



Lista abierta de medicamentos tradicional de 2025

Lista de medicamentos — Plan de medicamentos de tres niveles New York totalmente asegurado

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/ny-drug-list.

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



Lista abierta de medicamentos tradicional

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

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

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



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

Aquí hay algunas cosas en las que pensar:

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

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

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

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Lista Tradicional de Medicamentos

Tres Niveles

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Tres Niveles

CURRENT AS OF 1/1/2025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ADYUVANTES FARMACÉUTICOS | | |
| EXCIPIENTES FARMACÉUTICOS | | |
| GALEN IQ 900 POWDER | 3 | |
| VEHÍCULOS SEMISÓLIDOS | | |
| ft petroleum jelly external gel | 1 or 1b* | |
| PLO-DICLOGEL EXTERNAL GEL | 3 | |
| AGENTES ANORRECTALES | | |
| AGENTES VASODILADORES DE NITRATOS | | |
| nitroglycerin rectal ointment | 1 or 1b* | QL |
| RECTIV RECTAL OINTMENT | 3 | QL |
| ANESTÉSICOS LOCALES RECTALES | | |
| eq hemorrhoid relief external cream | 1 or 1b* | |
| ANESTÉSICOS/ESTEROIDES RECTALES | | |
| ANALPRAM-HC EXTERNAL CREAM | 3 | |
| ANALPRAM-HC EXTERNAL LOTION | 3 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 or 1b* | |
| PROCTOFOAM HC EXTERNAL FOAM | 3 | |
| ESTEROIDES INTRARRECTALES | | |
| budesonide rectal foam | 1 or 1b* | QL |
| CORTENEMA RECTAL ENEMA | 3 | |
| CORTIFOAM EXTERNAL FOAM | 3 | QL |
| hydrocortisone rectal enema | 1 or 1b* | |
| UCERIS RECTAL FOAM | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ESTEROIDES RECTALES | | |
| ANUSOL-HC EXTERNAL CREAM | 3 | |
| hydrocortisone (perianal) external cream | 1 or 1b* | |
| PROCTOCORT EXTERNAL CREAM | 1 or 1b* | |
| procto-med hc external cream | 1 or 1b* | |
| proctosol hc external cream | 1 or 1b* | |
| proctozone-hc external cream | 1 or 1b* | |
| AGENTES ANSIOLÍTICOS | | |
| AGENTES ANSIOLÍTICOS VARIOS | | |
| bupirone 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 | |
| VISTARIL ORAL CAPSULE 25 MG | 3 | |
| 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 INTENSOL ORAL CONCENTRATE | 3 | QL |
| alprazolam oral tablet | 1 or 1b* | QL |
| alprazolam oral tablet dispersible | 1 or 1b* | QL |
| alprazolam xr oral tablet extended release 24 hour 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 |
| ATIVAN INJECTION SOLUTION | 3 | |

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

En vigencia desde el 01/01/2025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ATIVAN ORAL TABLET | 3 | 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 |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG | 3 | ST; DO |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG | 3 | ST; QL |
| oxazepam oral capsule | 1 or 1b* | QL |
| VALIUM ORAL TABLET | 3 | QL |
| XANAX ORAL TABLET | 3 | QL |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 3 | DO |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG | 3 | QL |
| AGENTES ANTIANGINOSOS | | |
| AGENTES ANTIANGINOSOS - OTRO | | |
| ASPRUZYO SPRINKLE ORAL PACKET | 3 | PA; QL |
| ranolazine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| NITRATOS | | |
| ISORDIL TITRADOSE ORAL TABLET | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| isosorbide dinitrate oral tablet | 1 or 1b* | |
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 or 1b* | |
| isosorbide mononitrate oral tablet | 1 or 1b* | |
| NITRO-BID TRANSDERMAL OINTMENT | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 2 | |
| nitroglycerin in d5w intravenous solution | 1 or 1b* | |
| NITROGLYCERIN INTRAVENOUS SOLUTION | 3 | |
| nitroglycerin sublingual tablet sublingual | 1 or 1b* | |
| nitroglycerin transdermal patch 24 hour | 1 or 1b* | |
| nitroglycerin translingual solution | 1 or 1b* | |
| NITROLINGUAL TRANSLINGUAL SOLUTION | 3 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES | | |
| *PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS*** | | |
| OHTUVAYRE INHALATION SUSPENSION | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| *THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| AGENTES ANTIINFLAMATORIOS | | |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | |
| ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA) | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 3 | PA; QL; SP |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 3 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG4 KAPPA) | | |
| CINQAIR INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO | | |
| ACCOLATE ORAL TABLET | 3 | QL |
| 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 |
| SINGULAIR ORAL PACKET | 3 | QL |
| SINGULAIR ORAL TABLET | 3 | QL |
| SINGULAIR ORAL TABLET CHEWABLE | 3 | QL |
| zafirlukast oral tablet | 1 or 1b* | QL |
| ANTICUERPOS MONOCLONALES ANTI-IGE | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 3 | PA; LD; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| BETA AGONISTAS | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 or 1b* | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 1 or 1b* | |
| albuterol sulfate oral syrup | 1 or 1b* | |
| albuterol sulfate oral tablet | 1 or 1b* | |
| arformoterol tartrate inhalation nebulization solution | 1 or 1b* | QL |
| BROVANA INHALATION NEBULIZATION SOLUTION | 3 | QL |
| formoterol fumarate inhalation nebulization solution | 1 or 1b* | QL |
| isoproterenol hcl injection solution | 1 or 1b* | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 or 1b* | QL |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | ST; QL |
| PERFORMIST INHALATION NEBULIZATION SOLUTION | 3 | QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 3 | QL |
| terbutaline sulfate injection solution | 1 or 1b* | |
| terbutaline sulfate oral tablet | 1 or 1b* | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| XOPENEX HFA INHALATION AEROSOL | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| BRONCODILATADORES - ANTICOLINÉRGICOS | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | ST; QL |
| ipratropium bromide inhalation solution | 1 or 1b* | QL |
| SPIRIVA HANDHALER INHALATION CAPSULE | 3 | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL |
| tiotropium bromide monohydrate inhalation capsule | 1 or 1b* | QL |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | 3 | ST; QL |
| YUPELRI INHALATION SOLUTION | 3 | ST; QL |
| COMBINACIÓN DE ADRENÉRGICOS | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 3 | ST; QL |
| ADVAIR HFA INHALATION AEROSOL | 3 | ST; QL |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| AIRSUPRA INHALATION AEROSOL | 3 | PA; QL |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | QL |
| BEVESPI AEROSPHERE INHALATION AEROSOL | 3 | ST; 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 |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| DULERA INHALATION AEROSOL | 3 | ST; QL |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act | 1 or 1b* | 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SYMBICORT INHALATION AEROSOL | 3 | ST; 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 | | |
| ALVESCO INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX HFA INHALATION AEROSOL | 3 | ST; QL |
| budesonide inhalation suspension | 1 or 1b* | QL |
| fluticasone propionate diskus inhalation aerosol powder breath activated | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| fluticasone propionate hfa inhalation aerosol | 1 or 1b* | QL |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| PULMICORT INHALATION SUSPENSION | 3 | QL |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| INHIBIDORES DE LA 5-LIPOOXIGENASA | | |
| zileuton er oral tablet extended release 12 hour | 3 | PA; QL |
| ZYFLO ORAL TABLET | 3 | PA; QL |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS | | |
| DALIRESP ORAL TABLET | 3 | PA; QL |
| roflumilast oral tablet | 1 or 1b* | PA; QL |
| XANTINAS | | |
| aminophylline intravenous solution | 1 or 1b* | |
| ELIXOPHYLLIN ORAL ELIXIR | 1 or 1b* | QL |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| theophylline er oral tablet extended release 12 hour 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| *BETA-LACTAMASE INHIBITOR - COMBINATIONS** | | |
| XACDURO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *METHENAMINE COMBOS*** | | |
| URO-PAIN DUAL ACTION ORAL TABLET | 1 or 1b* | |
| *URINARY ANTI-INFECTIVES*** | | |
| fosfomycin tromethamine oral packet | 1 or 1b* | |
| HIPREX ORAL TABLET | 3 | |
| MACROBID ORAL CAPSULE | 3 | |
| MACRODANTIN ORAL CAPSULE | 3 | |
| methenamine hippurate oral tablet | 1 or 1b* | |
| nitrofurantoin macrocrystal oral capsule | 1 or 1b* | |
| nitrofurantoin monohydrate macro oral capsule | 1 or 1b* | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | 1 or 1b* | |
| nitrofurantoin oral suspension 50 mg/5ml | 3 | |
| AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES | | |
| BACTRIM DS ORAL TABLET | 3 | |
| BACTRIM ORAL TABLET | 3 | |
| sulfamethoxazole-trimethoprim intravenous solution | 1 or 1b* | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 or 1a* | |

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

En vigencia desde el 01/01/2025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| sulfamethoxazole-trimethoprim oral tablet | 1 or 1a* | |
| sulfatrim pediatric oral suspension | 1 or 1a* | |
| AGENTES ANTIINFECCIOSOS VARIOS | | |
| AEMCOLO ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| FLAGYL ORAL CAPSULE | 3 | |
| IMPAVIDO ORAL CAPSULE | 3 | PA; QL |
| LIKMEZ ORAL SUSPENSION | 3 | PA |
| METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML | 3 | |
| metronidazole oral capsule | 1 or 1a* | |
| metronidazole oral tablet | 1 or 1a* | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED | 3 | SP |
| PENTAM INJECTION SOLUTION RECONSTITUTED | 3 | SP |
| pentamidine isethionate inhalation solution reconstituted | 1 or 1b* | SP |
| pentamidine isethionate injection solution reconstituted | 1 or 1b* | SP |
| tinidazole oral tablet | 1 or 1b* | QL |
| TRIMETHOPRIM ORAL TABLET | 1 or 1a* | |
| XIFAXAN ORAL TABLET | 3 | PA; QL |
| AGENTES ANTIPROTOZOARIOS | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| ALINIA ORAL TABLET | 3 | QL |
| atovaquone oral suspension | 1 or 1b* | |
| LAMPIT ORAL TABLET | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| MEPRON ORAL SUSPENSION | 3 | |
| nitazoxanide oral tablet | 1 or 1b* | QL |
| AGENTES LEPROSTÁTICOS | | |
| dapsone oral tablet | 1 or 1b* | |
| CARBAPENEMAS | | |
| ertapenem sodium injection solution reconstituted | 1 or 1b* | |
| meropenem intravenous solution reconstituted 1 gm, 500 mg | 1 or 1b* | |
| meropenem intravenous solution reconstituted 2 gm | 3 | |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML | 3 | |
| CLORANFENICOLES | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 1 or 1b* | |
| COMBINACIONES DE CARBAPENEMAS | | |
| imipenem-cilastatin intravenous solution reconstituted | 1 or 1b* | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 3 | |
| RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| GLUCOPÉPTIDOS | | |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VANCOGIN ORAL CAPSULE | 3 | PA; QL |
| vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-% | 3 | QL |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-% | 3 | QL |
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-% | 3 | QL |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML | 3 | QL |
| vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg | 3 | QL |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG | 3 | QL |
| vancomycin hcl intravenous solution reconstituted 100 gm | 1 or 1b* | QL |
| vancomycin hcl oral capsule | 1 or 1b* | PA; QL |
| vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML | 1 or 1b* | PA; QL |
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 3 | |
| LINCOSAMIDAS | | |
| CLEOCIN ORAL CAPSULE | 3 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | 3 | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION | 3 | |
| clindamycin hcl oral capsule | 1 or 1b* | |
| clindamycin palmitate hcl oral solution reconstituted | 1 or 1b* | |
| clindamycin phosphate in d5w intravenous solution | 1 or 1b* | |
| CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION | 3 | |
| clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml | 1 or 1b* | |
| LINCOCIN INJECTION SOLUTION | 3 | |
| lincomycin hcl injection solution | 1 or 1b* | |
| LIPOPÉPTIDOS CÍCLICOS | | |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| daptomycin-sodium chloride intravenous solution | 3 | |
| MONOBACTÁMICOS | | |
| AZACTAM INJECTION SOLUTION RECONSTITUTED | 3 | |
| aztreonam injection solution reconstituted | 1 or 1b* | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| OXAZOLIDONAS | | |
| linezolid in sodium chloride intravenous solution | 3 | |
| linezolid intravenous solution 600 mg/300ml | 1 or 1b* | |
| linezolid oral suspension reconstituted | 1 or 1b* | PA; QL |
| linezolid oral tablet | 1 or 1b* | PA; QL |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| SIVEXTRO ORAL TABLET | 3 | PA; QL |
| ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML | 3 | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| ZYVOX ORAL TABLET | 3 | PA; QL |
| POLIMIXINAS | | |
| colistimethate sodium (cba) injection solution reconstituted | 1 or 1b* | |
| COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED | 3 | |
| polymyxin b sulfate injection solution reconstituted | 1 or 1b* | |
| AGENTES ANTIMIASTÉNICOS | | |
| AGENTES ANTIMIASTÉNICOS | | |
| BLOXIVERZ INTRAVENOUS SOLUTION | 3 | |
| FIRDAPSE ORAL TABLET | 3 | PA; QL; SP |
| MESTINON ORAL SOLUTION | 3 | |
| MESTINON ORAL TABLET | 3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML | 3 | |
| pyridostigmine bromide er oral tablet extended release | 1 or 1b* | |
| pyridostigmine bromide oral solution | 1 or 1b* | |
| pyridostigmine bromide oral tablet | 1 or 1b* | |
| REGONOL INTRAVENOUS SOLUTION | 3 | |
| AGENTES ANTIMICOBACTERIALES | | |
| AGENTES ANTIMICOBACTERIALES | | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 1 or 1b* | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| MYCOBUTIN ORAL CAPSULE | 3 | |
| PRETOMANID ORAL TABLET | 3 | |
| PRIFTIN ORAL TABLET | 2 | |
| pyrazinamide oral tablet | 1 or 1b* | |
| rifabutin oral capsule | 1 or 1b* | |
| RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| rifampin intravenous solution reconstituted | 1 or 1b* | |
| rifampin oral capsule | 1 or 1b* | |
| SIRTURO ORAL TABLET | 3 | |
| TRECTOR ORAL TABLET | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| 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* | |
| LITHOBID ORAL TABLET EXTENDED RELEASE | 3 | QL |
| ANTIPSORIÁSICOS - VARIOS | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG | 3 | ST; DO |
| CAPLYTA ORAL CAPSULE 42 MG | 3 | ST; QL |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | QL |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | AL; QL |
| GEODON ORAL CAPSULE 20 MG, 40 MG | 3 | ST; DO |
| GEODON ORAL CAPSULE 60 MG, 80 MG | 3 | ST; QL |
| LATUDA ORAL TABLET 120 MG, 80 MG | 3 | AL; QL |
| LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG | 3 | DO; AL |
| lurasidone hcl oral tablet 120 mg, 80 mg | 1 or 1b* | AL; QL |
| lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg | 1 or 1b* | DO; AL |
| NUPLAZID ORAL CAPSULE | 3 | PA; LD; QL; SP |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA; LD; QL; SP |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG | 3 | ST; DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | 3 | ST; QL |
| ziprasidone hcl oral capsule 20 mg, 40 mg | 1 or 1b* | DO; AL |
| ziprasidone hcl oral capsule 60 mg, 80 mg | 1 or 1b* | AL; QL |
| ziprasidone mesylate intramuscular solution reconstituted | 1 or 1b* | AL; QL |
| BENZISOXAZOLES | | |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG | 3 | ST; DO |
| FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG | 3 | ST; QL |
| FANAPT TITRATION PACK ORAL TABLET | 3 | ST; QL |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG | 3 | ST; DO |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 9 MG | 3 | ST; QL |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | 3 | AL; QL |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg | 1 or 1b* | DO; AL |
| paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg | 1 or 1b* | AL; QL |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | 3 | AL; QL |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| RISPERDAL ORAL SOLUTION | 3 | ST; QL |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | ST; DO |
| RISPERDAL ORAL TABLET 3 MG, 4 MG | 3 | ST; QL |
| risperidone microspheres er intramuscular suspension reconstituted er | 1 or 1b* | AL; QL |
| risperidone oral solution | 1 or 1b* | AL; QL |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet 3 mg, 4 mg | 1 or 1b* | AL; QL |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet dispersible 3 mg, 4 mg | 1 or 1b* | AL; QL |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | AL; QL |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| BENZODIACEPINAS | | |
| olanzapine intramuscular solution reconstituted | 1 or 1b* | AL; QL |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | DO; AL |
| olanzapine oral tablet 15 mg, 20 mg | 1 or 1b* | AL; QL |
| olanzapine oral tablet dispersible 10 mg, 5 mg | 1 or 1b* | DO; AL |
| olanzapine oral tablet dispersible 15 mg, 20 mg | 1 or 1b* | AL; QL |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | AL; QL |
| ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | ST; DO |
| ZYPREXA ORAL TABLET 15 MG, 20 MG | 3 | ST; QL |

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

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 |
|---|----------|--------|
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG | 3 | ST; DO |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG | 3 | ST; QL |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG | 3 | ST; DO |
| ABILIFY ORAL TABLET 20 MG, 30 MG | 3 | ST; QL |
| aripiprazole oral solution | 1 or 1b* | AL; QL |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg | 1 or 1b* | DO; AL |
| aripiprazole oral tablet 20 mg, 30 mg | 1 or 1b* | AL; QL |
| aripiprazole oral tablet dispersible | 1 or 1b* | AL; QL |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | 3 | QL |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | 3 | 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 |
| DIBENZODIACEPÍNICOS | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | 1 or 1b* | DO; AL |
| quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg | 1 or 1b* | AL; QL |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg | 1 or 1b* | AL; QL |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | ST; DO |

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|---|----------|--------|
| SEROQUEL ORAL TABLET 300 MG, 400 MG | 3 | ST; QL |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | ST; DO |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG | 3 | ST; QL |
| DIBENZODIAZEPINAS | | |
| clozapine oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| clozapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO; AL |
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg | 1 or 1b* | AL; QL |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | 1 or 1b* | DO; AL |
| CLOZARIL ORAL TABLET 100 MG, 200 MG | 3 | AL; QL |
| CLOZARIL ORAL TABLET 25 MG, 50 MG | 3 | DO; AL |
| VERSACLOZ ORAL SUSPENSION | 3 | AL; QL |
| DIBENZOOXEPINOPIRROLES | | |
| asenapine maleate sublingual tablet sublingual 10 mg | 1 or 1b* | AL; QL |
| asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg | 1 or 1b* | DO; AL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG | 3 | ST; QL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG | 3 | ST; DO |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| DIBENZOXAZEPINAS | | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | AL |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 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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|---|----------|--------|
| loxapine succinate oral capsule 50 mg | 1 or 1b* | AL; QL |
| DIHIDROINDOLONAS | | |
| molindone hcl oral tablet 10 mg, 5 mg | 1 or 1b* | DO; AL |
| molindone hcl oral tablet 25 mg | 1 or 1b* | AL; QL |
| FENOTIAZINAS | | |
| chlorpromazine hcl injection solution | 1 or 1b* | AL |
| CHLORPROMAZINE HCL ORAL CONCENTRATE | 1 or 1b* | AL; QL |
| chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| chlorpromazine hcl oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| compro rectal suppository | 1 or 1b* | AL |
| fluphenazine decanoate injection solution | 1 or 1b* | AL |
| fluphenazine hcl injection solution | 1 or 1b* | AL |
| fluphenazine hcl oral concentrate | 1 or 1b* | AL; QL |
| fluphenazine hcl oral elixir | 1 or 1b* | AL; QL |
| fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg | 1 or 1b* | DO; AL |
| fluphenazine hcl oral tablet 10 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 16 mg, 4 mg, 8 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 2 mg | 1 or 1b* | DO; AL |
| prochlorperazine edisylate injection solution 10 mg/2ml | 1 or 1b* | AL |
| prochlorperazine maleate oral tablet | 1 or 1a* | AL |
| prochlorperazine rectal suppository | 1 or 1b* | AL |
| thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| thioridazine hcl oral tablet 100 mg | 1 or 1b* | AL; QL |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| TIOXANTENOS | | |
| thiothixene oral capsule 1 mg, 2 mg, 5 mg | 1 or 1b* | PA; DO |
| thiothixene oral capsule 10 mg | 1 or 1b* | PA; QL |
| AGENTES CARDIOVASCULARES VARIOS | | |
| *CARDIAC MYOSIN INHIBITORS*** | | |
| CAMZYOS ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS*** | | |
| LODOCO ORAL TABLET | 3 | PA; QL |
| *CARDIOVASCULAR SGLT2 INHIBITORS** | | |
| INPEFA ORAL TABLET | 3 | PA; QL |
| *PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| OPSYNVI ORAL TABLET | 3 | PA; QL; SP |
| *PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR*** | | |
| WINREVAIR SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| *TRANSTHYRETIN STABILIZERS*** | | |
| VYNDAMAX ORAL CAPSULE | 3 | PA; LD; QL; SP |
| VYNDAQEL ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO ORAL TABLET | 3 | PA; QL |
| AGENTES SÉPTICOS - ABLACIÓN | | |
| ABLYSINOL INTRA-ARTERIAL SOLUTION | 3 | |

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

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|--|----------|----------------|
| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg | 1 or 1b* | QL |
| amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg | 1 or 1b* | DO |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG | 3 | QL |
| CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG | 3 | 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 AGENTES PARA LA IMPOTENCIA | | |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION | 3 | |
| COMBINACIONES DE NITRATOS Y VASODILADORES | | |
| BIDIL ORAL TABLET | 3 | QL |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 1 or 1b* | QL |
| HIPERTENSIÓN PULMONAR - AGONISTA DEL RECEPTOR DE PROSTACICLINA | | |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| UPTRAVI ORAL TABLET | 3 | PA; LD; QL; SP |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA | | |
| ambrisentan oral tablet | 1 or 1b* | PA; LD; QL; SP |
| bosentan oral tablet | 1 or 1b* | PA; LD; QL; SP |
| LETAIRIS ORAL TABLET | 3 | PA; LD; QL; SP |
| OPSUMIT ORAL TABLET | 3 | PA; LD; QL; SP |
| TRACLEER ORAL TABLET | 3 | PA; LD; QL; SP |
| TRACLEER ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - ESTIMULADOR DE GUANILATO CICLASA SOLUBLE (SGC) | | |
| ADEMPAS ORAL TABLET | 3 | PA; LD; QL; SP |
| HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA | | |
| ADCIRCA ORAL TABLET | 3 | PA; QL; SP |
| alyq oral tablet | 1 or 1b* | PA; QL; SP |
| REVATIO INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| REVATIO ORAL TABLET | 3 | PA; QL; SP |
| sildenafil citrate intravenous solution | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 1 or 1b* | PA; QL; SP |
| tadalafil (pah) oral tablet | 1 or 1b* | PA; QL; SP |
| TADLIQ ORAL SUSPENSION | 3 | PA; QL; SP |

