
| ra b-complex oral tablet | 1 or 1b* | \$0 |
| ra b-complex with b-12 oral tablet | 1 or 1b* | \$0 |
| renal vitamin oral tablet | 1 or 1b* | \$0 |
| rena-vite oral tablet | 1 or 1b* | \$0 |
| sm b super vitamin complex oral tablet | 1 or 1b* | \$0 |
| sm b100 complex oral tablet | 1 or 1b* | \$0 |
| sm balanced b-100 oral tablet | 1 or 1b* | \$0 |
| sm balanced b-50 oral tablet | 1 or 1b* | \$0 |
| sm b-complex oral tablet | 1 or 1b* | \$0 |
| SM B-COMPLEX/VITAMIN C ORAL TABLET | 2 | \$0 |
| sm super b complex/c oral tablet | 1 or 1b* | \$0 |
| sm vitamin b complex/vitamin c oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| stress formula (folic acid) oral tablet | 1 or 1b* | \$0 |
| super b complex/fa/vit c oral tablet | 1 or 1b* | \$0 |
| super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex + vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex oral tablet | 1 or 1b* | \$0 |
| super b-complex/vit c/fa oral tablet | 1 or 1b* | \$0 |
| super dec b-100 oral tablet | 1 or 1b* | \$0 |
| super quints b-50 oral tablet | 1 or 1b* | \$0 |
| vitamin b complex oral tablet | 1 or 1b* | \$0 |
| vitamin b complex w/b-12 oral tablet | 1 or 1b* | \$0 |
| vitamin-b complex oral tablet | 1 or 1b* | \$0 |
| yl balanced b-100 oral tablet | 1 or 1b* | \$0 |
| VITAMINAS PEDIÁTRICAS | | |
| multivitamin w/fluoride oral tablet chewable | 1 or 1b* | \$0 |
| multi-vitamin/fluoride oral solution | 1 or 1b* | \$0 |
| multi-vitamin/fluoride/iron oral solution | 1 or 1b* | |
| tri-vite/fluoride oral solution | 1 or 1b* | \$0 |
| vitamins acid-fluoride oral solution 0.5 mg/ml | 1 or 1b* | \$0 |
| VITAMINAS PRENATALES | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | 2 | QL |
| ATABEX OB ORAL TABLET | 2 | QL |
| CITRANATAL B-CALM ORAL | 2 | QL |
| CLASSIC PRENATAL ORAL TABLET | 2 | \$0; QL |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |

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

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------------|
| CO-NATAL FA ORAL TABLET | 2 | QL |
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | QL |
| elite-ob oral tablet | 1 or 1b* | QL |
| ENFAMIL EXPECTA ORAL | 2 | \$0; QL |
| EQL PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| GNP PRENATAL ORAL TABLET | 2 | \$0; QL |
| inatal gt oral tablet | 1 or 1b* | QL |
| M-NATAL PLUS ORAL TABLET | 1 or 1b* | QL |
| NATALVIT ORAL TABLET | 2 | QL |
| NIVA-PLUS ORAL TABLET | 2 | QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | QL |
| pnv prenatal plus multivit+dha oral | 2 | QL |
| pnv-dha oral capsule | 1 or 1b* | QL |
| pnv-select oral tablet | 1 or 1b* | ST; QL |
| PRENATAL (W/IRON & FA) ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL 19 ORAL TABLET 29-1 MG | 2 | QL |
| prenatal 19 oral tablet chewable | 1 or 1a* | QL |
| PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| PRENATAL COMPLETE ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | 2 | \$0; QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL PLUS ORAL TABLET | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|---------|
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET | 2 | \$0; QL |
| PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL-U ORAL CAPSULE | 2 | QL |
| PROVIDA OB ORAL CAPSULE | 2 | QL |
| QC PRENATAL ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL ORAL TABLET | 2 | \$0; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| SE-NATAL 19 ORAL TABLET | 2 | QL |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 2 | QL |
| SM PRENATAL VITAMINS ORAL TABLET | 2 | \$0; QL |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 2 | QL |
| THRIVITE RX ORAL TABLET | 2 | ST; QL |
| TRICARE ORAL TABLET | 2 | QL |
| TRINATAL RX 1 ORAL TABLET | 2 | QL |
| trinate oral tablet | 1 or 1a* | QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 2 | QL |
| VITAFOL STRIPS ORAL FILM | 2 | ST; QL |
| wesnatal dha complete oral | 2 | QL |
| WESTAB PLUS ORAL TABLET | 2 | QL |
| NUTRIENTES | | |
| CARBOHIDRATOS | | |
| dextrose intravenous solution 10 %, 5 %, 70 % | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| MEZCLAS DE AMINOÁCIDOS | | |
| aminosyn ii intravenous solution 15 % | 1 or 1b* | |
| clinisol sf intravenous solution | 1 or 1b* | |
| plenamine intravenous solution | 1 or 1b* | |
| OXITÓCICOS | | |
| ABORTIFACIENTES/MA DURACIÓN CERVICAL - PROSTAGLANDINAS | | |
| carboprost tromethamine intramuscular solution | 1 or 1b* | |
| OXITÓCICOS | | |
| methergine oral tablet | 1 or 1b* | |
| methylergonovine maleate injection solution | 1 or 1b* | |
| methylergonovine maleate oral tablet | 1 or 1b* | |
| oxytocin injection solution | 1 or 1b* | |
| PENICILINAS | | |
| AMINOPENICILINAS | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml | 1 or 1a* | |
| amoxicillin oral tablet | 1 or 1a* | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 or 1a* | |
| ampicillin oral capsule 500 mg | 1 or 1a* | |
| ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg | 2 | |
| ampicillin sodium intravenous solution reconstituted | 2 | |
| COMBINACIONES DE PENICILINA | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 or 1b* | |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| amoxicillin-pot clavulanate oral tablet chewable 400-57 mg | 1 or 1b* | |
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 2 | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | 2 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2 | |
| piperacillin sod-tazobactam so intravenous solution reconstituted | 2 | |
| PENICILINAS NATURALES | | |
| penicillin g potassium injection solution reconstituted | 2 | |
| penicillin g sodium injection solution reconstituted | 2 | |
| penicillin v potassium oral solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral tablet | 1 or 1b* | |
| pfizerpen injection solution reconstituted | 2 | |
| PENICILINAS RESISTENTES A LA PENICILINASA | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| nafcillin sodium intravenous solution reconstituted 10 gm | 2 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 2 | |
| oxacillin sodium intravenous solution reconstituted | 2 | |