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

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|---|----------|------------|
| INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP) | | |
| CIALIS ORAL TABLET 10 MG, 20 MG | 3 | PA |
| CIALIS ORAL TABLET 5 MG | 3 | PA; QL |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | PA |
| STENDRA ORAL TABLET | 3 | PA |
| tadalafil oral tablet 10 mg, 20 mg | 1 or 1b* | PA |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; QL |
| vardenafil hcl oral tablet | 3 | PA |
| vardenafil hcl oral tablet dispersible | 1 or 1b* | PA |
| VIAGRA ORAL TABLET | 3 | PA |
| INHIBIDORES DEL NÓDULO SINUSAL | | |
| CORLANOR ORAL SOLUTION | 3 | PA; QL |
| CORLANOR ORAL TABLET | 2 | PA; QL |
| ivabradine hcl oral tablet | 1 or 1b* | PA; QL |
| PROSTAGLANDINAS - AGENTES PARA LA IMPOTENCIA | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 3 | PA |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED | 3 | PA |
| EDEX INTRACAVERNOSAL KIT | 3 | PA |
| VASODILADORES DE LA PROSTAGLANDINA | | |
| epoprostenol sodium intravenous solution reconstituted | 1 or 1b* | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 3 | PA; LD; SP |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 3 | PA; LD; SP |
| treprostinil injection solution | 1 or 1b* | PA; LD; SP |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER | 3 | PA; LD; QL; SP |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; LD; QL; SP |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | 3 | PA; LD; QL; SP |
| TYVASO INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| TYVASO REFILL KIT INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| TYVASO STARTER KIT INHALATION SOLUTION | 3 | PA; LD; QL; SP |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| VENTAVIS INHALATION SOLUTION | 3 | PA; LD; QL; SP |

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 DE INMUNIZACIÓN PASIVA | | |
| AGENTES DE INMUNIZACIÓN PASIVA - COMBINACIONES | | |
| HYQVIA SUBCUTANEOUS KIT | 3 | PA; LD; SP |
| ANTICUERPOS MONOCLONALES ANTIVIRALES | | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; \$0; QL; SP |
| SYNAGIS INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| ANTICUERPOS MONOCLONALES BACTERIANOS | | |
| ZINPLAVA INTRAVENOUS SOLUTION | 3 | PA |
| ANTITOXINAS - CONTRAVENENOS | | |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 3 | |
| ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| SUEROS INMUNOLÓGICOS | | |
| ALYGLO INTRAVENOUS SOLUTION | 3 | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| ASCENIV INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BIVIGAM INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL | 3 | |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| CUVITRU SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| CYTOGAM INTRAVENOUS INJECTABLE | 3 | SP |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML | 3 | PA; LD; SP |
| GAMASTAN INTRAMUSCULAR INJECTABLE | 3 | PA; LD; SP |
| GAMMAGARD INJECTION SOLUTION | 3 | PA; LD; SP |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 3 | PA; LD; SP |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; LD; SP |
| GAMUNEX-C INJECTION SOLUTION | 3 | PA; LD; SP |

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 |
|---|-------|------------|
| HEPAGAM B INJECTION SOLUTION 312 UNIT/ML | 3 | SP |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 3 | PA; LD; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 3 | LD; SP |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML | 3 | LD; SP |
| HYPERRAB INJECTION SOLUTION | 3 | SP |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML | 3 | SP |
| KEDRAB INJECTION SOLUTION | 3 | SP |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML | 3 | LD; SP |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|
| PANZYGA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| PRIVIGEN INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | SP |
| WINRHO SDF INJECTION SOLUTION | 3 | QL; SP |
| XEMBIFY SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| AGENTES DERMATOLÓGICOS | | |
| *ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS*** | | |
| LITFULO ORAL CAPSULE | 3 | |
| *ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** | | |
| CIBINQO ORAL TABLET | 3 | PA; QL; SP |
| OPZELURA EXTERNAL CREAM | 3 | PA; QL |
| *INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC*** | | |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL; SP |
| *MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** | | |
| SCENESSE SUBCUTANEOUS IMPLANT | 3 | PA; QL; SP |

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

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|---|----------|------------|
| *MICROTUBULE INHIBITORS - TOPICAL*** | | |
| KLISYRI EXTERNAL OINTMENT | 3 | ST; QL |
| AGENTES ALQUILANTES TÓPICOS | | |
| VALCHLOR EXTERNAL GEL | 3 | PA; QL; SP |
| AGENTES ANTIINFLAMATORIOS - TÓPICOS | | |
| diclofenac epolamine external patch | 3 | ST; QL |
| diclofenac sodium external gel 1 % | 1 or 1b* | QL |
| diclofenac sodium external solution | 3 | ST; QL |
| FLECTOR EXTERNAL PATCH | 3 | ST; QL |
| LICART EXTERNAL PATCH 24 HOUR | 3 | ST; QL |
| mm arthritis pain reliever external gel | 1 or 1b* | |
| PENNSAID EXTERNAL SOLUTION | 3 | ST; QL |
| PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL | 1 or 1b* | QL |
| AGENTES DE MÁXIMO FRUNCIMIENTO (LÍNEAS GLABELARES) | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| AGENTES DE TERAPIA FOTODINÁMICA TÓPICOS | | |
| AMELUZ EXTERNAL GEL | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| AGENTES PARA ARRUGAS FACIALES - RETINOIDES | | |
| RENOVA EXTERNAL CREAM | 3 | PA; QL |
| RENOVA PUMP EXTERNAL CREAM | 3 | PA; QL |
| AGENTES PARA ROSÁCEA | | |
| azelaic acid external gel | 1 or 1b* | QL |
| brimonidine tartrate external gel | 1 or 1b* | QL |
| doxycycline oral capsule delayed release | 3 | ST; QL |
| FINACEA EXTERNAL FOAM | 2 | QL |
| ivermectin external cream | 1 or 1b* | QL |
| METROCREAM EXTERNAL CREAM | 3 | ST; QL |
| METROGEL EXTERNAL GEL | 3 | ST; QL |
| METROLOTION EXTERNAL LOTION | 3 | ST; QL |
| metronidazole external cream | 1 or 1b* | QL |
| metronidazole external gel | 1 or 1b* | QL |
| metronidazole external lotion | 1 or 1b* | QL |
| MIRVASO EXTERNAL GEL | 3 | QL |
| NORITATE EXTERNAL CREAM | 3 | ST; QL |
| ORACEA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| RHOFADE EXTERNAL CREAM | 3 | QL |
| SOOLANTRA EXTERNAL CREAM | 2 | QL |
| ZILXI EXTERNAL FOAM | 2 | QL |
| AGENTES PARA VERRUGAS GENITALES EXTERNAS Y ANALES | | |
| VEREGEN EXTERNAL OINTMENT | 3 | QL |

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

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|--|----------|------------|
| AGENTES QUEROTOLÍTICOS/ANTIMICÓTICOS | | |
| CONDYLOX EXTERNAL GEL | 3 | QL |
| podofilox external gel | 1 or 1b* | QL |
| podofilox external solution | 1 or 1b* | QL |
| YCANATH EXTERNAL SOLUTION | 3 | PA; QL |
| AGENTES VASCULARES | | |
| eq hair regrowth for women external foam | 1 or 1b* | |
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS TÓPICOS | | |
| bexarotene external gel | 1 or 1b* | PA; QL; SP |
| TARGRETIN EXTERNAL GEL | 3 | PA; QL; SP |
| ANALGÉSICOS - TÓPICOS | | |
| hav ez penetrating pain relief external gel | 2 | |
| ANESTÉSICOS LOCALES TÓPICOS | | |
| burn gel external gel | 1 or 1b* | |
| dyclopro external solution | 3 | |
| glydo external prefilled syringe | 1 or 1b* | |
| lidocaine external ointment 5 % | 1 or 1b* | QL |
| lidocaine external patch 5 % | 1 or 1b* | PA; QL |
| lidocaine hcl external solution | 1 or 1b* | QL |
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 or 1b* | |
| LIDOCAN EXTERNAL PATCH | 1 or 1b* | PA; QL |
| LIDODERM EXTERNAL PATCH | 3 | PA; QL |
| PHARMACIST CHOICE LIDOCAINE EXTERNAL PATCH | 1 or 1b* | |
| TRIDACAINE II EXTERNAL PATCH | 1 or 1b* | PA; QL |
| TRIDACAINE III EXTERNAL PATCH | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ZTLIDO EXTERNAL PATCH | 3 | PA; QL |
| ANTIBIÓTICOS PARA EL ACNÉ | | |
| ACZONE EXTERNAL GEL | 3 | ST; QL |
| AMZEEQ EXTERNAL FOAM | 3 | ST; QL |
| CLEOCIN-T EXTERNAL LOTION | 3 | ST; QL |
| clindacin etz external swab | 1 or 1b* | QL |
| CLINDACIN EXTERNAL FOAM | 1 or 1b* | QL |
| clindacin-p external swab | 1 or 1b* | QL |
| CLINDAGEL EXTERNAL GEL | 3 | ST; 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 | 3 | ST; QL |
| ery external pad | 1 or 1b* | QL |
| ERYGEL EXTERNAL GEL | 3 | QL |
| erythromycin external gel | 1 or 1b* | QL |
| erythromycin external solution | 1 or 1b* | QL |
| KLARON EXTERNAL LOTION | 3 | |
| 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 calcium external cream | 3 | ST; QL |
| mupirocin 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 |
|---|----------|--------|
| ANTIHIISTAMÍNICOS TÓPICOS | | |
| TECNU RASH RELIEF EXTERNAL SOLUTION | 1 or 1b* | |
| ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS | | |
| CARAC EXTERNAL CREAM | 3 | ST; QL |
| EFUDEX EXTERNAL CREAM | 3 | ST; QL |
| fluorouracil external cream 0.5 % | 1 or 1b* | ST; QL |
| fluorouracil external cream 5 % | 1 or 1b* | AL; QL |
| fluorouracil external solution | 1 or 1b* | AL; QL |
| TOLAK EXTERNAL CREAM | 3 | ST; QL |
| ANTIMICÓTICOS - COMBINACIONES TÓPICAS | | |
| clotrimazole-betamethasone external cream | 1 or 1b* | QL |
| clotrimazole-betamethasone external lotion | 1 or 1b* | QL |
| FUNGIMEZ EXTERNAL SOLUTION | 3 | |
| miconazole-zinc oxide-petrolat external ointment | 1 or 1b* | QL |
| nystatin-triamcinolone external cream | 1 or 1b* | QL |
| nystatin-triamcinolone external ointment | 1 or 1b* | QL |
| VUSION EXTERNAL OINTMENT | 3 | QL |
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS | | |
| clotrimazole external cream | 1 or 1b* | QL |
| econazole nitrate external cream | 1 or 1b* | QL |
| ECOZA EXTERNAL FOAM | 3 | ST; QL |
| ERTACZO EXTERNAL CREAM | 3 | ST; QL |
| EXELDERM EXTERNAL CREAM | 3 | ST; QL |

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|---|----------|--------|
| EXELDERM EXTERNAL SOLUTION | 3 | ST; QL |
| JUBLIA EXTERNAL SOLUTION | 3 | QL |
| ketoconazole external cream | 1 or 1b* | QL |
| ketoconazole external foam | 3 | QL |
| ketoconazole external shampoo 2 % | 1 or 1b* | QL |
| ketodan external foam | 3 | QL |
| luliconazole external cream | 1 or 1b* | ST; QL |
| LUZU EXTERNAL CREAM | 3 | ST; QL |
| oxiconazole nitrate external cream | 3 | ST; QL |
| OXISTAT EXTERNAL LOTION | 3 | ST; QL |
| sulconazole nitrate external cream | 1 or 1b* | ST; QL |
| sulconazole nitrate external solution | 1 or 1b* | ST; QL |
| ANTIMICÓTICOS RELACIONADOS CON EL OXABOROL TÓPICOS | | |
| tavorole external solution | 1 or 1b* | ST; QL |
| ANTIMICÓTICOS TÓPICOS | | |
| antifungal maximum strength external solution | 1 or 1b* | |
| 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 |
| eq athletes foot ultra external cream | 1 or 1b* | |
| KLAYESTA EXTERNAL POWDER | 1 or 1b* | QL |
| naftifine hcl external cream | 1 or 1b* | ST; QL |
| naftifine hcl external gel 2 % | 1 or 1b* | ST; QL |
| NAFTIN EXTERNAL GEL 2 % | 3 | ST; QL |
| nyamyc external powder | 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 |
|--|----------|----------------|
| 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 % | 1 or 1b* | PA; QL |
| ANTIPRURIGINOSOS - SISTÉMICOS | | |
| acitretin oral capsule | 1 or 1b* | QL |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| COSENTYX INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 3 | PA; LD; QL; SP |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| methoxsalen rapid oral capsule | 3 | SP |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| SOTYKTU ORAL TABLET | 3 | PA; LD; QL; SP |
| SPEVIGO INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA; LD; QL; SP |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 3 | PA; QL; SP |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 3 | PA; LD; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

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 |
|--------------------------------------|----------|--------|
| ANTIPRURIGINOSOS - TÓPICOS | | |
| doxepin hcl external cream | 1 or 1b* | PA; QL |
| PRUDOXIN EXTERNAL CREAM | 3 | PA; QL |
| ZONALON EXTERNAL CREAM | 3 | 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 |
| SORILUX EXTERNAL FOAM | 3 | QL |
| tazarotene external cream | 1 or 1b* | QL |
| tazarotene external gel | 1 or 1b* | QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | QL |
| TAZORAC EXTERNAL CREAM 0.1 % | 3 | ST; QL |
| TAZORAC EXTERNAL GEL | 3 | QL |
| VECTICAL EXTERNAL OINTMENT | 3 | QL |
| VTAMA EXTERNAL CREAM | 3 | PA; 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 |
| DENAVIR EXTERNAL CREAM | 3 | PA; QL |
| eq docosanol external cream | 1 or 1b* | |
| penciclovir external cream | 1 or 1b* | PA; QL |
| ZOVIRAX EXTERNAL CREAM | 3 | PA; QL |
| ZOVIRAX EXTERNAL OINTMENT | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| APÓSITOS PARA HERIDAS | | |
| FILSUVEZ EXTERNAL GEL | 3 | PA; SP |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | 3 | |
| MEPILEX BORDER FLEX/CM EXTERNAL PAD | 2 | |
| ASTRINGENTES | | |
| BOUDREAUXS BUTT PASTE EXTERNAL THERAPY PACK | 2 | |
| COMBINACIONES ANESTÉSICAS TÓPICAS | | |
| lidocaine-prilocaine external cream | 1 or 1b* | QL |
| lidocaine-prilocaine external kit | 1 or 1b* | QL |
| LIDOPRO EXTERNAL PATCH 4-1 % | 1 or 1b* | |
| NERVIVE ROLL-ON EXTERNAL GEL | 1 or 1b* | |
| PLIAGLIS EXTERNAL CREAM | 3 | PA; QL |
| PLIAGLIS EXTERNAL KIT | 3 | PA; QL |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT | 3 | |
| COMBINACIONES DE ANTIBIÓTICOS TÓPICOS CON ESTEROIDES | | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| COMBINACIONES DE DESPIGMENTACIÓN | | |
| TRI-LUMA EXTERNAL CREAM | 3 | |
| COMBINACIONES DE ESTEROIDES - ANESTÉSICOS LOCALES | | |
| EPIFOAM EXTERNAL FOAM | 3 | |

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 |
|---|----------|--------|
| PRAMOSONE EXTERNAL CREAM 1-1 % | 2 | |
| PRAMOSONE EXTERNAL LOTION | 2 | |
| COMBINACIONES DE ESTEROIDES TÓPICOS | | |
| calcipotriene-betameth diprop external ointment | 2 | ST; QL |
| calcipotriene-betameth diprop external suspension | 2 | ST; QL |
| DUOBRII EXTERNAL LOTION | 3 | PA; QL |
| ENSTILAR EXTERNAL FOAM | 3 | QL |
| TACLONEX EXTERNAL SUSPENSION | 3 | ST; QL |
| WYNZORA EXTERNAL CREAM | 3 | ST; QL |
| COMBINACIONES PARA EL ACNÉ | | |
| ACANYA EXTERNAL GEL | 3 | ST; QL |
| adapalene-benzoyl peroxide external gel | 1 or 1b* | PA; QL |
| BENZAMYCIN EXTERNAL GEL | 3 | ST; QL |
| benzoyl peroxide-erythromycin external gel | 1 or 1b* | QL |
| CABTREO EXTERNAL GEL | 3 | ST; QL |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 % | 1 or 1b* | QL |
| clindamycin-tretinoin external gel | 3 | PA; QL |
| EPIDUO EXTERNAL GEL | 3 | ST; QL |
| EPIDUO FORTE EXTERNAL GEL | 3 | ST; QL |
| neuac external gel | 1 or 1b* | QL |
| ONEXTON EXTERNAL GEL | 3 | ST; QL |
| TWYNEO EXTERNAL CREAM | 3 | ST; QL |
| ZIANA EXTERNAL GEL | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| COMBINACIONES TÓPICAS DE ANTIVIRALES | | |
| XERESE EXTERNAL CREAM | 3 | PA; QL |
| CORTICOESTEROIDES - TÓPICOS | | |
| ALA SCALP EXTERNAL LOTION | 3 | ST; QL |
| ala-cort external cream 1 % | 1 or 1a* | QL |
| alclometasone dipropionate external cream | 1 or 1b* | QL |
| alclometasone dipropionate external ointment | 1 or 1b* | QL |
| amcinonide external cream | 3 | QL |
| AMCINONIDE EXTERNAL OINTMENT | 3 | ST; QL |
| APEXICON E EXTERNAL CREAM | 3 | ST; QL |
| betamethasone dipropionate aug external cream | 1 or 1b* | QL |
| betamethasone dipropionate aug external gel | 1 or 1b* | QL |
| betamethasone dipropionate aug external lotion | 1 or 1b* | QL |
| betamethasone dipropionate aug external ointment | 1 or 1b* | QL |
| betamethasone dipropionate external cream | 1 or 1b* | QL |
| betamethasone dipropionate external lotion | 1 or 1b* | QL |
| betamethasone dipropionate external ointment | 1 or 1b* | QL |
| betamethasone valerate external cream | 1 or 1b* | QL |
| betamethasone valerate external foam | 3 | ST; QL |
| betamethasone valerate external lotion | 1 or 1b* | QL |
| betamethasone valerate external ointment | 1 or 1b* | QL |
| BRYHALI EXTERNAL LOTION | 3 | ST; QL |
| clobetasol propionate e external cream | 1 or 1b* | QL |
| clobetasol propionate emulsion external foam | 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 |
|--|----------|--------|
| 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 |
| CLOBEX EXTERNAL LOTION | 3 | ST; QL |
| CLOBEX EXTERNAL SHAMPOO | 3 | ST; QL |
| CLOBEX SPRAY EXTERNAL LIQUID | 3 | ST; QL |
| clocortolone pivalate external cream | 3 | ST; QL |
| clodan external shampoo | 1 or 1b* | QL |
| CLODERM EXTERNAL CREAM | 3 | ST; QL |
| CORDRAN EXTERNAL TAPE | 3 | ST; QL |
| DERMA-SMOOTH/FS BODY EXTERNAL OIL | 3 | ST; 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 |
| DESOWEN EXTERNAL CREAM | 3 | ST; QL |
| desoximetasone external cream | 3 | ST; QL |
| desoximetasone external gel | 3 | ST; QL |
| desoximetasone external liquid | 3 | ST; QL |
| desoximetasone external ointment | 3 | ST; QL |
| diflorasone diacetate external cream | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| diflorasone diacetate external ointment | 3 | ST; QL |
| DIPROLENE EXTERNAL OINTMENT | 3 | ST; QL |
| fluocinolone acetonide body external oil | 1 or 1b* | QL |
| fluocinolone acetonide external cream | 1 or 1b* | QL |
| fluocinolone acetonide external ointment | 1 or 1b* | QL |
| fluocinolone acetonide external solution | 1 or 1b* | QL |
| fluocinolone acetonide scalp external oil | 1 or 1b* | QL |
| fluocinonide emulsified base external cream | 1 or 1b* | QL |
| fluocinonide external cream | 1 or 1b* | QL |
| fluocinonide external gel | 1 or 1b* | QL |
| fluocinonide external ointment | 1 or 1b* | QL |
| fluocinonide external solution | 1 or 1b* | QL |
| flurandrenolide external cream | 3 | ST; QL |
| flurandrenolide external lotion | 3 | ST; QL |
| fluticasone propionate external cream | 1 or 1b* | QL |
| fluticasone propionate external lotion | 1 or 1b* | QL |
| fluticasone propionate external ointment | 1 or 1b* | QL |
| halcinonide external cream | 3 | ST; QL |
| halobetasol propionate external cream | 1 or 1b* | QL |
| HALOBETASOL PROPIONATE EXTERNAL FOAM | 3 | ST; QL |
| halobetasol propionate external ointment | 1 or 1b* | QL |
| HALOG EXTERNAL CREAM | 3 | ST; QL |
| HALOG EXTERNAL OINTMENT | 3 | ST; QL |
| HALOG EXTERNAL SOLUTION | 3 | ST; QL |
| hydrocortisone butyrate external cream | 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 |
|---|----------|--------|
| hydrocortisone butyrate external lotion | 3 | ST; QL |
| hydrocortisone butyrate external ointment | 3 | ST; QL |
| hydrocortisone butyrate external solution | 3 | ST; QL |
| hydrocortisone external cream 2.5 % | 1 or 1a* | QL |
| hydrocortisone external lotion 2 % | 3 | ST; QL |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | QL |
| hydrocortisone external ointment 2.5 % | 1 or 1a* | QL |
| hydrocortisone valerate external cream | 3 | ST; QL |
| hydrocortisone valerate external ointment | 3 | ST; QL |
| IMPOYZ EXTERNAL CREAM | 3 | ST; QL |
| KENALOG EXTERNAL AEROSOL SOLUTION | 3 | ST; QL |
| LEXETTE EXTERNAL FOAM | 3 | ST; QL |
| LOCOID EXTERNAL LOTION | 3 | ST; QL |
| LOCOID LIPOCREAM EXTERNAL CREAM | 3 | ST; 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 |
| PANDEL EXTERNAL CREAM | 3 | ST; QL |
| SERNIVO EXTERNAL EMULSION | 3 | ST; QL |
| SYNALAR EXTERNAL CREAM | 3 | ST; QL |
| SYNALAR EXTERNAL OINTMENT | 3 | ST; QL |
| TEXACORT EXTERNAL SOLUTION | 3 | ST; QL |
| TOPICORT EXTERNAL CREAM | 3 | ST; QL |
| TOPICORT EXTERNAL GEL | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| TOPICORT EXTERNAL OINTMENT | 3 | ST; QL |
| TOPICORT SPRAY EXTERNAL LIQUID | 3 | ST; QL |
| tovet external foam | 1 or 1b* | QL |
| triamcinolone acetonide external aerosol solution | 3 | ST; QL |
| triamcinolone acetonide external cream | 1 or 1a* | QL |
| triamcinolone acetonide external lotion | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.05 % | 3 | ST; QL |
| triamcinolone in absorbase external ointment | 3 | ST; QL |
| triderm external cream 0.5 % | 1 or 1a* | QL |
| ULTRAVATE EXTERNAL LOTION | 3 | ST; QL |
| VANOS EXTERNAL CREAM | 3 | ST; QL |
| CUIDADO DE HERIDAS - AGENTES PARA EL FACTOR DE CRECIMIENTO | | |
| REGANEX EXTERNAL GEL | 3 | QL |
| DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES | | |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 3 | PA; SP |

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 |
|---|----------|------------|
| EMOLIENTES | | |
| ammonium lactate external cream | 1 or 1b* | QL |
| ENZIMAS TÓPICAS | | |
| NEXOBRID EXTERNAL GEL | 3 | PA; QL; SP |
| SANTYL EXTERNAL OINTMENT | 3 | PA; QL |
| ESCABICIDAS Y PEDICULICIDAS | | |
| crotan external lotion | 1 or 1b* | QL |
| malathion external lotion | 1 or 1b* | QL |
| NATROBA EXTERNAL SUSPENSION | 3 | QL |
| OVIDE EXTERNAL LOTION | 3 | 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 |
| ZYCLARA EXTERNAL CREAM | 3 | ST; QL |
| ZYCLARA PUMP EXTERNAL CREAM | 3 | ST; QL |
| INHIBIDORES DE LA 5-ALFA REDUCTASA TIPO II | | |
| finasteride oral tablet 1 mg | 1 or 1b* | |
| PROPECIA ORAL TABLET | 3 | |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) TÓPICOS | | |
| EUCRISA EXTERNAL OINTMENT | 3 | ST; QL |
| ZORYVE EXTERNAL CREAM 0.15 % | 3 | PA; QL |
| INMUNODEPRESORES MACRÓLIDOS - TÓPICOS | | |
| ELIDEL EXTERNAL CREAM | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| HYFTOR EXTERNAL GEL | 3 | PA; QL |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| LIMPIADORES DE HERIDAS/TERAPIA PARA ÚLCERAS DE DECÚBITO | | |
| LAVARE WOUND WASH EXTERNAL GEL | 3 | |
| LIMPIADORES Y LUBRICANTES OCULARES | | |
| OPTASE TTO CLEANSING WIPES EXTERNAL PAD | 2 | |
| THERATEARS STERILID CLEANSER EXTERNAL SOLUTION | 2 | |
| LINIMENTOS | | |
| TURPENTINE EXTERNAL SPIRIT | 3 | |
| LUBRICANTES | | |
| cvs lubricating liquid external liquid | 1 or 1b* | |
| cvs personal lubricant external liquid | 1 or 1b* | |
| PRODUCTOS ANTISEBORREICOS | | |
| selenium sulfide external lotion | 1 or 1a* | QL |
| ZORYVE EXTERNAL FOAM | 3 | PA; QL |
| PRODUCTOS DE ALQUITRÁN | | |
| coal tar external solution | 1 or 1b* | |
| PRODUCTOS DE QUEMA | | |
| mafenide acetate external packet | 1 or 1b* | |
| SILVADENE EXTERNAL CREAM | 3 | |
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |
| SULFAMYLON EXTERNAL CREAM | 3 | |

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 |
|---|----------|--------|
| PRODUCTOS DE QUERATOSIS SEBORREICA | | |
| ESKATA EXTERNAL SOLUTION | 3 | |
| PRODUCTOS DERMATOLÓGICOS VARIOS | | |
| ILIDERM EXTERNAL EMULSION | 3 | |
| SUMMERS EVE SPRAY EXTERNAL AEROSOL | 2 | |
| PRODUCTOS PARA EL ACNÉ | | |
| ABSORICA LD ORAL CAPSULE | 3 | PA |
| ABSORICA ORAL CAPSULE | 3 | PA |
| accutane oral capsule | 2 | PA |
| adapalene external cream | 1 or 1b* | PA; QL |
| adapalene external gel | 1 or 1b* | PA; QL |
| adapalene external pad | 1 or 1b* | PA; QL |
| ADAPALENE EXTERNAL SOLUTION | 3 | ST; QL |
| AKLIEF EXTERNAL CREAM | 3 | ST; QL |
| ALTRENO EXTERNAL LOTION | 3 | ST; QL |
| amnestem oral capsule | 2 | PA |
| ARAZLO EXTERNAL LOTION | 3 | ST; QL |
| ATRALIN EXTERNAL GEL | 3 | ST; QL |
| AZELEX EXTERNAL CREAM | 3 | ST; QL |
| claravis oral capsule | 2 | PA |
| DIFFERIN EXTERNAL CREAM | 3 | ST; QL |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | ST; QL |
| DIFFERIN EXTERNAL LOTION | 3 | ST; QL |
| EPSOLAY EXTERNAL CREAM | 3 | QL |
| FABIOR EXTERNAL FOAM | 3 | ST; QL |
| isotretinoin oral capsule | 2 | PA |

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|---|----------|--------|
| RETIN-A EXTERNAL CREAM | 3 | ST; QL |
| RETIN-A EXTERNAL GEL | 3 | ST; QL |
| RETIN-A MICRO EXTERNAL GEL | 3 | ST; QL |
| RETIN-A MICRO PUMP EXTERNAL GEL | 3 | ST; QL |
| TAZAROTENE EXTERNAL FOAM | 3 | ST; QL |
| 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 external gel 0.08 % | 3 | ST; QL |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| tretinoin microsphere pump external gel 0.08 % | 3 | QL |
| WINLEVI EXTERNAL CREAM | 3 | ST; QL |
| zenatane oral capsule | 2 | PA |
| PRODUCTOS PARA EL TRATAMIENTO DE CICATRICES | | |
| COPASIL EXTERNAL GEL | 3 | |
| PRODUCTOS TÓPICOS VARIOS | | |
| BORIC ACID EXTERNAL GRANULES | 2 | |
| QBREXZA EXTERNAL PAD | 3 | PA; QL |
| SOFDRA EXTERNAL GEL | 3 | PA; QL |
| PROSTAGLANDINAS - TÓPICAS | | |
| bimatoprost external solution | 1 or 1b* | |
| LATISSE EXTERNAL SOLUTION | 3 | |
| PROTECTORES PARA LA PIEL | | |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 1 % | 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 |
|---|-------|-------|
| REEMPLAZOS DE TEJIDO | | |
| AMNIOFIX INJECTION SUSPENSION RECONSTITUTED | 3 | |
| AMNIOTEXT EXTERNAL SHEET | 3 | |
| AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED | 3 | |
| CYGNUS DUAL EXTERNAL SHEET | 3 | |
| EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM | 3 | |
| EPIFIX EXTERNAL DISK | 3 | |
| EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM | 3 | |
| EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG | 3 | |
| KARDIAMEMBRANE EXTERNAL SHEET | 3 | |
| NEOX 100 EXTERNAL SHEET | 3 | |
| NEOX CORD 1K EXTERNAL SHEET | 3 | |
| PALINGEN FLOW INJECTION INJECTABLE | 3 | |
| PALINGEN HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN INOVOFLO INJECTION INJECTABLE | 3 | |
| PALINGEN MEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| PALINGEN XPLUS MEMBRANE EXTERNAL SHEET | 3 | |
| STRAVIX EXTERNAL SHEET | 3 | |
| TRUSKIN EXTERNAL SHEET 4 CM X 8 CM | 3 | |
| RETINOIDES ANTINEOPLÁSICOS - TÓPICOS | | |
| PANRETIN EXTERNAL GEL | 3 | SP |
| AGENTES DIARRÉICOS/PROBIÓTI COS | | |
| AGENTES ANTIDIARRÉICOS VARIOS | | |
| acidophilus-bacillus coagulans oral tablet | 2 | |
| eq stomach relief oral tablet | 1 or 1b* | |
| eq stomach relief oral tablet chewable | 1 or 1b* | |
| FLORASTOR ADVANCED ORAL CAPSULE | 2 | |
| FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE | 2 | |
| PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE | 1 or 1b* | |
| probioflexx oral capsule | 2 | |
| surebiotic probiotic support oral capsule | 3 | |
| AGENTES ANTIPERISTÁLTICOS | | |
| diphenoxylate-atropine oral liquid | 1 or 1b* | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| LOMOTIL ORAL TABLET | 3 | |
| loperamide hcl oral capsule | 1 or 1b* | QL |
| MOTOFEN ORAL TABLET | 3 | |

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 |
|---|-------|----------------|
| ANTIDIARRÉICOS - ANTAGONISTAS DE CANALES DE CLORURO | | |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS | | |
| *ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** | | |
| LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** | | |
| XPHOZAH ORAL TABLET | 3 | PA; QL |
| *CORTISOL SYNTHESIS INHIBITORS*** | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | PA; QL; SP |
| RECORLEV ORAL TABLET | 3 | PA; QL; SP |
| *INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** | | |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| *MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** | | |
| NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *NATRIURETIC PEPTIDES*** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| *NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** | | |
| VEOZAH ORAL TABLET | 3 | PA; QL |
| *NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** | | |
| KERENDIA ORAL TABLET | 3 | PA; QL |
| ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA | | |
| MIFEPREX ORAL TABLET | 3 | |
| mifepristone oral tablet 200 mg | 1 or 1b* | |
| AGENTES CALCIOMIMÉTICOS | | |
| cinacalcet hcl oral tablet | 1 or 1b* | PA; QL; SP |
| PARSABIV INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| SENSIPAR ORAL TABLET | 3 | PA; QL; SP |
| AGENTES DE SOMATOSTATINA | | |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; QL; SP |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 or 1b* | PA; SP |
| octreotide acetate subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | PA; SP |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | 3 | PA; QL; SP |

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 |
|--|----------|----------------|
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; SP |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| AGENTES PARA LA HIPOFOSFATASIA (HPP) | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA | | |
| cabergoline oral tablet | 1 or 1b* | QL |
| ANÁLOGOS DE LEPTINA | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| ANTAGONISTAS DEL GNRH/LHRH | | |
| cetorelix acetate subcutaneous kit | 3 | PA; SP |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | 3 | PA; SP |
| fyremadel subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP |
| GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| ORLISSA ORAL TABLET | 2 | PA; QL |
| ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2 | | |
| JYNARQUE ORAL TABLET | 3 | PA; LD; QL; SP |
| JYNARQUE ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| SAMSCA ORAL TABLET | 3 | PA; LD; QL; SP |
| tolvaptan oral tablet | 3 | PA; LD; QL; SP |
| BISFOSFONATOS | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | QL |
| alendronate sodium oral solution | 1 or 1b* | QL |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 or 1b* | QL |
| AELVIA ORAL TABLET DELAYED RELEASE | 3 | QL |
| BINOSTO ORAL TABLET EFFERVESCENT | 3 | QL |
| FOSAMAX ORAL TABLET 70 MG | 3 | QL |
| FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| ibandronate sodium intravenous solution 3 mg/3ml | 3 | SP |
| ibandronate sodium oral tablet | 1 or 1b* | QL |
| pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml | 1 or 1b* | SP |
| PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML | 3 | SP |
| RECLAST INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| 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 |

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 |
|---|----------|------------|
| zoledronic acid intravenous concentrate | 3 | PA; SP |
| ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML | 3 | PA; SP |
| zoledronic acid intravenous solution 5 mg/100ml | 1 or 1b* | PA; QL; SP |
| CALCITONINAS | | |
| calcitonin (salmon) injection solution | 1 or 1b* | SP |
| calcitonin (salmon) nasal solution | 1 or 1b* | QL |
| MIACALCIN INJECTION SOLUTION | 3 | SP |
| CORTICOTROPINA | | |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; SP |
| ACTHAR INJECTION GEL | 3 | PA; LD; SP |
| CORTROPHIN INJECTION GEL | 3 | PA; LD; SP |
| DEFICIENCIA DE ESFINGOMIELINASA ÁCIDA (ASMD): AGENTES | | |
| XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| DEFICIENCIA DE LA LIPASA ÁCIDA LISOSÓMICA (LIPA) - AGENTES | | |
| KANUMA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ENFERMEDAD DE FABRY - AGENTES | | |
| ELFABRIO INTRAVENOUS SOLUTION | 3 | PA; SP |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| GALAFOLD ORAL CAPSULE | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | 2 | PA; SP |
| OVIDREL SUBCUTANEOUS INJECTABLE | 3 | PA; SP |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| ESTIMULANTES DE OVULACIÓN - SINTÉTICOS | | |
| CLOMID ORAL TABLET | 1 or 1b* | PA |
| FACTORES DE CRECIMIENTO DE TIPO INSULINA (SOMATOMEDINAS) | | |
| INCRELEX SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |

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 |
|--|-------|----------------|
| HORMONA LIBERADORA DE HORMONA DE CRECIMIENTO (GHRH) | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| HORMONA PARATIROIDEA Y DERIVADOS | | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 3 | QL; SP |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml | 3 | QL; SP |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 3 | QL; SP |
| teriparatide subcutaneous solution pen-injector | 3 | QL; SP |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | LD; QL; SP |
| HORMONAS DEL CRECIMIENTO | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; QL; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 3 | PA; QL; SP |
| HUMATROPE INJECTION CARTRIDGE | 3 | PA; QL; SP |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; LD; QL; SP |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG | 3 | PA; LD; QL; SP |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 3 | PA; LD; QL; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE | 3 | PA; LD; QL; SP |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| INHIBIDORES DE ESCLEROSIS | | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |

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

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|--|----------|----------------|
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| SUPPRELIN LA SUBCUTANEOUS KIT | 3 | PA; LD; QL; SP |
| SYNAREL NASAL SOLUTION | 3 | PA; QL; SP |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; SP |
| INHIBIDORES DEL LIGANDO RANK (RANKL) | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| XGEVA SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM) | | |
| EVISTA ORAL TABLET | 3 | \$0; QL |
| OSPHENA ORAL TABLET | 3 | PA; QL |
| raloxifene hcl oral tablet | 1 or 1b* | \$0; QL |
| MUCOPOLISACARIDOSIS I (MPS I) - AGENTES | | |
| ALDURAZYME INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| MUCOPOLISACARIDOSIS II (MPS II) - AGENTES | | |
| ELAPRASE INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| MUCOPOLISACARIDOSIS IV (MPS IV) - AGENTES | | |
| VIMIZIM INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| MUCOPOLISACARIDOSIS VI (MPS VI) - AGENTES | | |
| NAGLAZYME INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| MUCOPOLISACARIDOSIS VII (MPS VII) - AGENTES | | |
| MEPSEVII INTRAVENOUS SOLUTION | 3 | PA; SP |
| REFORZADOR DE LA CARNITINA - AGENTES | | |
| CARNITOR INTRAVENOUS SOLUTION | 3 | |
| CARNITOR ORAL SOLUTION | 3 | |
| CARNITOR ORAL TABLET | 3 | |
| CARNITOR SF ORAL SOLUTION | 3 | |
| levocarnitine intravenous solution | 1 or 1b* | |
| levocarnitine oral solution | 1 or 1b* | |
| levocarnitine oral tablet | 1 or 1b* | |
| levocarnitine sf oral solution | 1 or 1b* | |
| TRASTORNOS EN EL CICLO DE LA UREA - AGENTES | | |
| AMMONUL INTRAVENOUS SOLUTION | 3 | |
| BUPHENYL ORAL POWDER 3 GM/TSP | 3 | PA; LD; QL; SP |
| BUPHENYL ORAL TABLET | 3 | PA; LD; QL; SP |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |

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

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|---|----------|----------------|
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL; SP |
| PHEBURANE ORAL PELLET | 3 | PA; QL; SP |
| RAVICTI ORAL LIQUID | 3 | PA; LD; QL; SP |
| sod benz-sod phenylacet intravenous solution | 1 or 1b* | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 3 | PA; LD; QL; SP |
| sodium phenylbutyrate oral tablet | 3 | PA; LD; QL; SP |
| TRATAMIENTO CON FENILBUTAZONAS - AGENTES | | |
| JAVYGTOR ORAL PACKET | 1 or 1b* | PA; LD; SP |
| JAVYGTOR ORAL TABLET | 1 or 1b* | PA; LD; SP |
| KUVAN ORAL PACKET | 3 | PA; LD; SP |
| KUVAN ORAL TABLET | 3 | PA; LD; SP |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML | 3 | PA; LD; SP |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 3 | PA; LD; QL; SP |
| sapropterin dihydrochloride oral packet | 1 or 1b* | PA; LD; SP |
| sapropterin dihydrochloride oral tablet | 1 or 1b* | PA; LD; SP |
| TRATAMIENTO DE LA ACIDURIA ORÓTICA HEREDITARIA - AGENTES | | |
| XURIDEN ORAL PACKET | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES | | |
| CARBAGLU ORAL TABLET SOLUBLE | 3 | PA; SP |
| carglumic acid oral tablet soluble | 1 or 1b* | PA; SP |
| TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES | | |
| betaine oral powder | 3 | SP |
| CYSTADANE ORAL POWDER | 3 | SP |
| TRATAMIENTO DE LA INMUNODEFICIENCIA COMBINADA GRAVE (IDCG) POR DÉFICIT DE ADENOSINA DESAMINASA - AGENTES | | |
| REVCIVI INTRAMUSCULAR SOLUTION | 3 | PA; SP |
| TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES | | |
| nitisinone oral capsule | 1 or 1b* | PA; SP |
| NITYR ORAL TABLET | 3 | PA; SP |
| ORFADIN ORAL CAPSULE | 3 | PA; SP |
| ORFADIN ORAL SUSPENSION | 3 | PA; SP |
| TRATAMIENTO DEL HIPERPARATIROIDISM O - ANÁLOGOS DE VITAMINA D | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA |
| calcitriol oral capsule | 1 or 1b* | PA |
| calcitriol oral solution | 1 or 1b* | PA |
| doxercalciferol intravenous solution | 1 or 1b* | PA |
| doxercalciferol oral capsule | 1 or 1b* | PA |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML | 3 | PA |
| paricalcitol intravenous solution | 1 or 1b* | PA |

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

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|---|----------|----------------|
| paricalcitol oral capsule | 1 or 1b* | PA |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | PA; QL |
| ROCALTROL ORAL CAPSULE | 3 | PA |
| ROCALTROL ORAL SOLUTION | 3 | PA |
| ZEMPLAR INTRAVENOUS SOLUTION | 3 | PA |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | PA |
| TRATAMIENTO DEL RAQUITISMO HIPOFOSFATÉMICO LIGADO AL CROMOSOMA X - AGENTES | | |
| CRYSVITA SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| TRATAMIENTO PARA LA DEFICIENCIA DE LA ALFA-GLUCOSIDASA ÁCIDA (GAA) - AGENTES | | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| OPFOLDA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| VASOPRESINA | | |
| DDAVP INJECTION SOLUTION 4 MCG/ML | 3 | |
| DDAVP ORAL TABLET 0.1 MG | 3 | DO |
| DDAVP ORAL TABLET 0.2 MG | 3 | QL |
| DDAVP PF INJECTION SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| desmopressin ace spray refrig nasal solution | 1 or 1b* | |
| desmopressin acetate injection solution | 1 or 1b* | |
| DESMOPRESSIN ACETATE NASAL SOLUTION | 3 | LD; QL |
| 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* | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| vasopressin +rfid intravenous solution | 1 or 1b* | |
| vasopressin intravenous solution | 1 or 1b* | |
| vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-% | 3 | |
| VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-% | 3 | |
| AGENTES GASTROINTESTINALES VARIOS | | |
| *HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS*** | | |
| REZDIFFRA ORAL TABLET | 3 | PA; QL; SP |
| *IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** | | |
| IBSRELA ORAL TABLET | 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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| *ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 3 | PA; QL; SP |
| BYLVAY ORAL CAPSULE | 3 | PA; QL; SP |
| LIVMARLI ORAL SOLUTION | 3 | PA; QL; SP |
| *LIVE FECAL MICROBIOTA (HUMAN)** | | |
| REBYOTA RECTAL SUSPENSION | 3 | PA; QL; SP |
| VOWST ORAL CAPSULE | 3 | PA; QL; SP |
| *PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS*** | | |
| IQIRVO ORAL TABLET | 3 | PA; QL; SP |
| LIVDELZI ORAL CAPSULE | 3 | PA; QL |
| *SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)*** | | |
| VELSIPITY ORAL TABLET | 3 | PA; LD; QL; SP |
| 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 | | |
| AMITIZA ORAL CAPSULE | 3 | QL |
| lubiprostone oral capsule | 1 or 1b* | QL |
| AGENTES AGLUTINANTES DEL FOSFATO | | |
| AURYXIA ORAL TABLET | 3 | ST; QL |
| calcium acetate (phos binder) oral capsule | 1 or 1b* | QL |

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| calcium acetate (phos binder) oral tablet | 1 or 1b* | QL |
| calcium acetate oral tablet 667 mg | 1 or 1b* | QL |
| FOSRENOL ORAL PACKET | 3 | ST; QL |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 3 | ST; QL |
| lanthanum carbonate oral tablet chewable | 1 or 1b* | QL |
| RENAGEL ORAL TABLET 800 MG | 3 | QL |
| RENVELA ORAL PACKET | 3 | ST; QL |
| RENVELA ORAL TABLET | 3 | ST; QL |
| sevelamer carbonate oral packet | 1 or 1b* | QL |
| sevelamer carbonate oral tablet | 1 or 1b* | QL |
| sevelamer hcl oral tablet | 1 or 1b* | QL |
| VELPHORO ORAL TABLET CHEWABLE | 3 | ST; QL |
| AGENTES ANTIALERGÉNICOS GASTROINTESTINALES | | |
| cromolyn sodium oral concentrate | 1 or 1b* | |
| GASTROCROM ORAL CONCENTRATE | 3 | |
| AGENTES CIC - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C) | | |
| TRULANCE ORAL TABLET | 3 | ST; QL |
| AGENTES DE ANOMALÍAS EN LA SÍNTESIS DE ÁCIDOS BILIARES | | |
| CHOLBAM ORAL CAPSULE | 3 | PA; QL; SP |
| AGENTES PARA EL IBS - AGONISTAS DEL RECEPTOR OPIOIDE MU | | |
| VIBERZI ORAL TABLET | 3 | 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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| AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3 | | |
| alosetron hcl oral tablet | 1 or 1b* | PA; QL |
| LOTRONEX ORAL TABLET | 3 | 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 | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE | 3 | QL |
| AZULFIDINE ORAL TABLET | 3 | QL |
| balsalazide disodium oral capsule | 1 or 1b* | QL |
| CANASA RECTAL SUPPOSITORY | 3 | QL |
| COLAZAL ORAL CAPSULE | 3 | QL |
| DELZICOL ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| DIPENTUM ORAL CAPSULE | 3 | ST; QL |
| LIALDA ORAL TABLET DELAYED RELEASE | 3 | ST; QL |
| mesalamine er oral capsule extended release | 1 or 1b* | QL |
| mesalamine er oral capsule extended release 24 hour | 1 or 1b* | QL |
| mesalamine oral capsule delayed release | 1 or 1b* | QL |
| mesalamine oral tablet delayed release | 1 or 1b* | QL |
| mesalamine rectal enema | 1 or 1b* | QL |