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| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------|
| PRODUCTOS DE DIAGNÓSTICO | | |
| ANÁLISIS DE DIAGNÓSTICO | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | 2 | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | 2 | QL |
| PRODUCTOS DIETARIOS/PRODUCTOS DE CONTROL DIETARIO | | |
| SUPLEMENTOS NUTRICIONALES | | |
| BOOST ORIGINAL ORAL LIQUID | 2 | |
| KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID | 2 | |
| KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID | 2 | |
| NEOCATE SYNEO JUNIOR ORAL POWDER | 2 | |
| PRODUCTOS DIGESTIVOS | | |
| COMBINACIONES DE ENZIMAS DIGESTIVAS | | |
| lipase concentrate-hp oral capsule 55.5 mg | 2 | |
| ENZIMAS DIGESTIVAS | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | QL |
| VIOKACE ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| 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 | 2 | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 2 | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 2 | QL |
| zolmitriptan nasal solution 5 mg | 1 or 1b* | ST; QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| 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) | | |
| AIMOVI 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 |
| PRODUCTOS VAGINALES | | |
| ANTIINFECCIOSOS VAGINALES | | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| metronidazole vaginal gel | 1 or 1b* | |
| VANAZOLE VAGINAL GEL | 1 or 1b* | |
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL | | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | QL |
| terconazole vaginal suppository | 1 or 1b* | QL |
| ESPERMICIDAS | | |
| ENCARE VAGINAL SUPPOSITORY | 2 | \$0 |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL | 2 | \$0 |
| TODAY SPONGE VAGINAL | 2 | \$0 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 2 | \$0 |
| ESTRÓGENOS VAGINALES | | |
| estradiol vaginal cream | 1 or 1b* | QL |
| estradiol vaginal tablet | 1 or 1b* | QL |
| PREMARIN VAGINAL CREAM | 2 | QL |
| yuvafem vaginal tablet | 1 or 1b* | QL |
| PROGESTINAS VAGINALES | | |
| ENDOMETRIN VAGINAL INSERT | 2 | PA |
| PROGESTINAS | | |
| PROGESTINAS | | |
| medroxyprogesterone acetate oral tablet | 1 or 1a* | QL |
| megestrol acetate oral suspension 625 mg/5ml | 1 or 1b* | |
| norethindrone acetate oral tablet | 1 or 1b* | |
| progesterone intramuscular oil | 1 or 1b* | |
| progesterone oral capsule | 1 or 1b* | QL |
| SULFONAMIDAS | | |
| SULFONAMIDAS | | |
| sulfadiazine oral tablet | 2 | |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANO REXÍGENOS | | |
| *ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX ORAL TABLET 17.8 MG | 4 | PA; LD; QL; SP |
| WAKIX ORAL TABLET 4.45 MG | 4 | PA; LD; DO; SP |
| AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA | | |
| atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg | 1 or 1b* | PA; DO |
| atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg | 1 or 1b* | PA |
| AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg | 1 or 1b* | PA; DO |
| guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg | 1 or 1b* | PA |
| ANALÉPTICOS | | |
| caffeine citrate oral solution | 2 | |
| ANFETAMINAS | | |
| amphetamine sulfate oral tablet 10 mg | 1 or 1b* | QL |
| amphetamine sulfate oral tablet 5 mg | 1 or 1b* | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 1 or 1b* | PA; DO |
| dextroamphetamine sulfate oral solution | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg | 2 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg | 2 | PA; QL |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg | 2 | PA; DO |
| lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg | 2 | PA; QL |
| procentra oral solution | 1 or 1b* | PA; QL |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG | 2 | PA; DO |
| VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG | 2 | PA; QL |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG | 2 | PA; DO |
| VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG | 2 | PA; QL |
| zenedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| zenedi 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 |