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| mesalamine rectal suppository | 1 or 1b* | QL |
| mesalamine-cleanser rectal kit | 1 or 1b* | QL |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 2 | QL |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG | 3 | ST; QL |
| ROWASA RECTAL KIT | 3 | QL |
| SFROWASA RECTAL ENEMA | 3 | QL |
| sulfasalazine oral tablet | 1 or 1b* | QL |
| sulfasalazine oral tablet delayed release | 1 or 1b* | QL |
| AGENTES SOLUBILIZANTES DE CÁLCULOS BILIARES | | |
| CHENODAL ORAL TABLET | 3 | PA; QL; SP |
| RELTONE ORAL CAPSULE | 3 | PA |
| URSO FORTE ORAL TABLET | 3 | |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 3 | PA |
| ursodiol oral capsule 300 mg | 1 or 1b* | |
| ursodiol oral tablet | 1 or 1b* | |
| AGONISTAS DEL RECEPTOR X FARNESOIDE (FXR) | | |
| OCALIVA ORAL TABLET | 3 | PA; LD; QL; SP |
| ANÁLOGOS DEL PÉPTIDO SIMILAR AL GLUCAGÓN TIPO 2 (GLP-2) | | |
| GATTEX SUBCUTANEOUS KIT | 3 | PA; LD; SP |
| ANTAGONISTAS DE LA INTERLEUCINA | | |
| OMVOH INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |

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

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| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| SKYRIZI INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| STELARA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR 5-HT4 | | |
| MOTEGRITY ORAL TABLET | 3 | ST; QL |
| ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO | | |
| alvimopan oral capsule | 1 or 1b* | |
| MOVANTIK ORAL TABLET | 2 | QL |
| RELISTOR ORAL TABLET | 3 | ST; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | ST; QL |
| SYMPROIC ORAL TABLET | 3 | ST; QL |
| BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL | | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |

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|--|----------|------------|
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 3 | PA; QL; SP |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| ESTIMULANTES GASTROINTESTINALES | | |
| GIMOTI NASAL SOLUTION | 3 | PA; QL |
| metoclopramide hcl injection solution | 1 or 1a* | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 or 1a* | QL |
| metoclopramide hcl oral tablet | 1 or 1a* | QL |
| metoclopramide hcl oral tablet dispersible 5 mg | 1 or 1a* | ST; QL |
| REGLAN ORAL TABLET | 3 | QL |

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

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|---|----------|--------|
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 3 | PA; SP |
| PROCYSBI ORAL PACKET | 3 | PA; SP |
| AGENTES PARA LA CISTITIS INTERSTICIAL | | |
| ELMIRON ORAL CAPSULE | 3 | QL |
| RIMSO-50 INTRAVESICAL SOLUTION | 3 | |
| ANALGÉSICOS URINARIOS | | |
| eq urinary pain relief max st oral tablet 99.5 mg | 1 or 1b* | |
| phenazopyridine hcl oral tablet 95 mg | 1 or 1a* | |
| URO-PAIN MAXIMUM STRENGTH ORAL TABLET | 1 or 1b* | |
| URO-PAIN ORAL TABLET | 1 or 1a* | |
| ANTAGONISTAS DE ADRENORECEPTORES ALFA 1 | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| FLOMAX ORAL CAPSULE | 3 | QL |
| RAPAFLO ORAL CAPSULE | 3 | QL |
| silodosin oral capsule | 1 or 1b* | QL |
| tamsulosin hcl oral capsule | 1 or 1b* | QL |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| CITRATOS | | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE | 3 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE | 3 | |

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

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| UROKIT-K 5 ORAL TABLET EXTENDED RELEASE | 3 | |
| COMBINACIONES DE AGENTES DE REFLUJO VESICOURTERAL (VUR) | | |
| DEFLUX INJECTION PREFILLED SYRINGE | 3 | |
| COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA | | |
| dutasteride-tamsulosin hcl oral capsule | 1 or 1b* | QL |
| ENTADFI ORAL CAPSULE | 3 | PA; QL |
| FOSFATOS | | |
| K-PHOS NO 2 ORAL TABLET | 3 | |
| INHIBIDORES DE LA 5-ALFA REDUCTASA | | |
| AVODART ORAL CAPSULE | 3 | QL |
| dutasteride oral capsule | 1 or 1b* | QL |
| finasteride oral tablet 5 mg | 1 or 1b* | QL |
| PROSCAR ORAL TABLET | 3 | QL |
| IRRIGANTES GENITOURINARIOS | | |
| acetic acid irrigation solution | 1 or 1b* | |
| argyle sterile saline irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 1 or 1b* | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| sodium chloride irrigation solution 0.9 % | 1 or 1b* | |
| SORBITOL IRRIGATION SOLUTION 3 % | 3 | |
| SORBITOL-MANNITOL IRRIGATION SOLUTION | 3 | |

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| AGENTES HEMATOLÓGICOS VARIOS | | |
| *AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA* | | |
| adzynma intravenous kit | 3 | PA; LD; SP |
| *AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** | | |
| GIVLAARI SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| *COMPLEMENT C1 INHIBITORS*** | | |
| ENJAYMO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *COMPLEMENT C3 INHIBITORS*** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| *COMPLEMENT C5 INHIBITORS*** | | |
| PIASKY INJECTION SOLUTION | 3 | PA; QL; SP |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 3 | PA; LD; QL; SP |
| ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML | 3 | PA; LD; QL; SP |
| VEOPOZ INJECTION SOLUTION | 3 | PA; QL; SP |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *COMPLEMENT C5A INHIBITORS*** | | |
| gohibic intravenous solution | 3 | |
| *COMPLEMENT C5A RECEPTOR INHIBITORS*** | | |
| TAVNEOS ORAL CAPSULE | 3 | PA; QL; SP |

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

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| *COMPLEMENT FACTOR B INHIBITORS*** | | |
| FABHALTA ORAL CAPSULE | 3 | PA; QL; SP |
| *COMPLEMENT FACTOR D INHIBITORS*** | | |
| VOYDEYA ORAL TABLET | 3 | PA; QL; SP |
| VOYDEYA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| *PYRUVATE KINASE ACTIVATORS*** | | |
| PYRUKYND ORAL TABLET | 3 | PA; QL; SP |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| *THROMBOLYTIC AGENT - MISC*** | | |
| DEFITELIO INTRAVENOUS SOLUTION | 3 | SP |
| ACTIVADORES DEL PLASMINÓGENO TISULAR | | |
| ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED | 3 | |
| RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT | 3 | |
| RETAVASE INTRAVENOUS KIT 2 X 10 UNIT | 3 | |
| TNKASE INTRAVENOUS KIT | 3 | |
| AGENTES ANTI FACTOR VON WILLEBRAND | | |
| CABLIVI INJECTION KIT | 3 | PA; SP |

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| AGENTES DE QUINAZOLINA | | |
| AGRYLIN ORAL CAPSULE | 3 | QL |
| 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 | | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| icatibant acetate subcutaneous solution prefilled syringe | 1 or 1b* | PA; LD; QL; SP |
| sajazir subcutaneous solution prefilled syringe | 1 or 1b* | PA; LD; QL; SP |
| ANTAGONISTAS DEL RECEPTOR-1 DE PROTEASA ACTIVADA (PAR-1) | | |
| ZONTIVITY ORAL TABLET | 3 | PA; QL |
| COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | QL |
| YOSPRALA ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| DERIVADOS DE LA CICLO-PENTIL-TRIAZOLO-PIRIMIDINA (CPTP) | | |
| BRILINTA ORAL TABLET | 2 | QL |
| KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

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| DERIVADOS DE LA TIENOPIRIDINA | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | QL |
| EFFIENT ORAL TABLET | 3 | QL |
| PLAVIX ORAL TABLET 75 MG | 3 | QL |
| prasugrel hcl oral tablet | 1 or 1b* | QL |
| EXPANSORES PLASMÁTICOS | | |
| HESPAN INTRAVENOUS SOLUTION | 3 | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| HEXTEND INTRAVENOUS SOLUTION | 3 | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| HEMINA | | |
| PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 3 | SP |
| INHIBIDORES DE AGREGACIÓN PLAQUETARIA | | |
| dipyridamole oral tablet | 1 or 1b* | |
| INHIBIDORES DE C1 | | |
| BERINERT INTRAVENOUS KIT | 3 | PA; LD; QL; SP |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |

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| INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLONALES | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| INHIBIDORES DE CALICREÍNA PLASMÁTICA | | |
| KALBITOR SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| ORLADEYO ORAL CAPSULE | 3 | PA; QL; SP |
| INHIBIDORES DE LA FOSFODIESTERASA III | | |
| cilostazol oral tablet | 1 or 1b* | |
| INHIBIDORES DE TIROSINAS-CINASAS (SYK) | | |
| TAVALISSE ORAL TABLET | 3 | PA; QL; SP |
| INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA | | |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | |
| AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% | 3 | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 1 or 1b* | |
| tirofiban hcl in nacl intravenous solution | 1 or 1b* | |

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| PRODUCTOS ANTIHEMOFÍLICOS - ANTICUERPOS MONOCLONALES | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML | 3 | PA; LD; SP |
| HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML | 3 | PA; SP |
| PRODUCTOS ANTIHEMOFÍLICOS | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| AFSTYLA INTRAVENOUS KIT | 3 | PA; LD; SP |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ALTUVIIIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 3 | PA; LD; SP |
| BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BENEFIX INTRAVENOUS KIT | 3 | PA; LD; SP |

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|--|-------|------------|
| COAGADEx INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| CORIFACT INTRAVENOUS KIT | 3 | PA; LD; SP |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT | 3 | PA; LD; SP |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | 3 | PA; LD; SP |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| KCENTRA INTRAVENOUS KIT | 3 | |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | 3 | PA; LD; SP |
| KOGENATE FS INTRAVENOUS KIT | 3 | PA; LD; SP |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NUWIQ INTRAVENOUS KIT | 3 | PA; LD; SP |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| obizur intravenous solution reconstituted | 3 | PA; LD; SP |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT | 3 | PA; LD; SP |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| WILATE INTRAVENOUS KIT | 3 | PA; LD; SP |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; LD; SP |
| XYNTHA SOLOFUSE INTRAVENOUS KIT | 3 | PA; LD; SP |
| PROTAMINA | | |
| protamine sulfate intravenous solution | 1 or 1b* | |
| PROTEÍNA C HUMANA | | |
| CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| PROTEÍNAS PLASMÁTICAS | | |
| ALBUKED 25 INTRAVENOUS SOLUTION | 3 | |
| ALBUKED 5 INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN HUMAN INTRAVENOUS SOLUTION | 3 | |
| ALBUMINEX INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN-ZLB INTRAVENOUS SOLUTION | 3 | |
| ALBURX INTRAVENOUS SOLUTION | 3 | |
| ALBUTEIN INTRAVENOUS SOLUTION | 3 | |
| FLEXBUMIN INTRAVENOUS SOLUTION | 3 | |

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 |
|---|-------|----------------|
| KEDBUMIN INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION | 3 | |
| RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | 3 | |
| AGENTES HEMATOPOYÉTICOS | | |
| *ERYTHROID MATURATION AGENTS*** | | |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** | | |
| OXBRYTA ORAL TABLET 300 MG | 3 | LD; QL; SP |
| OXBRYTA ORAL TABLET 500 MG | 3 | PA; LD; QL; SP |
| OXBRYTA ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| *HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS*** | | |
| JESDUVROQ ORAL TABLET | 3 | PA; QL; SP |
| VAFSEO ORAL TABLET | 3 | PA; QL; SP |
| *SELECTIN BLOCKERS*** | | |
| ADAKVEO INTRAVENOUS SOLUTION | 3 | PA; SP |
| ÁCIDO FÓLICO/FOLATO | | |
| cvs folic acid oral tablet 800 mcg | 1 or 1a* | \$0 |
| fa-8 oral capsule | 1 or 1b* | \$0 |
| folate oral tablet | 1 or 1a* | \$0 |
| folic acid injection solution | 1 or 1a* | |
| folic acid oral capsule 0.8 mg | 1 or 1b* | \$0 |
| folic acid oral tablet 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 | |
| SIKLOS ORAL TABLET | 3 | PA; SP |
| AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA) | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; QL; SP |

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 |
|---|-------|----------------|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL; SP |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| PROCRIIT INJECTION SOLUTION | 3 | PA; QL; SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | PA; QL; SP |
| AGENTES PARA LA ENFERMEDAD DE GAUCHER | | |
| CERDELGA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | 3 | PA; LD; SP |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| miglustat oral capsule | 2 | PA; QL; SP |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| YARGESA ORAL CAPSULE | 3 | PA; QL; SP |
| ZAVESCA ORAL CAPSULE | 3 | PA; QL; SP |
| AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO) | | |
| ALVAIZ ORAL TABLET 18 MG, 9 MG | 3 | PA; DO; SP |
| ALVAIZ ORAL TABLET 36 MG, 54 MG | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| DOPTELET ORAL TABLET 20 MG | 3 | PA; LD; QL; SP |
| MULPLETA ORAL TABLET | 3 | PA; QL; SP |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| PROMACTA ORAL PACKET 12.5 MG | 3 | PA; LD; DO; SP |
| PROMACTA ORAL PACKET 25 MG | 3 | PA; LD; QL; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 3 | PA; LD; DO; SP |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 3 | PA; LD; QL; SP |
| AMINOÁCIDOS | | |
| ENDARI ORAL PACKET | 3 | PA; LD; SP |
| l-glutamine oral packet | 3 | PA; LD; SP |
| ANTAGONISTA DEL RECEPTOR CXCR4 | | |
| APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| MOZOBIL SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| plerixafor subcutaneous solution | 3 | PA; LD; SP |
| XOLREMDI ORAL CAPSULE | 3 | PA; QL; SP |
| COBALAMINAS | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| cyanocobalamin nasal solution | 3 | |
| dodex injection solution | 1 or 1a* | |
| hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |
| NASCOBAL NASAL SOLUTION | 3 | |
| COMBINACIONES DE ÁCIDO FÓLICO/FOLATO | | |
| foltabs 800 oral tablet | 1 or 1b* | \$0 |
| l-arginine mens health 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 |
|---|-------|----------------|
| FACTOR ESTIMULANTE DE COLONIAS DE GRANULOCITOS Y MACRÓFAGOS (GM-CSF) | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF) | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| GRANIX SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 3 | PA; SP |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| NIVESTYM INJECTION SOLUTION | 3 | PA; SP |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| HIERRO | | |
| ACCRUFER ORAL CAPSULE | 3 | |
| FERAHEME INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| FERRLECIT INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| ferumoxytol intravenous solution | 3 | PA; QL; SP |
| INFED INJECTION SOLUTION | 3 | PA; SP |
| INJECTAFER INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| iron slow release oral tablet extended release 45 mg | 1 or 1a* | |

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 |
|--|----------|------------|
| MONOFERRIC INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| na ferric gluc cplx in sucrose intravenous solution | 1 or 1b* | PA; QL; SP |
| VENOFER INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| AGENTES HEMOSTÁTICOS | | |
| AGENTES HEMOSTÁTICOS SISTÉMICOS | | |
| aminocaproic acid intravenous solution | 1 or 1b* | |
| aminocaproic acid oral solution | 1 or 1b* | QL |
| aminocaproic acid oral tablet 1000 mg | 1 or 1b* | |
| aminocaproic acid oral tablet 500 mg | 1 or 1b* | QL |
| CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML | 3 | |
| tranexamic acid intravenous solution 1000 mg/10ml | 1 or 1b* | |
| tranexamic acid oral tablet | 1 or 1b* | QL |
| TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION | 3 | |
| AGENTES HEMOSTÁTICOS TÓPICOS | | |
| ACTIFOAM COLLAGEN SPONGE EXTERNAL | 3 | |
| AVITENE EXTERNAL PAD | 3 | |
| AVITENE FLOUR EXTERNAL POWDER | 3 | |
| ENDO AVITENE EXTERNAL | 3 | |
| GELFILM EXTERNAL FILM | 3 | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------|
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | 3 | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | 3 | |
| GELFOAM MOUTH/THROAT POWDER | 3 | |
| GELFOAM SPONGE EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 100 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 200 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 50 EXTERNAL | 3 | |
| INSTAT EXTERNAL PAD | 3 | |
| INTERCEED (TC7) EXTERNAL PAD | 3 | |
| INTERCEED EXTERNAL PAD | 3 | |
| RECOTHROM EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| SURGICEL FIBRILLAR EXTERNAL PAD | 3 | |
| SURGICEL NU-KNIT EXTERNAL PAD | 3 | |
| SURGICEL SNOW 1"X2" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 2"X4" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 4"X4" EXTERNAL PAD | 3 | |
| SYRINGE AVITENE EXTERNAL | 3 | |
| TACHOSIL EXTERNAL PATCH | 3 | |
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL KIT | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|-------|-------|
| THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| THROMBOGEN EXTERNAL KIT | 3 | |
| THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X25X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL | 3 | |
| COMBINACIONES HEMOSTÁTICAS TÓPICAS | | |
| ARTISS EXTERNAL KIT | 3 | |
| ARTISS EXTERNAL SOLUTION | 3 | |
| THROMBI-GEL 10 EXTERNAL PAD | 3 | |
| THROMBI-GEL 100 EXTERNAL PAD | 3 | |
| THROMBI-GEL 40 EXTERNAL PAD | 3 | |
| THROMBI-PAD EXTERNAL PAD | 3 | |
| TISSEEL EXTERNAL KIT | 3 | |
| TISSEEL EXTERNAL SOLUTION | 3 | |
| AGENTES NASALES - SISTÉMICOS Y TÓPICOS | | |
| ANESTÉSICOS NASALES | | |
| COCAINE HCL NASAL SOLUTION | 3 | |
| GOPRELTO NASAL SOLUTION | 3 | |
| NUMBRINO NASAL SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTICOLINÉRGICOS NASALES | | |
| ipratropium bromide nasal solution | 1 or 1b* | QL |
| ANTIISTAMÍNICOS ESTEROIDES | | |
| azelastine-fluticasone nasal suspension | 3 | QL |
| DYMISTA NASAL SUSPENSION | 3 | QL |
| RYALTRIS NASAL SUSPENSION | 3 | QL |
| ANTIISTAMÍNICOS NASALES | | |
| azelastine hcl nasal solution | 1 or 1b* | QL |
| olopatadine hcl nasal solution | 1 or 1b* | QL |
| DESCONGESTIVOS SISTÉMICOS | | |
| eq sinus & congestion max str oral tablet | 1 or 1b* | |
| ESTEROIDES NASALES | | |
| flunisolide nasal solution 25 mcg/act (0.025%) | 3 | ST; QL |
| fluticasone propionate nasal suspension | 1 or 1a* | QL |
| mometasone furoate nasal suspension | 3 | ST; QL |
| OMNARIS NASAL SUSPENSION | 3 | ST; QL |
| PROPEL MINI NASAL IMPLANT | 3 | |
| PROPEL MINI SDS NASAL IMPLANT | 3 | |
| PROPEL NASAL IMPLANT | 3 | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION | 3 | ST; QL |
| QNASL NASAL AEROSOL SOLUTION | 3 | ST; QL |
| XHANCE NASAL EXHALER SUSPENSION | 3 | 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 |
|---|-------|----------------|
| AGENTES NEUROMUSCULARES | | |
| *ALS AGENT COMBINATIONS*** | | |
| RELYVRIO ORAL PACKET | 3 | PA; LD; QL; SP |
| *FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** | | |
| SKYCLARYS ORAL CAPSULE | 3 | PA; QL; SP |
| *MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** | | |
| DUVYZAT ORAL SUSPENSION | 3 | PA; QL; SP |
| *RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS*** | | |
| DAYBUE ORAL SOLUTION | 3 | PA; QL; SP |
| *SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| AGENTES BLOQUEADORES NEUROMUSCULARES - NEUROTOXINAS | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |
| MYOBLOC INTRAMUSCULAR SOLUTION | 3 | PA; SP |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES PARA LA DISTROFIA MUSCULAR | | |
| AMONDYS 45 INTRAVENOUS SOLUTION | 3 | PA; SP |
| EXONDYS 51 INTRAVENOUS SOLUTION | 3 | PA; SP |
| VILTEPSO INTRAVENOUS SOLUTION | 3 | PA; SP |
| VYONDYS 53 INTRAVENOUS SOLUTION | 3 | PA; SP |
| AGENTES PARA LA ESCLEROSIS LATERAL AMIOTRÓFICA (ELA) - MISCELÁNEOS | | |
| edaravone intravenous solution | 3 | PA; LD; SP |
| RADICAVA ORS ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| BENZOTIAZOLES | | |
| EXSERVAN ORAL FILM | 3 | PA; QL; SP |
| riluzole oral tablet | 1 or 1b* | PA; QL; SP |
| TEGLUTIK ORAL SUSPENSION | 3 | PA; QL; SP |
| RELAJANTES MUSCULARES DESPOLARIZANTES | | |
| ANECTINE INJECTION SOLUTION | 3 | |
| QUELICIN INJECTION SOLUTION | 3 | |
| SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML | 3 | |
| RELAJANTES MUSCULARES NO DESPOLARIZANTES | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |