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

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

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

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En vigencia desde el 10/01/2024

| 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 |
| amphetamine-dextroamphetamine 3-bead oral capsule extended release 24 hour | 2 | PA; QL |
| TETRACICLINAS | | |
| TETRACICLINAS | | |
| demeclocycline hcl oral tablet | 2 | |
| doxy 100 intravenous solution reconstituted | 2 | QL |
| doxycycline hyclate intravenous solution reconstituted | 2 | QL |
| doxycycline hyclate oral capsule 100 mg | 1 or 1b* | QL |
| doxycycline hyclate oral capsule 50 mg | 1 or 1b* | |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral capsule 150 mg | 3 | ST |
| doxycycline monohydrate oral suspension reconstituted | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 150 mg | 1 or 1b* | |
| minocycline hcl oral capsule | 1 or 1b* | QL |
| minocycline hcl oral tablet | 1 or 1b* | QL |

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

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

| Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|
| MENVEO INTRAMUSCULAR SOLUTION | 2 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | \$0 |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | \$0 |
| PNEUMOVAX 23 INJECTION INJECTABLE | 2 | \$0 |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 2 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 2 | |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | |
| VACUNAS VIRALES | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | \$0; QL |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED | 2 | \$0 |

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| Nombre del Medicamento | Nivel | Notas |
|--|-------|-----------------|
| AFLURIA INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | PA; AL; \$0; QL |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 2 | \$0 |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| ERVEBO INTRAMUSCULAR SUSPENSION | 2 | |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|
| FLUMIST NASAL LIQUID | 2 | \$0; QL |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUZONE INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 2 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | |
| IPOLE INJECTION INJECTABLE | 2 | \$0 |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | |
| IXIARO INTRAMUSCULAR SUSPENSION | 2 | |
| JYNNEOS SUBCUTANEOUS SUSPENSION | 2 | \$0 |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |

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| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------------|
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | AL; \$0; QL |
| PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML | 2 | \$0 |
| pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml | 2 | \$0 |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| RABA VERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 2 | \$0 |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| ROTARIX ORAL SUSPENSION | 2 | \$0 |
| ROTATEQ ORAL SOLUTION | 2 | \$0 |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 2 | \$0 |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| STAMARIL INJECTION SUSPENSION RECONSTITUTED | 2 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| VARIVAX SUBCUTANEOUS INJECTABLE | 2 | \$0 |
| YF-VAX SUBCUTANEOUS INJECTABLE | 2 | |
| VASOPRESORES | | |
| AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA | | |
| epinephrine (anaphylaxis) injection solution | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | QL |
| HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES | | |
| droxidopa oral capsule | 4 | PA; LD; QL; SP |
| VASOPRESORES | | |
| midodrine hcl oral tablet | 2 | |
| VITAMINAS | | |
| VITAMINA B | | |
| thiamine hcl injection solution | 1 or 1b* | |
| VITAMINA C | | |
| c extra strength oral tablet | 1 or 1b* | |
| VITAMINA D | | |
| d3 oral capsule | 1 or 1b* | |
| ergocalciferol oral capsule | 1 or 1a* | |
| ft vitamin d3 oral capsule 25 mcg | 1 or 1b* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 or 1a* | |
| VITAMINA K | | |
| phytonadione injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |
| phytonadione oral tablet | 2 | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

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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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