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 |
|---|----------|------------|
| 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 | | |
| *CHOLINERGIC AGONISTS*** | | |
| TYRVAYA NASAL SOLUTION | 3 | PA; QL |
| *OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** | | |
| VABYSMO INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA |
| *OPHTHALMIC COMPLEMENT C3 INHIBITORS*** | | |
| SYFOVRE INTRAVITREAL SOLUTION | 3 | PA; SP |
| *OPHTHALMIC COMPLEMENT C5 INHIBITORS*** | | |
| IZERVAY INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| *OPHTHALMIC ECTOPARASITICIDE** | | |
| XDEMVEY OPHTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMICS - BLEPHAROPTOSIS AGENTS** | | |
| UPNEEQ OPHTHALMIC SOLUTION | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS | | |
| ACULAR LS OPHTHALMIC SOLUTION | 3 | QL |
| ACULAR OPHTHALMIC SOLUTION | 3 | QL |
| ACUVAIL OPHTHALMIC SOLUTION | 3 | QL |
| bromfenac sodium (once-daily) ophthalmic solution | 1 or 1b* | QL |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 1 or 1b* | QL |
| BROMSITE OPHTHALMIC SOLUTION | 3 | QL |
| diclofenac sodium ophthalmic solution | 1 or 1b* | QL |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | QL |
| ILEVRO OPHTHALMIC SUSPENSION | 2 | QL |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | QL |
| NEVANAC OPHTHALMIC SUSPENSION | 3 | QL |
| PROLENSA OPHTHALMIC SOLUTION | 3 | QL |
| AGENTES DE TERAPIA FOTODINÁMICA OFTÁLMICA | | |
| VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; QL; SP |
| AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS | | |
| ALPHAGAN P OPHTHALMIC SOLUTION | 3 | QL |
| apraclonidine hcl ophthalmic 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 |
|---|----------|------------|
| brimonidine tartrate ophthalmic solution | 1 or 1b* | QL |
| IOPIDINE OPTHALMIC SOLUTION 1 % | 3 | |
| ANESTÉSICOS LOCALES OFTÁLMICOS | | |
| AKTEN OPTHALMIC GEL | 3 | |
| ALCAINE OPTHALMIC SOLUTION | 3 | |
| IHEEZO OPTHALMIC GEL | 3 | |
| 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) | | |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| BYOOVIZ INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| CIMERLI INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| EYLEA HD INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| EYLEA INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION | 3 | LD; SP |
| SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION | 3 | LD; SP |
| ANTIALÉRGICOS OFTÁLMICOS | | |
| ALOCRIL OPTHALMIC SOLUTION | 3 | ST; QL |
| ALOMIDE OPTHALMIC SOLUTION | 3 | ST; QL |
| azelastine hcl ophthalmic solution | 1 or 1b* | QL |
| bepotastine besilate ophthalmic solution | 3 | ST; QL |
| BEPREVE OPTHALMIC SOLUTION | 3 | ST; QL |
| cromolyn sodium ophthalmic solution | 1 or 1a* | QL |
| epinastine hcl ophthalmic solution | 1 or 1b* | QL |
| eq olopatadine hcl ophthalmic solution | 1 or 1b* | |
| ZERVIAE OPTHALMIC SOLUTION | 3 | ST; QL |
| ANTIBIÓTICOS OFTÁLMICOS | | |
| AZASITE OPTHALMIC SOLUTION | 3 | QL |
| bacitracin ophthalmic ointment | 1 or 1b* | QL |
| BESIVANCE OPTHALMIC SUSPENSION | 3 | QL |
| CILOXAN OPTHALMIC OINTMENT | 3 | QL |
| ciprofloxacin hcl ophthalmic solution | 1 or 1a* | QL |
| erythromycin ophthalmic ointment | 3 | QL |
| gatifloxacin ophthalmic solution | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| gentamicin sulfate ophthalmic solution | 1 or 1a* | QL |
| levofloxacin ophthalmic solution 1.5 % | 1 or 1b* | QL |
| mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 % | 3 | |
| MITOSOL OPTHALMIC KIT | 3 | |
| moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | QL |
| moxifloxacin hcl ophthalmic solution | 1 or 1b* | QL |
| OCUFLOX OPTHALMIC SOLUTION | 3 | QL |
| ofloxacin ophthalmic solution | 1 or 1a* | QL |
| tobramycin ophthalmic solution | 1 or 1a* | QL |
| TOBREX OPTHALMIC OINTMENT | 3 | QL |
| VIGAMOX OPTHALMIC SOLUTION | 3 | QL |
| ANTIMICÓTICOS OFTÁLMICOS | | |
| NATACYN OPTHALMIC SUSPENSION | 3 | QL |
| ANTISÉPTICOS OFTÁLMICOS | | |
| BETADINE OPTHALMIC PREP OPTHALMIC SOLUTION | 3 | |
| ANTIVIRALES OFTÁLMICOS | | |
| trifluridine ophthalmic solution | 1 or 1b* | QL |
| ZIRGAN OPTHALMIC GEL | 3 | QL |
| BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS | | |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| COMBIGAN OPTHALMIC SOLUTION | 3 | QL |
| COSOPT OPTHALMIC SOLUTION | 3 | QL |
| COSOPT PF OPTHALMIC SOLUTION 2-0.5 % | 3 | 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 |
| BETIMOL OPTHALMIC SOLUTION | 3 | QL |
| BETOPTIC-S OPTHALMIC SUSPENSION | 2 | QL |
| carteolol hcl ophthalmic solution | 1 or 1a* | |
| ISTALOL OPTHALMIC SOLUTION | 3 | QL |
| 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 |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION | 3 | QL |
| COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| SIMBRINZA OPTHALMIC SUSPENSION | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| 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 |
| MAXITROL OPHTHALMIC OINTMENT | 3 | QL |
| MAXITROL OPHTHALMIC SUSPENSION | 3 | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 or 1a* | QL |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 or 1a* | QL |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 or 1b* | |
| neo-polycin hc ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | QL |
| TOBRADEX OPHTHALMIC OINTMENT | 2 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | QL |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ZYLET OPHTHALMIC SUSPENSION | 2 | QL |
| COMBINACIONES DE FOTOREFORZADORES OFTÁLMICOS | | |
| PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE | 3 | |
| COMBINACIONES DE LÁGRIMAS ARTIFICIALES Y LUBRICANTES | | |
| lubricant eye pm ophthalmic ointment | 1 or 1b* | |
| REFRESH P.M. OPHTHALMIC OINTMENT | 1 or 1b* | |
| REFRESH TEARS PF OPHTHALMIC SOLUTION | 2 | |
| COMBINACIONES DE MIDRIÁTICOS CICLOPLÉJICOS | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION | 3 | |
| MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE | 3 | |
| tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-2.5-0.5 % | 3 | |
| DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS - COMBINACIONES | | |
| DISCOVISC INTRAOCULAR SOLUTION | 3 | |
| DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML | 3 | |
| OMIDRIA INTRAOCULAR SOLUTION | 3 | |
| VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS | | |
| AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| CELLUGEL INTRAOCULAR SOLUTION | 3 | |
| HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| ESTEROIDES OFTÁLMICOS | | |
| ALREX OPHTHALMIC SUSPENSION | 3 | |
| clobetasol propionate ophthalmic suspension | 3 | QL |
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| DEXTENZA OPHTHALMIC INSERT | 3 | |
| DEXYCU INTRAOCULAR SUSPENSION | 3 | |
| difluprednate ophthalmic emulsion | 1 or 1b* | QL |
| DUREZOL OPHTHALMIC EMULSION | 3 | QL |
| EYSUVIS OPHTHALMIC SUSPENSION | 3 | PA; QL |
| FLAREX OPHTHALMIC SUSPENSION | 3 | |
| fluorometholone ophthalmic suspension | 1 or 1b* | |
| FML FORTE OPHTHALMIC SUSPENSION | 3 | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION | 3 | |
| ILUVIEN INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| INVELTYS OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX OPHTHALMIC GEL | 3 | QL |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | QL |
| LOTEMAX OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX SM OPHTHALMIC GEL | 3 | QL |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL |
| loteprednol etabonate ophthalmic suspension 0.2 % | 3 | |
| loteprednol etabonate ophthalmic suspension 0.5 % | 1 or 1b* | QL |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | |
| OZURDEX INTRAVITREAL IMPLANT | 3 | PA; LD; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| PRED FORTE OPTHALMIC SUSPENSION | 3 | QL |
| PRED MILD OPTHALMIC SUSPENSION | 3 | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL |
| PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION | 3 | QL |
| RETISERT INTRAVITREAL IMPLANT | 3 | PA; LD; SP |
| TRIESENCE INTRAOCULAR SUSPENSION | 3 | |
| XIPERE INTRAOCULAR SUSPENSION | 3 | PA; SP |
| YUTIQ INTRAVITREAL IMPLANT | 3 | PA; SP |
| FACTORES DE CRECIMIENTO NERVIOSO OFTÁLMICO | | |
| OXERVATE OPTHALMIC SOLUTION | 3 | PA; QL; SP |
| INHIBIDORES DE CINASA OFTÁLMICOS - COMBINACIONES | | |
| ROCKLATAN OPTHALMIC SOLUTION | 3 | QL |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS | | |
| AZOPT OPTHALMIC SUSPENSION | 3 | QL |
| brinzolamide ophthalmic suspension | 1 or 1b* | QL |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | QL |
| INHIBIDORES OFTÁLMICOS DE LA RHO-CINASA | | |
| RHOPRESSA OPTHALMIC SOLUTION | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| INMUNOMODULADORES OFTÁLMICOS | | |
| CEQUA OPTHALMIC SOLUTION | 3 | PA; QL |
| cyclosporine ophthalmic emulsion | 1 or 1b* | PA; QL |
| RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 % | 2 | PA; QL |
| RESTASIS OPTHALMIC EMULSION | 2 | PA; QL |
| VERKAZIA OPTHALMIC EMULSION | 3 | PA; QL |
| VEVYE OPTHALMIC SOLUTION | 3 | PA; QL |
| LÁGRIMAS ARTIFICIALES Y LUBRICANTES | | |
| EYES ALIVE OPTHALMIC SOLUTION | 1 or 1b* | |
| OPTASE COMFORT DRY EYE OPTHALMIC SOLUTION | 2 | |
| OPTASE DRY EYE INTENSE OPTHALMIC SOLUTION | 2 | |
| MIDRIÁTICOS CICLOPLÉJICOS | | |
| ATROPINE SULFATE OPTHALMIC SOLUTION 1 % | 3 | |
| CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 % | 3 | |
| CYCLOGYL OPTHALMIC SOLUTION 1 % | 3 | QL |
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL |
| MYDRIACYL OPTHALMIC SOLUTION | 3 | |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| tropicamide ophthalmic 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| MIÓTICOS - ACTUACIÓN DIRECTA | | |
| MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED | 3 | |
| MIOSTAT INTRAOCULAR SOLUTION | 3 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 or 1b* | |
| VUITY OPHTHALMIC SOLUTION | 3 | PA; QL |
| MIÓTICOS - INHIBIDORES DE LA COLINESTERASA | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | 3 | QL |
| OFTÁLMICOS - AGENTES DE CISTINOSIS | | |
| CYSTADROPS OPHTHALMIC SOLUTION | 3 | PA; QL |
| CYSTARAN OPHTHALMIC SOLUTION | 3 | PA; QL; SP |
| OFTÁLMICOS VARIOS - OTROS | | |
| MIEBO OPHTHALMIC SOLUTION | 3 | PA; QL |
| PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO | | |
| ak-fluor intravenous solution 10 % | 1 or 1b* | |
| ak-fluor intravenous solution 25 % | 3 | |
| altafluor benox ophthalmic solution | 1 or 1b* | |
| fluorescein intravenous solution | 1 or 1b* | |
| FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION | 3 | |
| fluorescein-benoxinate ophthalmic solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| FLUORESCITE INTRAVENOUS SOLUTION | 3 | |
| FLURA-SAFE OPHTHALMIC SOLUTION | 3 | |
| PROSTAGLANDINAS - OFTÁLMICAS | | |
| bimatoprost ophthalmic solution | 1 or 1b* | |
| DURYSTA INTRAOCULAR IMPLANT | 3 | PA; QL; SP |
| IDOSE TR INTRAOCULAR IMPLANT | 3 | PA; QL; SP |
| IYUZEH OPHTHALMIC SOLUTION | 3 | QL |
| latanoprost ophthalmic solution | 1 or 1b* | QL |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| tafluprost (pf) ophthalmic solution | 1 or 1b* | QL |
| TRAVATAN Z OPHTHALMIC SOLUTION | 3 | QL |
| travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |
| VYZULTA OPHTHALMIC SOLUTION | 3 | QL |
| XALATAN OPHTHALMIC SOLUTION | 3 | QL |
| XELPROS OPHTHALMIC EMULSION | 3 | QL |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | 3 | QL |
| SOLUCIONES DE IRRIGACIÓN OFTÁLMICA | | |
| BSS INTRAOCULAR SOLUTION | 3 | |
| BSS PLUS INTRAOCULAR SOLUTION | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| 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 | | |
| CETRALAX OTIC SOLUTION | 3 | QL |
| ciprofloxacin hcl otic solution | 1 or 1b* | QL |
| ofloxacin otic solution | 1 or 1b* | QL |
| COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS | | |
| CIPRO HC OTIC SUSPENSION | 3 | QL |
| ciprofloxacin-dexamethasone otic suspension | 1 or 1b* | QL |
| ciprofloxacin-fluocinolone pf otic solution | 1 or 1b* | QL |
| CORTISPORIN-TC OTIC SUSPENSION | 3 | |
| neomycin-polymyxin-hc otic solution | 1 or 1b* | |
| neomycin-polymyxin-hc otic suspension | 1 or 1b* | QL |
| OTOVEL OTIC SOLUTION | 3 | QL |
| COMBINACIONES DE ANALGÉSICOS ÓTICOS | | |
| PRAMOTIC OTIC LIQUID | 3 | |
| ESTEROIDES ÓTICOS | | |
| DERMOTIC OTIC OIL | 3 | |
| flac otic oil | 1 or 1b* | |
| fluocinolone acetonide otic oil | 1 or 1b* | |
| hydrocortisone-acetic acid otic solution | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES | | |
| AGENTES ANTIINFECCIOSOS - GARGANTA | | |
| clotrimazole mouth/throat troche | 1 or 1b* | QL |
| nystatin mouth/throat suspension | 3 | QL |
| ORAVIG BUCCAL TABLET | 3 | |
| ANESTÉSICOS TÓPICOS ORALES | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | QL |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | QL |
| ANTISÉPTICOS - BOCA/GARGANTA | | |
| chlorhexidine gluconate mouth/throat solution | 1 or 1a* | QL |
| PERIDEX MOUTH/THROAT SOLUTION | 3 | QL |
| perigard mouth/throat solution | 1 or 1a* | QL |
| ESTEROIDES - BOCA/GARGANTA | | |
| KOURZEQ MOUTH/THROAT PASTE | 1 or 1b* | |
| oralone mouth/throat paste | 1 or 1b* | |
| triamcinolone acetonide mouth/throat paste | 1 or 1b* | |
| ESTIMULANTES DE SALIVA | | |
| cevimeline hcl oral capsule | 1 or 1b* | |
| EVOXAC ORAL CAPSULE | 3 | |
| pilocarpine hcl oral tablet | 1 or 1b* | QL |
| SALAGEN ORAL TABLET | 3 | QL |
| PASTILLAS | | |
| medikoff drops mouth/throat lozenge 5.8 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| PRODUCTOS DENTALES - COMBINACIONES | | |
| denta 5000 plus sensitive dental paste | 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | 3 | |
| sodium fluoride 5000 enamel dental gel | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental gel | 1 or 1b* | |
| PRODUCTOS DENTALES CON FLUORURO | | |
| clinpro 5000 dental paste | 1 or 1b* | QL |
| denta 5000 plus dental cream | 1 or 1b* | QL |
| dentagel dental gel | 1 or 1a* | QL |
| easygel dental gel | 1 or 1b* | |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | QL |
| fluoridex enhanced whitening dental paste | 1 or 1b* | QL |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 3 | QL |
| PREVIDENT 5000 KIDS DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 PLUS DENTAL CREAM | 3 | QL |
| PREVIDENT DENTAL GEL | 3 | QL |
| PREVIDENT MOUTH/THROAT SOLUTION | 3 | |
| sf 5000 plus dental cream | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| sf dental gel | 1 or 1a* | QL |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental gel | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | QL |
| sodium fluoride dental cream | 1 or 1b* | QL |
| sodium fluoride mouth/throat solution | 1 or 1a* | |
| AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR | | |
| *RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** | | |
| SOHONOS ORAL CAPSULE | 3 | PA; LD; QL; SP |
| 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 | | |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| baclofen intrathecal solution 40000 mcg/20ml | 1 or 1b* | PA |
| baclofen oral solution | 3 | QL |
| baclofen oral suspension | 3 | QL |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| baclofen oral tablet 15 mg | 3 | QL |
| carisoprodol oral tablet | 1 or 1b* | QL |
| chlorzoxazone oral tablet 250 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| chlorzoxazone oral tablet 375 mg, 750 mg | 1 or 1b* | ST; QL |
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl er oral capsule extended release 24 hour | 3 | ST; QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl oral tablet 7.5 mg | 3 | ST; QL |
| fexmid oral tablet | 3 | ST; QL |
| FLEQSUVY ORAL SUSPENSION | 3 | PA; QL |
| lorzone oral tablet | 1 or 1b* | ST; QL |
| LYVISPAH ORAL PACKET | 3 | QL |
| metaxalone oral tablet | 3 | ST; QL |
| methocarbamol injection solution 1000 mg/10ml | 1 or 1b* | |
| methocarbamol oral tablet 1000 mg | 3 | ST; QL |
| 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* | |
| OZOBAX DS ORAL SOLUTION | 3 | QL |
| ROBAXIN INJECTION SOLUTION 1000 MG/10ML | 3 | |
| SOMA ORAL TABLET | 3 | ST; QL |
| TANLOR ORAL TABLET | 3 | ST; QL |
| tizanidine hcl oral capsule 2 mg, 4 mg | 3 | ST; QL |
| tizanidine hcl oral capsule 6 mg | 1 or 1b* | QL |
| tizanidine hcl oral tablet | 1 or 1b* | QL |
| ZANAFLEX ORAL CAPSULE | 3 | ST; QL |
| ZANAFLEX ORAL TABLET | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| RELAJANTES MUSCULARES DIRECTOS | | |
| DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |
| dantrolene sodium oral capsule | 1 or 1b* | |
| revonto intravenous solution reconstituted | 1 or 1b* | |
| RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| VISCOSUPLEMENTOS | | |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA; SP |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA; SP |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| HYALGAN INTRA-ARTICULAR SOLUTION | 3 | PA; SP |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| AGENTES PARA LA GOTA | | |
| AGENTES PARA LA GOTA | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 or 1a* | QL |
| allopurinol oral tablet 200 mg | 3 | PA; QL |
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| colchicine oral capsule | 3 | ST; QL |
| colchicine oral tablet | 2 | QL |
| febuxostat oral tablet | 1 or 1b* | ST; QL |
| GLOPERBA ORAL SOLUTION | 3 | QL |
| KRYSTEXXA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| MITIGARE ORAL CAPSULE | 3 | ST; QL |
| ULORIC ORAL TABLET | 3 | ST; QL |
| COMBINACIONES DE AGENTES PARA LA GOTA | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| URICOSÚRICO | | |
| probenecid oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| *ANTI-CATAPLECTIC COMBINATIONS*** | | |
| XYWAV ORAL SOLUTION | 3 | PA; QL; SP |
| *MELANOCORTIN RECEPTOR AGONISTS*** | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| *THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** | | |
| LYBALVI ORAL TABLET | 3 | ST; QL |
| AGENTE PARA LA FIBROMALGIA - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (IRSN) | | |
| SAVELLA ORAL TABLET | 2 | QL |
| SAVELLA TITRATION PACK ORAL | 2 | QL |
| AGENTES ANTICATAPLÉTICOS | | |
| LUMRYZ ORAL PACKET | 3 | PA; LD; QL; SP |
| sodium oxybate oral solution | 3 | PA; QL; SP |
| XYREM ORAL SOLUTION | 3 | PA; QL; SP |
| AGENTES DE ARN PEQUEÑO DE INTERFERENCIA (SIRNA) | | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| ONPATTRO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES DE NEURALGIA POSTHERPÉTICA (PHN) | | |
| gabapentin (once-daily) oral tablet | 1 or 1b* | PA; DO |
| GRALISE ORAL TABLET 300 MG | 3 | PA; DO |
| GRALISE ORAL TABLET 450 MG | 2 | PA; DO |
| GRALISE ORAL TABLET 600 MG | 3 | PA; QL |
| GRALISE ORAL TABLET 750 MG, 900 MG | 2 | PA; QL |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG | 3 | PA; DO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG | 3 | PA; QL |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | 1 or 1b* | PA; DO |
| pregabalin er oral tablet extended release 24 hour 330 mg | 1 or 1b* | PA; QL |
| AGENTES INHIBIDORES DE OLIGONUCLEÓTIDO ANTISENTIDO (ASO) | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| AUBAGIO ORAL TABLET | 3 | PA; LD; QL; SP |
| teriflunomide oral tablet | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES PARA EL SÍNDROME DE LAS PIERNAS INQUIETAS (RLS) | | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | QL |
| AGENTES PARA LA ABSTINENCIA DE ESTUPEFACIENTES | | |
| lofexidine hcl oral tablet | 1 or 1b* | QL |
| LUCEMYRA ORAL TABLET | 3 | QL |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2 | | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL; SP |
| 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 |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL; SP |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | 3 | PA; LD; QL; SP |

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 PARA LA ESCLEROSIS MÚLTIPLE - ANTICUERPOS MONOCLONALES | | |
| BRIUMVI INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| LEMTRADA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| OCREVUS INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| TYSABRI INTRAVENOUS CONCENTRATE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; LD; QL; SP |

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

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 PARA LA ESCLEROSIS MÚLTIPLE | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 3 | PA; QL; SP |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 3 | PA; QL; SP |
| glatiramer acetate subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| glatopa subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| AGENTES PARA SÍNTOMAS VASOMOTORES - ISRS | | |
| paroxetine mesylate oral capsule | 1 or 1b* | |
| AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS | | |
| ergoloid mesylates oral tablet | 1 or 1b* | QL |
| pimozide oral tablet | 1 or 1b* | AL; QL |
| AGONISTA DE RECEPTOR DE SEROTONINA 1A/ANTAGONISTA DE RECEPTOR DE SEROTONINA 2A | | |
| ADDYI ORAL TABLET | 3 | PA; QL |
| ANTAGONISTAS DEL RECEPTOR NMDA | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 1 or 1b* | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 1 or 1b* | QL |
| memantine hcl oral solution 2 mg/ml | 1 or 1b* | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 1 or 1b* | QL |
| memantine hcl oral tablet 5 mg | 1 or 1b* | DO |
| NAMENDA TITRATION PAK ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG | 3 | DO |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG | 3 | QL |
| 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 |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | DO; AL |
| BENZODIAZEPINAS Y AGENTES TRICÍCLICOS | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |
| COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERASA (ACHE) | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY | 3 | ST; QL |
| ARICEPT ORAL TABLET 10 MG, 23 MG | 3 | QL |
| ARICEPT ORAL TABLET 5 MG | 3 | DO |
| 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 |
| EXELON TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | 1 or 1b* | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 1 or 1b* | DO |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| galantamine hydrobromide oral solution | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 4 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 1 or 1b* | QL |
| rivastigmine transdermal patch 24 hour | 1 or 1b* | QL |
| COMBINACIONES DE AGENTES ANTIDEMENCIA | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 2 | QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| COMBINACIONES DE AGENTES DE LABILIDAD EMOCIONAL | | |
| NUEDEXTA ORAL CAPSULE | 3 | PA; QL |
| FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO | | |
| AUSTEDO ORAL TABLET | 3 | PA; QL; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE 40 MG | 3 | PA; LD; DO; SP |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 3 | PA; LD; QL; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 3 | PA; DO; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| tetrabenazine oral tablet | 3 | PA; LD; QL; SP |
| XENAZINE ORAL TABLET | 3 | PA; LD; QL; SP |
| FENOTIAZINAS Y AGENTES TRICÍCLICOS | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | AL |
| MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P) | | |
| ingolimod hcl oral capsule | 3 | PA; QL; SP |
| GILENYA ORAL CAPSULE | 3 | PA; QL; SP |
| MAYZENT ORAL TABLET | 3 | PA; LD; QL; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| PONVORY ORAL TABLET | 3 | PA; LD; QL; SP |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| TASCENSO ODT ORAL TABLET DISPERSIBLE | 3 | PA; QL; SP |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 3 | PA; LD; QL; SP |
| ZEPOSIA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 3 | PA; LD; QL; SP |
| PRODUCTOS PARA DEJAR DE BEBER ALCOHOL | | |
| acamprosate calcium oral tablet delayed release | 1 or 1b* | QL |
| disulfiram oral tablet | 1 or 1b* | |

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 |
|---|----------|-------------|
| PRODUCTOS PARA DEJAR DE FUMAR | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 or 1b* | PA; \$0; QL |
| CHANTIX ORAL TABLET 1 MG | 3 | |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------------|
| goodsense nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| habitrol transdermal patch 24 hour | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat gum | 1 or 1b* | \$0 |
| hm nicotine polacrilex mouth/throat lozenge 2 mg | 1 or 1b* | \$0 |
| kls quit2 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit2 mouth/throat lozenge | 1 or 1b* | \$0 |
| kls quit4 mouth/throat gum | 1 or 1b* | \$0 |
| kls quit4 mouth/throat lozenge | 1 or 1b* | \$0 |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | 2 | \$0 |
| 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 | 3 | PA; \$0; 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 |
|--|----------|----------------|
| NICOTROL NS NASAL SOLUTION | 3 | PA; \$0; QL |
| qc nicotine transdermal system transdermal patch 24 hour | 1 or 1b* | \$0 |
| ra mini nicotine mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg | 1 or 1b* | \$0 |
| ra nicotine mouth/throat gum | 1 or 1b* | \$0 |
| ra nicotine polacrilex mouth/throat lozenge | 1 or 1b* | \$0 |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | 1 or 1b* | \$0 |
| sm nicotine 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 | 1 or 1b* | \$0; QL |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | 1 or 1b* | PA; \$0; QL |
| varenicline tartrate(continue) oral tablet | 1 or 1b* | PA; \$0; QL |
| AGENTES RESPIRATORIOS VARIOS | | |
| *CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** | | |
| BRONCHITOL INHALATION CAPSULE | 3 | PA; LD; QL; SP |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE | 3 | PA; LD; QL; SP |
| AGENTE PARA LA FIBROSIS QUISTICA - COMBINACIONES | | |
| ORKAMBI ORAL PACKET | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ORKAMBI ORAL TABLET | 3 | PA; QL; SP |
| SYMDEKO ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| TRIKAFTA ORAL THERAPY PACK | 3 | PA; QL; SP |
| AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA | | |
| OFEV ORAL CAPSULE | 3 | PA; LD; QL; SP |
| AGENTES PARA LA FIBROSIS PULMONAR | | |
| ESBRIET ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ESBRIET ORAL TABLET | 3 | PA; LD; QL; SP |
| pirfenidone oral capsule | 3 | PA; LD; QL; SP |
| pirfenidone oral tablet 267 mg, 801 mg | 1 or 1b* | PA; LD; QL; SP |
| pirfenidone oral tablet 534 mg | 3 | PA; QL; SP |
| ENZIMAS HIDROLÍTCAS | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA ALFA-PROTEINASA (HUMANOS) | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 3 | PA; LD; SP |
| GLASSIA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| PROLASTIN-C INTRAVENOUS SOLUTION | 3 | PA; SP |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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 |
|---|----------|------------|
| POTENCIADORES DE CFTR | | |
| KALYDECO ORAL PACKET | 3 | PA; QL; SP |
| KALYDECO ORAL TABLET | 3 | PA; QL; SP |
| AGENTES TIROIDEOS | | |
| *ANTITHYROID AGENTS - RADIOPHARMACEUTICALS*** | | |
| SODIUM IODIDE I-131 ORAL SOLUTION | 3 | |
| AGENTES ANTITIROIDEOS | | |
| methimazole oral tablet | 1 or 1a* | |
| propylthiouracil oral tablet | 1 or 1b* | |
| HORMONAS TIROIDEAS | | |
| ADTHYZA ORAL TABLET | 3 | |
| ARMOUR THYROID ORAL TABLET | 3 | |
| CYTOMEL ORAL TABLET | 3 | |
| ERMEZA ORAL SOLUTION | 3 | |
| euthyrox oral tablet | 1 or 1b* | |
| levo-t oral tablet | 1 or 1b* | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML | 3 | |
| levothyroxine sodium intravenous solution 100 mcg/ml | 3 | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| levothyroxine sodium oral capsule | 1 or 1b* | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |
| liothyronine sodium intravenous solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| liothyronine sodium oral tablet | 1 or 1b* | |
| niva thyroid oral tablet | 3 | |
| np thyroid oral tablet | 3 | |
| SYNTHROID ORAL TABLET | 3 | |
| THYQUIDITY ORAL SOLUTION | 3 | |
| thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 3 | |
| TIROSINT ORAL CAPSULE | 3 | |
| TIROSINT-SOL ORAL SOLUTION | 3 | |
| unithroid oral tablet | 1 or 1a* | |
| AMEBICIDAS | | |
| AMEBICIDAS | | |
| SOLOSEC ORAL PACKET | 3 | PA; QL |
| AMINOGLUCÓSIDOS | | |
| AMINOGLUCÓSIDOS | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 1 or 1b* | |
| ARIKAYCE INHALATION SUSPENSION | 3 | PA; LD; QL; SP |
| BETHKIS INHALATION NEBULIZATION SOLUTION | 3 | LD; QL; SP |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1 or 1b* | |
| gentamicin sulfate injection solution | 1 or 1b* | |
| HUMATIN ORAL CAPSULE | 3 | PA |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION | 3 | LD; QL; SP |
| neomycin sulfate oral tablet | 1 or 1a* | |
| streptomycin sulfate intramuscular solution reconstituted | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| TOBI INHALATION NEBULIZATION SOLUTION | 3 | LD; QL; SP |
| TOBI PODHALER INHALATION CAPSULE | 3 | LD; QL; SP |
| tobramycin inhalation nebulization solution | 1 or 1b* | LD; QL; SP |
| tobramycin sulfate injection solution | 1 or 1b* | QL |
| tobramycin sulfate injection solution reconstituted | 1 or 1b* | QL |
| ZEMDRI INTRAVENOUS SOLUTION | 3 | |
| ANALGÉSICOS - ANTIINFLAMATORIOS | | |
| AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE) | | |
| ANAPROX DS ORAL TABLET | 3 | QL |
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 3 | |
| COXANTO ORAL CAPSULE | 3 | QL |
| DAYPRO ORAL TABLET | 3 | QL |
| diclofenac potassium oral capsule | 3 | ST; QL |
| diclofenac potassium oral tablet 25 mg | 3 | ST; QL |
| 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-NAPROSYN ORAL TABLET DELAYED RELEASE | 3 | ST |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| FENOPROFEN CALCIUM ORAL CAPSULE 200 MG | 3 | ST; QL |
| fenopropfen calcium oral capsule 400 mg | 3 | ST; QL |
| fenopropfen calcium oral tablet | 3 | ST; QL |
| FLANAX ORAL TABLET | 1 or 1b* | |
| flurbiprofen oral tablet | 1 or 1b* | QL |
| goodsense ibuprofen childrens oral tablet chewable | 1 or 1a* | |
| ibu oral tablet | 1 or 1a* | QL |
| ibuprofen lysine intravenous solution | 1 or 1b* | |
| ibuprofen oral suspension | 1 or 1a* | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 or 1a* | QL |
| INDOCIN ORAL SUSPENSION | 3 | ST; QL |
| INDOCIN RECTAL SUPPOSITORY | 3 | ST; QL |
| indomethacin er oral capsule extended release | 1 or 1b* | QL |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | QL |
| indomethacin oral suspension | 3 | ST; QL |
| indomethacin rectal suppository 50 mg | 3 | ST; QL |
| indomethacin sodium intravenous solution reconstituted | 3 | |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | QL |
| ketoprofen oral capsule 25 mg, 50 mg | 3 | ST; QL |
| ketorolac tromethamine injection solution 15 mg/ml | 1 or 1b* | QL |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML | 1 or 1b* | QL |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 or 1b* | QL |
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| KIPROFEN ORAL CAPSULE | 3 | ST; QL |
| LODINE ORAL TABLET | 3 | QL |
| lofena oral tablet | 3 | ST; QL |
| meclofenamate sodium oral capsule | 1 or 1b* | QL |
| mefenamic acid oral capsule | 1 or 1b* | QL |
| meloxicam oral capsule | 3 | ST; QL |
| meloxicam oral suspension | 3 | ST; QL |
| meloxicam oral tablet | 1 or 1b* | QL |
| nabumetone oral tablet | 1 or 1b* | QL |
| NALFON ORAL CAPSULE 400 MG | 3 | ST; QL |
| NALFON ORAL TABLET | 3 | ST; QL |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | 3 | ST; QL |
| NAPROSYN ORAL SUSPENSION | 3 | QL |
| NAPROSYN ORAL TABLET 500 MG | 3 | ST; QL |
| naproxen dr oral tablet delayed release 500 mg | 1 or 1b* | |
| naproxen oral suspension | 3 | ST; QL |
| naproxen oral tablet | 1 or 1b* | QL |
| naproxen oral tablet delayed release | 1 or 1b* | |
| naproxen sodium er oral tablet extended release 24 hour | 3 | ST; QL |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 or 1b* | QL |
| NEOPROFEN INTRAVENOUS SOLUTION | 3 | |
| oxaprozin oral capsule | 3 | QL |
| oxaprozin oral tablet | 1 or 1b* | QL |
| piroxicam oral capsule | 1 or 1b* | QL |
| PROPRINAL ORAL CAPSULE | 1 or 1a* | |
| RELAFEN DS ORAL TABLET | 3 | ST; QL |
| SPRIX NASAL SOLUTION | 3 | ST; QL |
| sulindac oral tablet | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| TOLECTIN 600 ORAL TABLET | 3 | ST |
| tolmetin sodium oral capsule | 1 or 1b* | QL |
| ZIPSOR ORAL CAPSULE | 3 | ST; QL |
| AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| ANTAGONISTA DEL RECEPTOR DE LA INTERLEUCINA-1 (IL-1RA) | | |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ANTIMETABOLITOS ANTIRREUMÁTICOS | | |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA; QL; SP |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; QL; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK) | | |
| OLUMIANT ORAL TABLET | 3 | PA; LD; QL; SP |
| RINVOQ LQ ORAL SOLUTION | 3 | PA; QL; SP |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| XELJANZ ORAL SOLUTION | 3 | PA; QL; SP |
| XELJANZ ORAL TABLET | 3 | PA; QL; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| ANTITNF ALFA - ANTICUERPOS MONOCLONALES | | |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-adaz subcutaneous solution auto-injector | 3 | PA; QL; SP |
| adalimumab-adaz subcutaneous solution prefilled syringe | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 3 | PA; QL; SP |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 3 | PA; QL; SP |
| HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYRIMOZ-PLAQ PSOR/VEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| SIMPONI ARIA INTRAVENOUS SOLUTION | 3 | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | 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 01/01/2025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| BLOQUEADORES DE LA INTERLEUCINA-1 BETA | | |
| ILARIS SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| BLOQUEADORES DE LA INTERLEUCINA-1 | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES | | |
| ARTHROTEC ORAL TABLET DELAYED RELEASE | 3 | ST; QL |
| COMBOGESIC INTRAVENOUS SOLUTION | 3 | |
| diclofenac-misoprostol oral tablet delayed release | 1 or 1b* | QL |
| DUEXIS ORAL TABLET | 3 | ST; QL |
| ibuprofen-famotidine oral tablet | 3 | ST; QL |
| naproxen-esomeprazole mg oral tablet delayed release | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| VIMOVO ORAL TABLET DELAYED RELEASE | 3 | ST; QL |
| COMPUESTOS DE ORO | | |
| RIDAURA ORAL CAPSULE | 2 | QL |
| INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2) | | |
| CELEBREX ORAL CAPSULE | 3 | ST; QL |
| celecoxib oral capsule | 1 or 1b* | QL |
| INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) | | |
| OTEZLA ORAL TABLET | 3 | PA; QL; SP |
| OTEZLA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA | | |
| ARAVA ORAL TABLET | 3 | QL |
| leflunomide oral tablet | 1 or 1b* | QL |
| INHIBIDORES DEL RECEPTOR DE INTERLEUCINA-6 | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| ACTEMRA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| TOFIDENCE INTRAVENOUS SOLUTION | 3 | PA; SP |
| TYENNE INTRAVENOUS SOLUTION | 3 | PA; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| MODULADORES SELECTIVOS DE COESTIMULACIÓN | | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ANALGÉSICOS - NO NARCÓTICOS | | |
| ANALGÉSICOS - OTROS | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| ANALGÉSICOS - SEDATIVOS | | |
| ALLZITAL ORAL TABLET | 3 | QL |
| bac oral tablet | 1 or 1b* | QL |
| butalbital-acetaminophen oral capsule | 1 or 1b* | QL |
| butalbital-acetaminophen oral tablet 50-300 mg | 3 | 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 capsule 50-325-40 mg | 3 | QL |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | QL |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | QL |
| esgic oral capsule | 3 | QL |
| ESGIC ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| FIORICET ORAL CAPSULE | 3 | QL |
| tencon oral tablet 50-325 mg | 1 or 1b* | QL |
| SALICILATOS | | |
| aspirin 81 oral tablet chewable | 1 or 1a* | \$0 |
| aspirin 81 oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin childrens oral tablet chewable | 1 or 1a* | \$0 |
| aspirin ec adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| aspirin oral tablet chewable | 1 or 1a* | \$0 |
| aspirin oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| 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* | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ecotrin low strength oral tablet delayed release | 1 or 1a* | \$0 |
| eq aspirin adult low dose oral tablet delayed release | 1 or 1a* | \$0 |
| eq aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| eql aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ft aspirin oral tablet chewable | 1 or 1a* | \$0 |
| gnp adult aspirin low strength oral tablet chewable | 1 or 1a* | \$0 |
| gnp aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| gnp aspirin oral tablet delayed release 81 mg | 1 or 1a* | \$0 |
| goodsense aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| goodsense aspirin oral tablet chewable | 1 or 1a* | \$0 |
| h-e-b aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| kl5 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| sb childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| sb low dose asa ec oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin adult low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin ec low strength oral tablet delayed release | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet chewable | 1 or 1a* | \$0 |
| sm aspirin low dose oral tablet delayed release | 1 or 1a* | \$0 |
| sm childrens aspirin oral tablet chewable | 1 or 1a* | \$0 |
| st joseph aspirin oral tablet delayed release | 1 or 1a* | \$0 |
| st joseph low dose oral tablet chewable | 1 or 1a* | \$0 |
| st joseph low dose oral tablet delayed release | 1 or 1a* | \$0 |
| ANALGÉSICOS - OPIOIDES | | |
| AGONISTAS OPIÁCEOS PARCIALES | | |
| BELBUCA BUCCAL FILM | 3 | PA; QL |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL; SP |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL; SP |
| buprenorphine hcl injection solution 0.3 mg/ml | 1 or 1b* | |
| 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 | 1 or 1b* | PA; QL |
| butorphanol tartrate injection solution | 1 or 1b* | |
| butorphanol tartrate nasal solution | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| BUTRANS TRANSDERMAL PATCH WEEKLY | 3 | PA; QL |
| nalbuphine hcl injection solution | 1 or 1b* | QL |
| pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL; SP |
| SUBOXONE SUBLINGUAL FILM | 3 | QL |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | QL |
| AGONISTAS OPIÁCEOS | | |
| CODEINE SULFATE ORAL TABLET 15 MG, 60 MG | 3 | AL; QL |
| codeine sulfate oral tablet 30 mg | 1 or 1b* | AL; QL |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |
| DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | 3 | |
| DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML | 3 | |
| DILAUDID ORAL LIQUID | 3 | QL |
| DILAUDID ORAL TABLET | 3 | QL |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| duramorph injection solution | 1 or 1b* | |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML | 1 or 1b* | |
| fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml | 1 or 1b* | |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| fentanyl citrate buccal lozenge on a handle | 1 or 1b* | PA; QL |
| fentanyl citrate buccal tablet | 1 or 1b* | PA; QL |
| fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml | 3 | |
| FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML | 3 | |
| fentanyl transdermal patch 72 hour | 1 or 1b* | PA; QL |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; QL |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 3 | 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 | 1 or 1b* | PA; QL |
| hydromorphone hcl injection solution 0.25 mg/0.5ml | 3 | |
| 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 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML | 3 | |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| INFUMORPH 200 INJECTION SOLUTION | 3 | |
| INFUMORPH 500 INJECTION SOLUTION | 3 | |
| levorphanol tartrate oral tablet 2 mg | 3 | 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 |
|--|----------|--------|
| levorphanol tartrate oral tablet 3 mg | 1 or 1b* | 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 INJECTION SOLUTION | 3 | PA; 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 CONCENTRATE 10 MG/ML | 3 | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE | 3 | PA; QL |
| mitigo injection solution | 1 or 1b* | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | 1 or 1b* | |
| morphine sulfate (concentrate) oral solution 20 mg/ml | 1 or 1b* | QL |
| morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml | 1 or 1b* | |
| MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML | 3 | |
| MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML | 3 | |
| morphine sulfate er beads oral capsule extended release 24 hour | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 1 or 1b* | PA; QL |
| morphine sulfate er oral tablet extended release | 1 or 1b* | PA; QL |
| MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML | 3 | |
| morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml | 1 or 1b* | |
| morphine sulfate intravenous solution 50 mg/ml | 3 | |
| morphine sulfate oral solution | 1 or 1b* | QL |
| morphine sulfate oral tablet | 1 or 1b* | QL |
| MS CONTIN ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |
| NUCYNTA ORAL TABLET | 3 | QL |
| OLINVYK INTRAVENOUS SOLUTION | 3 | |
| oxycodone hcl oral capsule | 1 or 1b* | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 1 or 1b* | QL |
| oxycodone hcl oral solution | 1 or 1b* | QL |
| oxycodone hcl oral tablet | 1 or 1b* | QL |
| oxycodone hcl oral tablet abuse-deterrent | 1 or 1b* | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| oxymorphone hcl er oral tablet extended release 12 hour | 1 or 1b* | PA; QL |
| oxymorphone hcl oral tablet | 1 or 1b* | QL |
| QDOLO ORAL SOLUTION | 3 | AL; QL |
| remifentanil hcl intravenous solution reconstituted | 1 or 1b* | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | 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 |
|---|----------|--------|
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG | 3 | QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG | 3 | PA; QL |
| SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 1 or 1b* | |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | 1 or 1b* | PA; QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| TRAMADOL HCL ORAL SOLUTION | 3 | AL; QL |
| tramadol hcl oral tablet 100 mg, 50 mg | 1 or 1b* | AL; QL |
| tramadol hcl oral tablet 25 mg | 1 or 1b* | QL |
| ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | 3 | 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 |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | 3 | AL; QL |
| COMBINACIONES DE DIHIDROCODEÍNA | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| 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 | | |
| APADAZ ORAL TABLET | 3 | QL |
| BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET | 3 | QL |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| NALOCET ORAL TABLET | 3 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML | 3 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | 1 or 1b* | QL |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG | 3 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 3 | QL |
| PROLATE ORAL SOLUTION | 3 | QL |
| PROLATE ORAL TABLET | 3 | 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 |
|---|----------|------------|
| COMBINACIONES DE TRAMADOL | | |
| SEGLENTIS ORAL TABLET | 3 | AL; QL |
| tramadol-acetaminophen oral tablet | 1 or 1b* | AL; QL |
| ANDRÓGENOS-ANABÓLICOS | | |
| ANDRÓGENOS | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 3 | PA; QL |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA; QL |
| AVEED INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| danazol oral capsule | 1 or 1b* | QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 1 or 1b* | PA |
| JATENZO ORAL CAPSULE | 3 | PA; QL |
| KYZATREX ORAL CAPSULE | 3 | PA; QL |
| METHITEST ORAL TABLET | 3 | PA |
| methyltestosterone oral capsule | 3 | PA |
| NATESTO NASAL GEL | 3 | PA; QL |
| TESTIM TRANSDERMAL GEL | 3 | PA; QL |
| TESTOPEL IMPLANT PELLET | 3 | PA; SP |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 or 1b* | PA |
| testosterone enanthate intramuscular solution | 1 or 1b* | PA |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 or 1b* | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| testosterone transdermal solution | 1 or 1b* | PA; QL |
| TLANDO ORAL CAPSULE | 3 | PA; QL |
| VOGELXO PUMP TRANSDERMAL GEL | 3 | PA; QL |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | 3 | PA; QL |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| ANESTÉSICOS GENERALES | | |
| ANESTÉSICOS BARBITÚRICOS | | |
| BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG | 3 | |
| ANESTÉSICOS VARIOS | | |
| AMIDATE INTRAVENOUS SOLUTION | 3 | |
| ANESTHESIA S/I-40A INTRAVENOUS KIT | 3 | |
| ANESTHESIA S/I-40H INTRAVENOUS KIT | 3 | |
| ANESTHESIA S/I-40S INTRAVENOUS KIT | 3 | |
| DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML | 3 | |
| etomidate intravenous solution | 1 or 1b* | |
| fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| KETALAR INJECTION SOLUTION | 3 | |
| ketamine hcl injection solution 100 mg/ml, 50 mg/ml | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| 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* | |
| FORANE INHALATION SOLUTION | 3 | |
| isoflurane inhalation solution | 1 or 1b* | |
| sevoflurane inhalation solution | 1 or 1b* | |
| SUPRANE INHALATION SOLUTION | 3 | |
| terrell inhalation solution | 1 or 1b* | |
| ULTANE INHALATION SOLUTION | 3 | |
| ANESTÉSICOS LOCALES - PARENTERALES | | |
| ANESTÉSICOS LOCALES - AMIDAS | | |
| BUPIVACAINE FISIOPHARMA INJECTION SOLUTION | 3 | |
| 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* | |
| lidocaine hcl intravenous solution prefilled syringe | 3 | |
| MARCAINE INJECTION SOLUTION | 3 | |
| MARCAINE PRESERVATIVE FREE INJECTION SOLUTION | 3 | |
| MONOJECT BONE MARROW BIOPSY INJECTION KIT | 3 | |
| NAROPIN INJECTION SOLUTION | 3 | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| POSIMIR INJECTION SOLUTION | 3 | |
| 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* | |
| XARACOLL IMPLANT IMPLANT | 3 | |
| XYLOCAINE INJECTION SOLUTION | 3 | |
| XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % | 3 | |
| ANESTÉSICOS LOCALES - ÉSTERES | | |
| chloroprocaine hcl (pf) injection solution | 1 or 1b* | |
| NESACAINE INJECTION SOLUTION | 3 | |
| NESACAINE-MPF INJECTION SOLUTION | 3 | |
| ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS | | |
| articadent dental injection solution cartridge 4 %-1:100000 | 3 | |
| 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* | |
| MARCAINE/EPINEPHRI NE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 | 3 | |
| MARCAINE/EPINEPHRI NE PF INJECTION SOLUTION | 3 | |
| ORABLOC INJECTION SOLUTION CARTRIDGE | 3 | |

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

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ANTIARRÍTMICOS DE CLASE I-C | | |
| flecainide acetate oral tablet | 1 or 1b* | QL |
| propafenone hcl er oral capsule extended release 12 hour | 1 or 1b* | |
| propafenone hcl oral tablet | 1 or 1b* | |
| 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 |
| CORVERT INTRAVENOUS SOLUTION | 3 | |
| dofetilide oral capsule | 1 or 1b* | SP |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| MULTAQ ORAL TABLET | 3 | QL |
| NEXTERONE INTRAVENOUS SOLUTION | 3 | |
| pacerone oral tablet 100 mg, 400 mg | 1 or 1b* | |
| pacerone oral tablet 200 mg | 1 or 1b* | QL |
| TIKOSYN ORAL CAPSULE | 3 | SP |
| ANTIARRÍTMICOS VARIOS | | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 or 1b* | |
| ANTICOAGULANTES | | |
| AGENTES TIPO HEPARINA SINTÉTICOS | | |
| ARIXTRA SUBCUTANEOUS SOLUTION | 3 | QL |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |
| ANTICOAGULANTES DERIVADOS DE LA CUMARINA | | |
| jantoven oral tablet | 1 or 1a* | |

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 |
|---|----------|-------|
| warfarin sodium oral tablet | 1 or 1a* | |
| HEPARINA Y AGENTES TIPO HEPARINA | | |
| bd heparin posiflush intravenous solution | 1 or 1b* | |
| heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/1-% | 1 or 1b* | |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-% | 3 | |
| heparin na (pork) lock flsh pf intravenous solution | 1 or 1b* | |
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-% | 3 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 3 | |
| heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml | 1 or 1b* | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML | 3 | |
| HEPARINAS DE BAJO PESO MOLECULAR | | |
| enoxaparin sodium injection solution 300 mg/3ml | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | 3 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| LOVENOX INJECTION SOLUTION | 3 | QL |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | 3 | QL |
| INHIBIDORES DE LA TROMBINA - SELECTIVO DIRECTO Y REVERSIBLE | | |
| ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-% | 3 | |
| ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML | 3 | |
| dabigatran etexilate mesylate oral capsule | 3 | QL |
| PRADAXA ORAL CAPSULE | 3 | QL |
| PRADAXA ORAL PACKET | 3 | QL |
| INHIBIDORES DE LA TROMBINA - TIPO HIRUDINA | | |
| ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| bivalirudin trifluoroacetate intravenous solution | 1 or 1b* | |
| bivalirudin trifluoroacetate intravenous solution reconstituted | 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 |
|---|----------|-------|
| INHIBIDORES DIRECTOS DEL FACTOR XA | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| ELIQUIS ORAL TABLET | 2 | QL |
| SAVAYSA ORAL TABLET | 3 | QL |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| XARELTO ORAL TABLET | 2 | QL |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| ANTICONVULSIVOS | | |
| ÁCIDO VALPROICO | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| DEPAKOTE ORAL TABLET DELAYED RELEASE | 3 | QL |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | 3 | QL |
| 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 | 1 or 1b* | |
| ANTAGONISTAS DE RECEPTORES DE GLUTAMATO AMPA | | |
| FYCOMPA ORAL SUSPENSION | 3 | QL |
| FYCOMPA ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTICONVULSIVOS - BENZODIAZEPINAS | | |
| clobazam oral suspension | 1 or 1b* | QL |
| clobazam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet dispersible | 1 or 1b* | QL |
| diazepam rectal gel | 1 or 1b* | QL |
| KLONOPIN ORAL TABLET | 3 | QL |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG | 3 | PA; QL |
| LIBERVANT BUCCAL FILM 5 MG, 7.5 MG | 3 | PA; DO |
| NAYZILAM NASAL SOLUTION | 3 | PA; QL |
| ONFI ORAL SUSPENSION | 3 | QL |
| ONFI ORAL TABLET 10 MG, 20 MG | 3 | QL |
| SYMPAZAN ORAL FILM | 3 | QL |
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA; QL |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL |
| ANTICONVULSIVOS VARIOS | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 3 | DO |
| APTIOM ORAL TABLET 600 MG, 800 MG | 3 | QL |
| BANZEL ORAL SUSPENSION | 3 | QL |
| BANZEL ORAL TABLET 200 MG | 3 | DO |
| BANZEL ORAL TABLET 400 MG | 3 | QL |
| BRIVIACT INTRAVENOUS SOLUTION | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| BRIVIACT ORAL SOLUTION | 3 | QL |
| BRIVIACT ORAL TABLET | 3 | QL |
| carbamazepine er oral capsule extended release 12 hour | 1 or 1b* | QL |
| carbamazepine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| carbamazepine oral suspension | 1 or 1b* | QL |
| carbamazepine oral tablet | 1 or 1b* | QL |
| carbamazepine oral tablet chewable | 1 or 1b* | QL |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | QL |
| DIACOMIT ORAL CAPSULE 250 MG | 3 | PA; DO; SP |
| DIACOMIT ORAL CAPSULE 500 MG | 3 | PA; QL; SP |
| DIACOMIT ORAL PACKET 250 MG | 3 | PA; DO; SP |
| DIACOMIT ORAL PACKET 500 MG | 3 | PA; QL; SP |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| EPIDIOLEX ORAL SOLUTION | 3 | PA; LD; SP |
| epitol oral tablet | 1 or 1b* | QL |
| EPRONTIA ORAL SOLUTION | 3 | QL |
| FINTEPLA ORAL SOLUTION | 3 | PA; QL; SP |
| gabapentin oral capsule | 1 or 1b* | DO |
| gabapentin oral solution | 1 or 1b* | QL |
| gabapentin oral tablet 600 mg, 800 mg | 1 or 1b* | QL |
| KEPPRA INTRAVENOUS SOLUTION | 3 | |
| KEPPRA ORAL SOLUTION | 3 | QL |
| KEPPRA ORAL TABLET 1000 MG | 3 | QL |
| KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG | 3 | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| lacosamide intravenous solution | 1 or 1b* | |
| lacosamide oral solution | 1 or 1b* | QL |
| lacosamide oral tablet | 1 or 1b* | QL |
| LAMICTAL ODT ORAL KIT | 3 | QL |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG | 3 | QL |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG | 3 | DO |
| LAMICTAL ORAL TABLET | 3 | DO |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | 3 | QL |
| LAMICTAL STARTER ORAL KIT | 3 | QL |
| LAMICTAL XR ORAL KIT | 3 | QL |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | 3 | DO |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG | 3 | 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 |

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 |
|---|----------|-------|
| lamotrigine starter kit-blue oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-green oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-orange oral kit | 1 or 1b* | QL |
| levetiracetam er oral tablet extended release 24 hour | 1 or 1b* | QL |
| LEVETIRACETAM IN NA CL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML | 3 | |
| levetiracetam intravenous solution | 1 or 1b* | |
| levetiracetam oral solution | 1 or 1b* | QL |
| levetiracetam oral tablet 1000 mg | 1 or 1b* | QL |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | DO |
| LYRICA ORAL CAPSULE | 3 | QL |
| LYRICA ORAL SOLUTION | 3 | QL |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | DO |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | QL |
| MYSOLINE ORAL TABLET | 3 | QL |
| NEURONTIN ORAL CAPSULE | 3 | DO |
| NEURONTIN ORAL SOLUTION | 3 | QL |
| NEURONTIN ORAL TABLET | 3 | QL |
| oxcarbazepine oral suspension | 1 or 1b* | QL |
| oxcarbazepine oral tablet | 1 or 1b* | QL |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG | 3 | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | 3 | QL |
| pregabalin oral capsule | 1 or 1b* | QL |
| pregabalin oral solution | 1 or 1b* | QL |
| primidone oral tablet | 1 or 1b* | QL |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG | 3 | ST; QL |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG | 3 | ST; DO |
| roweepra oral tablet 500 mg | 1 or 1b* | DO |
| rufinamide oral suspension | 1 or 1b* | QL |
| rufinamide oral tablet 200 mg | 1 or 1b* | DO |
| rufinamide oral tablet 400 mg | 1 or 1b* | QL |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE | 3 | QL |
| subvenite oral tablet | 1 or 1b* | DO |
| subvenite starter kit-blue oral kit | 1 or 1b* | QL |
| subvenite starter kit-green oral kit | 1 or 1b* | QL |
| subvenite starter kit-orange oral kit | 1 or 1b* | QL |
| TEGRETOL ORAL SUSPENSION | 3 | QL |
| TEGRETOL ORAL TABLET | 3 | QL |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | QL |
| TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | DO |
| TOPAMAX ORAL TABLET 200 MG | 3 | QL |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE | 3 | QL |
| topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 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.

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| topiramate er oral capsule er 24 hour sprinkle 25 mg | 1 or 1b* | DO |
| topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule extended release 24 hour 25 mg | 1 or 1b* | DO |
| topiramate oral capsule sprinkle | 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 |
| TRILEPTAL ORAL SUSPENSION | 3 | QL |
| TRILEPTAL ORAL TABLET | 3 | QL |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG | 3 | ST; QL |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG | 3 | ST; DO |
| VIMPAT INTRAVENOUS SOLUTION | 3 | |
| VIMPAT ORAL SOLUTION | 3 | QL |
| VIMPAT ORAL TABLET | 3 | QL |
| ZONEGRAN ORAL CAPSULE | 3 | QL |
| ZONISADE ORAL SUSPENSION | 3 | QL |
| zonisamide oral capsule | 1 or 1b* | QL |
| ZTALMY ORAL SUSPENSION | 3 | QL; SP |
| CARBAMATOS | | |
| felbamate oral suspension | 1 or 1b* | QL |
| felbamate oral tablet | 1 or 1b* | QL |
| FELBATOL ORAL TABLET | 3 | QL |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 3 | QL |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| XCOPRI ORAL TABLET | 3 | QL |
| XCOPRI ORAL TABLET THERAPY PACK | 3 | QL |
| HIDANTOÍNA | | |
| CEREBYX INJECTION SOLUTION | 3 | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE | 3 | |
| DILANTIN ORAL CAPSULE 100 MG | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN ORAL SUSPENSION | 3 | |
| DILANTIN-125 ORAL SUSPENSION | 3 | |
| fosphenytoin sodium injection solution | 1 or 1b* | |
| PHENYTEK ORAL CAPSULE | 1 or 1b* | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension 125 mg/5ml | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| MODULADORES DEL ÁCIDO ?-AMINO BUTÍRICO (GABA) | | |
| SABRIL ORAL PACKET | 3 | LD; QL; SP |
| SABRIL ORAL TABLET | 3 | LD; QL; SP |
| tiagabine hcl oral tablet | 1 or 1b* | QL |
| vigabatrin oral packet | 3 | LD; QL; SP |
| vigabatrin oral tablet | 3 | LD; QL; SP |
| vigadrone oral packet | 3 | LD; QL; SP |
| VIGADRONE ORAL TABLET | 3 | LD; QL; SP |
| VIGPODER ORAL PACKET | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SUCCINIMIDAS | | |
| CELONTIN ORAL CAPSULE | 3 | QL |
| ethosuximide oral capsule | 1 or 1b* | QL |
| ethosuximide oral solution | 1 or 1b* | QL |
| methsuximide oral capsule | 1 or 1b* | QL |
| ZARONTIN ORAL CAPSULE | 3 | QL |
| ZARONTIN ORAL SOLUTION | 3 | QL |
| ANTIDEPRESIVOS | | |
| *ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS*** | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE | 3 | ST; QL |
| 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 |
| ANAFRANIL ORAL CAPSULE 25 MG | 3 | DO |
| ANAFRANIL ORAL CAPSULE 50 MG, 75 MG | 3 | QL |
| clomipramine hcl oral capsule 25 mg | 1 or 1b* | DO |
| clomipramine hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO |
| desipramine hcl oral tablet 100 mg, 150 mg | 1 or 1b* | QL |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| imipramine pamoate oral capsule 100 mg, 75 mg | 1 or 1b* | DO |
| imipramine pamoate oral capsule 125 mg, 150 mg | 1 or 1b* | QL |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | DO |
| 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 |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG | 3 | DO |
| PAMELOR ORAL CAPSULE 50 MG, 75 MG | 3 | QL |
| protriptyline hcl oral tablet 10 mg | 1 or 1b* | QL |
| protriptyline hcl oral tablet 5 mg | 1 or 1b* | 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* | |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE | 3 | |
| ANTAGONISTAS DEL RECEPTOR NMDA | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL; SP |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL; SP |
| ANTIDEPRESIVOS VARIOS | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG | 3 | ST; DO |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG | 3 | ST; QL |
| 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 |
| bupropion hcl oral tablet 100 mg | 1 or 1b* | QL |
| bupropion hcl oral tablet 75 mg | 1 or 1b* | DO |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | 3 | ST; DO |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG | 3 | ST; QL |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | 3 | ST; DO |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | 3 | ST; QL |
| 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 | 2 | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| TRINTELLIX ORAL TABLET 20 MG | 2 | QL |
| VIIBRYD ORAL TABLET 10 MG, 20 MG | 3 | ST; DO |
| VIIBRYD ORAL TABLET 40 MG | 3 | ST; 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) | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR | 3 | QL |
| EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR | 3 | DO |
| MARPLAN ORAL TABLET | 3 | QL |
| NARDIL ORAL TABLET | 3 | QL |
| PARNATE ORAL TABLET | 3 | QL |
| phenelzine sulfate oral tablet | 1 or 1b* | QL |
| tranylcypromine sulfate oral tablet | 1 or 1b* | QL |
| INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS) | | |
| CELEXA ORAL TABLET | 3 | ST |
| CITALOPRAM HYDROBROMIDE ORAL CAPSULE | 3 | ST |
| 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* | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| fluoxetine hcl oral tablet 10 mg, 20 mg | 1 or 1b* | |
| FLUOXETINE HCL ORAL TABLET 60 MG | 3 | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 or 1b* | |
| fluvoxamine maleate oral tablet | 1 or 1b* | |
| LEXAPRO ORAL TABLET | 3 | ST |
| paroxetine hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| paroxetine hcl oral suspension | 1 or 1b* | |
| paroxetine hcl oral tablet | 1 or 1b* | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST |
| PAXIL ORAL SUSPENSION | 3 | ST |
| PAXIL ORAL TABLET | 3 | ST |
| PROZAC ORAL CAPSULE | 3 | ST |
| SERTRALINE HCL ORAL CAPSULE | 3 | ST |
| sertraline hcl oral concentrate | 1 or 1b* | |
| sertraline hcl oral tablet | 1 or 1b* | |
| ZOLOFT ORAL CONCENTRATE | 3 | ST |
| ZOLOFT ORAL TABLET | 3 | ST |
| MODULADOR DEL RECEPTOR GABA - COMBINACIÓN DE SUPLEMENTOS NUTRICIONALES | | |
| ZULRESSO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ZURZUVAE ORAL CAPSULE | 3 | PA; LD; QL; SP |
| SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN) | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL |
| DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | 3 | ST; DO |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | 1 or 1b* | QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg | 1 or 1b* | DO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | 3 | QL |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | 3 | DO |
| duloxetine hcl oral capsule delayed release particles | 1 or 1b* | QL |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | ST; QL |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | ST; DO |
| venlafaxine besylate er oral tablet extended release 24 hour | 3 | ST; QL |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 or 1b* | QL |
| venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg | 3 | ST; QL |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| venlafaxine hcl oral tablet | 1 or 1b* | QL |
| ANTIDIABÉTICOS | | |
| *ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** | | |
| TZIELD INTRAVENOUS SOLUTION | 3 | PA; SP |
| *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 |
| AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1) | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| liraglutide subcutaneous solution pen-injector | 1 or 1b* | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| RYBELSUS ORAL TABLET | 2 | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA - DERIVADOS DE LA ERGOTAMINA | | |
| CYCLOSET ORAL TABLET | 3 | QL |
| ANÁLOGOS DE MEGLITINIDAS | | |
| nateglinide oral tablet | 1 or 1b* | QL |
| repaglinide oral tablet | 1 or 1b* | QL |
| ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA | | |
| KORLYM ORAL TABLET | 3 | PA; QL; SP |
| mifepristone oral tablet 300 mg | 3 | PA; QL; SP |
| ANTIDIABÉTICOS - ANÁLOGOS DE AMILINA | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| BIGUANIDAS | | |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| metformin hcl er (mod) oral tablet extended release 24 hour | 3 | ST; QL |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| 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 625 MG | 3 | PA; QL |
| metformin hcl oral tablet 850 mg | 1 or 1b* | \$0; QL |
| RIOMET ORAL SOLUTION | 3 | PA; 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 |
| JENTADUETO ORAL TABLET | 3 | ST; QL |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| saxagliptin-metformin er oral tablet extended release 24 hour | 3 | ST; QL |
| sitagliptin base-metformin hcl oral tablet | 3 | 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| glyburide-metformin oral tablet | 1 or 1b* | ST; QL |
| COMBINACIONES DE SULFONILUREAS-TIAZOLIDINEDIONAS | | |
| DUETACT ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl-glimepiride oral tablet | 1 or 1b* | ST; QL |
| INHIBIDOR DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA | | |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour | 2 | ST; QL |
| INVOKAMET ORAL TABLET | 3 | ST; QL |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| SEGLUROMET ORAL TABLET | 3 | ST; QL |
| 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 |
| QTERN ORAL TABLET | 3 | ST; QL |
| STEGLUJAN ORAL TABLET | 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 |
|---|----------|--------|
| INHIBIDORES DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 (SGLT2) | | |
| bexagliflozin oral tablet | 3 | ST; QL |
| BRENZAVVY ORAL TABLET | 3 | ST; QL |
| dapagliflozin propanediol oral tablet | 2 | ST; QL |
| FARXIGA ORAL TABLET | 2 | ST; QL |
| INVOKANA ORAL TABLET | 3 | ST; QL |
| JARDIANCE ORAL TABLET | 2 | ST; QL |
| STEGLATRO ORAL TABLET | 3 | 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 |
| ONGLYZA ORAL TABLET 5 MG | 3 | ST; QL |
| saxagliptin hcl oral tablet | 3 | ST; QL |
| sitagliptin oral tablet | 3 | ST; QL |
| TRADJENTA ORAL TABLET | 3 | ST; QL |
| ZITUVIO ORAL TABLET | 3 | ST; QL |
| INSULINA HUMANA | | |
| ADMELOG INJECTION SOLUTION | 3 | ST; QL |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| APIDRA INJECTION SOLUTION | 3 | ST; QL |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| FIASP INJECTION SOLUTION | 3 | ST; QL |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| HUMALOG INJECTION SOLUTION | 2 | QL |
| 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 |

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 |
|---|-------|--------|
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | QL |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; 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 |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| INSULIN ASPART INJECTION SOLUTION | 3 | ST; QL |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| insulin degludec flextouch subcutaneous solution pen-injector | 3 | ST; QL |
| insulin degludec subcutaneous solution | 3 | ST; QL |
| insulin glargine max solostar subcutaneous solution pen-injector | 3 | ST; QL |
| insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml | 3 | ST; QL |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION | 3 | ST; QL |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| INSULIN LISPRO INJECTION SOLUTION | 2 | ST; QL |
| INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; 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 |

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| MYXREDLIN INTRAVENOUS SOLUTION | 3 | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN R INJECTION SOLUTION | 3 | ST; QL |
| NOVOLIN R RELION INJECTION SOLUTION | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG INJECTION SOLUTION | 3 | ST; QL |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| NOVOLOG RELION INJECTION SOLUTION | 3 | ST; QL |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION | 3 | ST; QL |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |

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

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SULFONILUREAS | | |
| glimepiride oral tablet | 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 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | 3 | ST; QL |
| glyburide micronized oral tablet | 1 or 1b* | ST; QL |
| glyburide oral tablet | 1 or 1b* | ST; QL |
| TIAZOLIDINEDIONAS | | |
| ACTOS ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; QL |
| TIAZOLIDINEDIONAS-COMBINACIONES DE BIGUANIDA | | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | ST; QL |
| pioglitazone hcl-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| ANTÍDOTOS | | |
| ANTAGONISTAS DE LAS BENZODIAZEPINAS | | |
| flumazenil intravenous solution | 1 or 1b* | |
| ANTAGONISTAS OPIÁCEOS | | |
| KLOXXADO NASAL LIQUID | 2 | QL |
| nalmefene hcl injection solution | 3 | QL |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1b* | QL |
| naloxone hcl injection solution cartridge | 1 or 1b* | QL |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml | 3 | 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* | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| OPVEE NASAL SOLUTION | 2 | QL |
| REXTOVY NASAL LIQUID | 2 | QL |
| RIVIVE NASAL LIQUID | 2 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | QL; SP |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |
| ANTÍDOTOS - AGENTES QUELANTES | | |
| CHEMET ORAL CAPSULE | 3 | |
| deferasirox granules oral packet | 1 or 1b* | PA; LD; SP |
| deferasirox oral packet | 1 or 1b* | PA; LD; SP |
| deferasirox oral tablet | 1 or 1b* | PA; LD; SP |
| deferasirox oral tablet soluble | 1 or 1b* | PA; LD; SP |
| deferiprone oral tablet | 1 or 1b* | PA; LD; SP |
| EXJADE ORAL TABLET SOLUBLE | 3 | PA; LD; SP |
| FERRIPROX ORAL SOLUTION | 3 | PA; SP |
| FERRIPROX ORAL TABLET | 3 | PA; LD; SP |
| FERRIPROX TWICE-A-DAY ORAL TABLET | 3 | PA; SP |
| JADENU ORAL TABLET | 3 | PA; LD; SP |
| JADENU SPRINKLE ORAL PACKET | 3 | PA; LD; SP |
| ANTÍDOTOS | | |
| ACETADOTE INTRAVENOUS SOLUTION | 3 | |
| acetylcysteine intravenous solution | 1 or 1b* | |
| ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 3 | |
| BRIDION INTRAVENOUS SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM | 3 | |
| deferoxamine mesylate injection solution reconstituted | 1 or 1b* | SP |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG | 3 | SP |
| DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| edetate calcium disodium injection solution | 3 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |
| methylene blue (antidote) intravenous solution | 1 or 1b* | |
| methylene blue intravenous solution 50 mg/10ml | 1 or 1b* | |
| methylene blue intravenous solution prefilled syringe | 3 | |
| PRAXBIND INTRAVENOUS SOLUTION | 3 | |
| PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| PROVAYBLUE INTRAVENOUS SOLUTION | 3 | |
| RADIOGARDASE ORAL CAPSULE | 3 | |
| SODIUM NITRITE INTRAVENOUS SOLUTION | 3 | |
| SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML | 1 or 1b* | |
| VISTOGARD ORAL PACKET | 3 | PA; QL; SP |
| COMBINACIONES DE ANTÍDOTOS | | |
| NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML | 3 | |

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 |
|--|----------|-------|
| PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| ANTIEMÉTICOS | | |
| *ANTIEMETICS - ANTIDOPAMINERGIC** | | |
| * | | |
| BARHEMSYS INTRAVENOUS SOLUTION | 3 | |
| ANTAGONISTAS DEL RECEPTOR 5-HT3 | | |
| ANZEMET ORAL TABLET 50 MG | 3 | QL |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 or 1b* | |
| granisetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 1 or 1b* | |
| ondansetron hcl injection solution prefilled syringe | 1 or 1b* | |
| ondansetron hcl oral solution | 1 or 1b* | QL |
| ondansetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron oral tablet dispersible | 1 or 1b* | QL |
| PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML | 3 | PA |
| palonosetron hcl intravenous solution 0.25 mg/5ml | 1 or 1b* | PA |
| palonosetron hcl intravenous solution prefilled syringe | 1 or 1b* | PA |
| POSFREA INTRAVENOUS SOLUTION | 3 | PA |
| SANCUSO TRANSDERMAL PATCH | 3 | QL |
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE | 3 | |
| ANTIEMÉTICOS - AGENTE ANTICOLINÉRGICO | | |
| ANTIVERT ORAL TABLET 50 MG | 3 | |
| ANTIVERT ORAL TABLET CHEWABLE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| DIMENHYDRINATE INJECTION SOLUTION | 3 | |
| meclizine hcl oral tablet 25 mg | 1 or 1a* | |
| meclizine hcl oral tablet 50 mg | 1 or 1b* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| TIGAN INTRAMUSCULAR SOLUTION | 3 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | 3 | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| ANTIEMÉTICOS VARIOS | | |
| dronabinol oral capsule | 1 or 1b* | QL |
| MARINOL ORAL CAPSULE | 3 | QL |
| SYNDROS ORAL SOLUTION | 3 | QL |
| COMBINACIONES DE ANTIEMÉTICOS | | |
| AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| AKYNZEO ORAL CAPSULE | 3 | LD; QL |
| BONJESTA ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| DICLEGIS ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SUSTANCIA PARA ANTAGONISTAS DEL RECEPTOR NK1 | | |
| APONVIE INTRAVENOUS EMULSION | 3 | |
| aprepitant oral | 1 or 1b* | QL |
| aprepitant oral capsule | 1 or 1b* | QL |
| CINVANTI INTRAVENOUS EMULSION | 3 | PA; QL |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | PA; QL |
| EMEND ORAL CAPSULE 80 MG | 3 | QL |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| EMEND TRI-PACK ORAL CAPSULE | 3 | QL |
| focinvez intravenous solution | 3 | PA; QL |
| fosaprepitant dimeglumine intravenous solution reconstituted | 1 or 1b* | PA; QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | QL |
| ANTIESPASMÓDICOS URINARIOS | | |
| AGONISTAS DEL RECEPTOR ADRENÉRGICO BETA 3 | | |
| GEMTESA ORAL TABLET | 3 | ST; QL |
| mirabegron er oral tablet extended release 24 hour | 1 or 1b* | 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 | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS) | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 1 or 1b* | QL |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| DETROL ORAL TABLET | 3 | ST; QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | 1 or 1b* | QL |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | ST; 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 |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY | 3 | ST; QL |
| solifenacin succinate oral tablet | 1 or 1b* | QL |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tolterodine tartrate oral tablet | 1 or 1b* | QL |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| tropium chloride er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tropium chloride oral tablet | 1 or 1b* | QL |
| VESICARE LS ORAL SUSPENSION | 3 | PA; QL |
| VESICARE ORAL TABLET | 3 | ST; QL |
| ANTIESPASMÓDICOS URINARIOS - RELAJANTES MUSCULARES DIRECTOS | | |
| flavoxate hcl oral tablet | 1 or 1b* | |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ANTIHELMÍNTICOS | | |
| ANTIHELMÍNTICOS | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| BENZNIDAZOLE ORAL TABLET | 3 | |
| BILTRICIDE ORAL TABLET | 3 | |
| EMVERM ORAL TABLET CHEWABLE | 3 | |
| ivermectin oral tablet | 1 or 1b* | QL |
| praziquantel oral tablet | 1 or 1b* | |
| STROMEKTOL ORAL TABLET | 3 | QL |
| ANTIHIPERLIPIDÉMICOS | | |
| *ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** | | |
| NEXLIZET ORAL TABLET | 3 | PA; QL |
| *ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** | | |
| EVKEEZA INTRAVENOUS SOLUTION | 3 | PA; SP |
| *SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** | | |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ANTIHIPERLIPIDÉMICOS VARIOS | | |
| icosapent ethyl oral capsule | 1 or 1b* | PA; QL |
| LOVAZA ORAL CAPSULE | 3 | PA; QL |
| omega-3-acid ethyl esters oral capsule | 1 or 1b* | PA; QL |
| VASCEPA ORAL CAPSULE | 2 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA- INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe-simvastatin oral tablet | 1 or 1b* | ST; QL |
| VYTORIN ORAL TABLET | 3 | 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 |
| FENOGLIDE ORAL TABLET | 3 | ST; QL |
| FIBRICOR ORAL TABLET | 3 | ST; QL |
| gemfibrozil oral tablet | 1 or 1b* | QL |
| LIPOFEN ORAL CAPSULE | 3 | ST; QL |
| LOPID ORAL TABLET | 3 | ST; QL |
| TRICOR ORAL TABLET | 3 | ST; QL |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| DERIVADOS DEL ÁCIDO NICOTÍNICO | | |
| niacin (antihyperlipidemic) oral tablet | 1 or 1b* | ST; QL |
| niacin er (antihyperlipidemic) oral tablet extended release | 1 or 1b* | ST; QL |
| niacor oral tablet | 1 or 1b* | ST; QL |
| INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL | | |
| ezetimibe oral tablet | 1 or 1b* | 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 |
|--|----------|-------------|
| ZETIA ORAL TABLET | 3 | ST; QL |
| INHIBIDORES DE ADENOSINA TRIFOSFATO-CITRATO LIASA (ACL) | | |
| NEXLETOL ORAL TABLET | 3 | PA; QL |
| INHIBIDORES DE LA HMG COA REDUCTASA | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG | 3 | ST; DO |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG | 3 | ST; QL |
| ATORVALIQ ORAL SUSPENSION | 3 | ST; QL |
| 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 |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | ST; DO |
| CRESTOR ORAL TABLET 40 MG | 3 | ST; QL |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG | 3 | ST; DO |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG | 3 | ST; QL |
| FLOLIPID ORAL SUSPENSION | 3 | ST; QL |
| fluvastatin sodium er oral tablet extended release 24 hour | 3 | ST; \$0; QL |
| fluvastatin sodium oral capsule | 1 or 1b* | DO; \$0 |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | ST; DO |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| LIPITOR ORAL TABLET 80 MG | 3 | ST; QL |
| LIVALO ORAL TABLET 1 MG, 2 MG | 3 | ST; DO |
| LIVALO ORAL TABLET 4 MG | 3 | ST; QL |
| lovastatin oral tablet 10 mg, 20 mg | 1 or 1b* | DO; \$0 |
| lovastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| pitavastatin calcium oral tablet 1 mg, 2 mg | 3 | ST; DO |
| pitavastatin calcium oral tablet 4 mg | 3 | ST; QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | 1 or 1b* | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | 1 or 1b* | \$0; QL |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 1 or 1b* | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | 1 or 1b* | DO |
| rosuvastatin calcium oral tablet 40 mg | 1 or 1b* | QL |
| simvastatin oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO; \$0 |
| simvastatin oral tablet 40 mg | 1 or 1b* | \$0; QL |
| simvastatin oral tablet 80 mg | 1 or 1b* | PA; QL |
| ZOCOR ORAL TABLET 10 MG, 20 MG | 3 | ST; DO |
| ZOCOR ORAL TABLET 40 MG | 3 | ST; QL |
| ZYPITAMAG ORAL TABLET 2 MG | 3 | ST; DO |
| ZYPITAMAG ORAL TABLET 4 MG | 3 | ST; QL |
| INHIBIDORES DE LA PROTEÍNA DE TRANSFERENCIA DE TRIGLICÉRIDOS MICROSOMALES | | |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | 3 | PA; DO; SP |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| INHIBIDORES DE PCSK9 | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| SECUESTRADORES DEL ÁCIDO BILIAR | | |
| cholestyramine light oral packet | 1 or 1b* | QL |
| cholestyramine light oral powder | 1 or 1b* | QL |
| cholestyramine oral packet | 1 or 1b* | QL |
| cholestyramine oral powder | 1 or 1b* | QL |
| colesevelam hcl oral packet | 3 | QL |
| colesevelam hcl oral tablet | 1 or 1b* | QL |
| COLESTID ORAL GRANULES | 3 | QL |
| COLESTID ORAL TABLET | 3 | QL |
| colestipol hcl oral granules | 1 or 1b* | QL |
| colestipol hcl oral packet | 1 or 1b* | QL |
| colestipol hcl oral tablet | 1 or 1b* | QL |
| prevalite oral packet | 1 or 1b* | QL |
| prevalite oral powder | 1 or 1b* | QL |
| QUESTRAN LIGHT ORAL POWDER | 3 | QL |
| QUESTRAN ORAL PACKET | 3 | QL |
| QUESTRAN ORAL POWDER | 3 | QL |
| WELCHOL ORAL PACKET | 3 | QL |
| WELCHOL ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTIHIPERTENSIVOS | | |
| AGENTES PARA FEOCROMOCITOMAS | | |
| DEMSER ORAL CAPSULE | 3 | PA; QL |
| DIBENZYLINE ORAL CAPSULE | 3 | PA; QL |
| metirosine oral capsule | 3 | PA; QL |
| phenoxybenzamine hcl oral capsule | 1 or 1b* | PA; QL |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | |
| ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | |
| ATACAND ORAL TABLET 16 MG, 32 MG | 3 | QL |
| ATACAND ORAL TABLET 4 MG, 8 MG | 3 | DO |
| AVAPRO ORAL TABLET 150 MG, 75 MG | 3 | DO |
| AVAPRO ORAL TABLET 300 MG | 3 | QL |
| BENICAR ORAL TABLET 20 MG, 5 MG | 3 | DO |
| BENICAR ORAL TABLET 40 MG | 3 | QL |
| candesartan cilexetil oral tablet 16 mg, 32 mg | 1 or 1b* | QL |
| candesartan cilexetil oral tablet 4 mg, 8 mg | 1 or 1b* | DO |
| COZAAR ORAL TABLET 100 MG, 50 MG | 3 | QL |
| COZAAR ORAL TABLET 25 MG | 3 | DO |
| DIOVAN ORAL TABLET 160 MG, 320 MG | 3 | QL |
| DIOVAN ORAL TABLET 40 MG, 80 MG | 3 | DO |
| EDARBI ORAL TABLET 40 MG | 3 | DO |
| EDARBI ORAL TABLET 80 MG | 3 | QL |
| irbesartan oral tablet 150 mg, 75 mg | 1 or 1b* | DO |
| irbesartan oral tablet 300 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| losartan potassium oral tablet 100 mg, 50 mg | 1 or 1b* | QL |
| losartan potassium oral tablet 25 mg | 1 or 1b* | DO |
| MICARDIS ORAL TABLET 20 MG, 40 MG | 3 | DO |
| MICARDIS ORAL TABLET 80 MG | 3 | QL |
| olmesartan medoxomil oral tablet 20 mg, 5 mg | 1 or 1b* | DO |
| olmesartan medoxomil oral tablet 40 mg | 1 or 1b* | QL |
| telmisartan oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| telmisartan oral tablet 80 mg | 1 or 1b* | QL |
| VALSARTAN ORAL SOLUTION | 1 or 1b* | PA; QL |
| valsartan oral tablet 160 mg, 320 mg | 1 or 1b* | QL |
| valsartan oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II- BLOQUEADORES DE CANALES DE CALCIO- DIURÉTICOS TIAZÍDICOS | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | QL |
| amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg | 1 or 1b* | DO |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG | 3 | QL |
| EXFORGE HCT ORAL TABLET 5-160-12.5 MG | 3 | 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 |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG | 3 | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | 3 | QL |
| ANTAGONISTAS DEL RECEPTOR SELECTIVO DE ALDOSTERONA (SARA) | | |
| eplerenone oral tablet | 1 or 1b* | |
| INSPRA ORAL TABLET | 3 | |
| ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL | | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY | 3 | QL |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY | 3 | QL |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY | 3 | QL |
| clonidine hcl er oral tablet extended release 24 hour | 3 | ST; QL |
| 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 | 1 or 1b* | QL |
| guanfacine hcl oral tablet | 1 or 1b* | |
| methyldopa oral tablet 250 mg | 1 or 1b* | DO |
| methyldopa oral tablet 500 mg | 1 or 1b* | QL |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA | | |
| CARDURA ORAL TABLET | 3 | QL |
| doxazosin mesylate oral tablet | 1 or 1b* | QL |
| prazosin hcl oral capsule | 1 or 1b* | |
| terazosin hcl 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ANTIHIPERTENSIVOS VARIOS | | |
| VECAMYL ORAL TABLET | 3 | |
| COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | QL |
| amlodipine besylate-valsartan oral tablet 5-160 mg | 1 or 1b* | DO |
| 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 |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG | 3 | QL |
| AZOR ORAL TABLET 5-20 MG | 3 | DO |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG | 3 | QL |
| EXFORGE ORAL TABLET 5-160 MG | 3 | 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 | | |
| ATACAND HCT ORAL TABLET | 3 | QL |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | 3 | QL |
| BENICAR HCT ORAL TABLET 20-12.5 MG | 3 | DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG | 3 | QL |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | QL |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG | 3 | DO |
| DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG | 3 | QL |
| EDARBYCLOR ORAL TABLET | 3 | QL |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG | 3 | QL |
| HYZAAR ORAL TABLET 50-12.5 MG | 3 | DO |
| 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 |
| MICARDIS HCT ORAL TABLET 40-12.5 MG | 3 | DO |
| MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG | 3 | QL |
| 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 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| 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 |
| TENORETIC 100 ORAL TABLET | 3 | QL |
| TENORETIC 50 ORAL TABLET | 3 | 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 |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG | 3 | QL |
| LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG | 3 | DO |
| PRESTALIA ORAL TABLET 14-10 MG | 3 | QL |
| PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG | 3 | DO |
| trandolapril-verapamil hcl er oral tablet extended release | 1 or 1b* | QL |
| INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA | | |
| ACCURETIC ORAL TABLET 10-12.5 MG | 3 | DO |
| ACCURETIC ORAL TABLET 20-12.5 MG | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg | 1 or 1b* | DO |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | 1 or 1b* | QL |
| captopril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | 1 or 1b* | DO |
| fosinopril sodium-hctz oral tablet 10-12.5 mg | 1 or 1b* | DO |
| fosinopril sodium-hctz oral tablet 20-12.5 mg | 1 or 1b* | QL |
| 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 |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG | 3 | DO |
| LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG | 3 | 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 |
| VASERETIC ORAL TABLET | 3 | QL |
| ZESTORETIC ORAL TABLET 10-12.5 MG | 3 | DO |
| ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG | 3 | QL |
| INHIBIDORES DE LA ECA | | |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | DO |
| ACCUPRIL ORAL TABLET 40 MG | 3 | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG | 3 | DO |
| ALTACE ORAL CAPSULE 10 MG | 3 | QL |
| 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 | 1 or 1b* | 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* | |
| EPANED ORAL SOLUTION | 3 | QL |
| fosinopril sodium oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| fosinopril sodium oral tablet 40 mg | 1 or 1b* | QL |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | 1 or 1a* | DO |
| lisinopril oral tablet 30 mg, 40 mg | 1 or 1a* | QL |
| LOTENSIN ORAL TABLET 10 MG, 20 MG | 3 | DO |
| LOTENSIN ORAL TABLET 40 MG | 3 | 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 |
| QBRELIS ORAL SOLUTION | 3 | QL |
| quinapril hcl oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | DO |
| quinapril hcl oral tablet 40 mg | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg | 1 or 1b* | DO |
| ramipril oral capsule 10 mg | 1 or 1b* | QL |
| trandolapril oral tablet 1 mg, 2 mg | 1 or 1b* | DO |
| trandolapril oral tablet 4 mg | 1 or 1b* | QL |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | DO |
| VASOTEC ORAL TABLET 20 MG | 3 | QL |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | DO |
| ZESTRIL ORAL TABLET 30 MG, 40 MG | 3 | QL |
| INHIBIDORES DIRECTOS DE LA RENINA | | |
| aliskiren fumarate oral tablet 150 mg | 1 or 1b* | DO |
| aliskiren fumarate oral tablet 300 mg | 1 or 1b* | QL |
| TEKTURNAL ORAL TABLET 150 MG | 3 | DO |
| TEKTURNAL ORAL TABLET 300 MG | 3 | QL |
| VASODILATADORES | | |
| hydralazine hcl injection solution | 1 or 1b* | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% | 3 | |
| nitroprusside sodium intravenous solution | 1 or 1b* | |
| nitroprusside sodium-nacl intravenous solution | 1 or 1b* | |
| sodium nitroprusside intravenous solution | 1 or 1b* | |
| ANTIHIISTAMÍNICOS | | |
| ANTIHIISTAMÍNICOS - ALQUILAMINAS | | |
| eq allergy relief oral tablet 4 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ryclora oral solution | 3 | ST |
| ANTIISTAMÍNICOS - 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 |
| carbinoxamine maleate oral tablet 6 mg | 3 | ST; QL |
| CLEMASTINE FUMARATE ORAL SYRUP | | |
| clemastine fumarate oral tablet 2.68 mg | 1 or 1b* | ST; QL |
| diphenhydramine hcl injection solution | 1 or 1b* | |
| diphenhydramine hcl oral elixir | 1 or 1a* | QL |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | | |
| MAXALLERGY KIDS ORAL LIQUID | 1 or 1a* | QL |
| RYVENT ORAL TABLET | 3 | ST; QL |
| ANTIISTAMÍNICOS - FENOTIAZINA | | |
| PHENERGAN INJECTION SOLUTION | | |
| 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 | 1 or 1b* | QL |
| promethgan rectal suppository | 1 or 1b* | QL |
| ANTIISTAMÍNICOS - NO SEDANTES | | |
| cetirizine hcl oral solution | 1 or 1b* | QL |
| CLARINEX ORAL TABLET | | |
| desloratadine oral tablet | 1 or 1b* | QL |
| desloratadine oral tablet dispersible | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| eq allergy relief childrens oral suspension | 1 or 1b* | |
| levocetirizine dihydrochloride oral solution | 1 or 1b* | QL |
| levocetirizine dihydrochloride oral tablet | 1 or 1b* | QL |
| mm allergy relief 24 hour oral tablet | 1 or 1b* | |
| QUZYTTR INTRAVENOUS SOLUTION | | |
| | 3 | |
| ANTIISTAMÍNICOS - PIPERIDINAS | | |
| cyproheptadine hcl oral syrup | 1 or 1b* | |
| cyproheptadine hcl oral tablet | 1 or 1b* | |
| ANTIMICÓTICOS | | |
| *ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** | | |
| BREXAFEMME ORAL TABLET | 3 | PA; QL |
| *TETRAZOLES*** | | |
| VIVJOA ORAL CAPSULE THERAPY PACK | 3 | PA; QL |
| ANTIMICÓTICO - INHIBIDORES DE LA SÍNTESIS DEL GLUCANO (EQUINOCANDINAS) | | |
| CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | QL |
| CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | QL |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| micafungin sodium-nacl intravenous solution | 3 | |

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

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|--|----------|--------|
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANTIMICÓTICOS | | |
| ABELCET INTRAVENOUS SUSPENSION | 3 | |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| amphotericin b intravenous solution reconstituted | 1 or 1b* | |
| amphotericin b liposome intravenous suspension reconstituted | 1 or 1b* | |
| ANCOBON ORAL CAPSULE | 3 | PA |
| flucytosine oral capsule | 1 or 1b* | PA |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet | 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 | | |
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| CRESEMBA ORAL CAPSULE | 3 | PA; QL |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 3 | QL |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-% | 3 | |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |
| fluconazole oral suspension reconstituted | 1 or 1b* | QL |
| fluconazole oral tablet | 1 or 1b* | QL |
| itraconazole oral capsule | 1 or 1b* | PA; QL |
| itraconazole oral solution | 1 or 1b* | PA; QL |
| NOXAFIL INTRAVENOUS SOLUTION | 3 | |
| NOXAFIL ORAL PACKET | 3 | PA; QL |
| NOXAFIL ORAL SUSPENSION | 3 | PA; QL |
| NOXAFIL ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| posaconazole intravenous solution | 1 or 1b* | |
| posaconazole oral suspension | 1 or 1b* | PA; QL |
| posaconazole oral tablet delayed release | 1 or 1b* | PA; QL |
| SPORANOX ORAL CAPSULE | 3 | PA; QL |
| SPORANOX ORAL SOLUTION | 3 | PA; QL |
| TOLSURA ORAL CAPSULE | 3 | PA; QL |
| VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VFEND ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| VFEND ORAL TABLET | 3 | PA; QL |
| voriconazole intravenous solution reconstituted | 3 | |
| voriconazole oral suspension reconstituted | 1 or 1b* | PA; QL |
| voriconazole oral tablet | 1 or 1b* | 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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|---|-------|----------------|
| ANTINEOPLÁSTICOS Y TERAPIAS COMPLEMENTARIAS | | |
| *ANTINEOPLASTIC - AKT INHIBITORS*** | | |
| TRUQAP ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 2 | PA; LD; QL; SP |
| ALUNBRIG ORAL TABLET | 2 | PA; QL; SP |
| ALUNBRIG ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| LORBRENA ORAL TABLET | 3 | PA; LD; QL; SP |
| XALKORI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| XALKORI ORAL CAPSULE SPRINKLE | 3 | PA; LD; QL; SP |
| ZYKADIA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTIBODY COMBINATIONS*** | | |
| OPDUALAG INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** | | |
| POTELIGEO INTRAVENOUS SOLUTION | 3 | LD; SP |
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** | | |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** | | |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|------------|
| *ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** | | |
| ARZERRA INTRAVENOUS CONCENTRATE | 3 | PA; SP |
| GAZYVA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| RIABNI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| RITUXAN INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| RUXIENCE INTRAVENOUS SOLUTION | 3 | PA; SP |
| TRUXIMA INTRAVENOUS SOLUTION | 3 | PA; SP |
| *ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** | | |
| BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** | | |
| ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** | | |
| MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** | | |
| DARZALEX INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| SARCLISA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

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|--|-------|------------|
| *ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** | | |
| POLIVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** | | |
| IMJUDO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| YERVOY INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** | | |
| DANYELZA INTRAVENOUS SOLUTION | 3 | PA; SP |
| UNITUXIN INTRAVENOUS SOLUTION | 3 | SP |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | LD; SP |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; SP |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| MARGENZA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; LD; SP |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| PERJETA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | ST; SP |
| TUKYSA ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** | | |
| PADCEV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** | | |
| JEMPERLI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| KEYTRUDA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| LIBTAYO INTRAVENOUS SOLUTION | 3 | PA; SP |
| LOQTORZI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| OPDIVO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ZYNYZ INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** | | |
| BAVENCIO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| IMFINZI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TECENTRIQ INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

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 |
|---|----------|----------------|
| *ANTINEOPLASTIC - ANTI-SLAF7 ANTIBODIES*** | | |
| EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** | | |
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL CAPSULE | 2 | PA; QL; SP |
| BOSULIF ORAL TABLET | 2 | PA; QL; SP |
| GLEEVEC ORAL TABLET | 3 | PA; QL; SP |
| ICLUSIG ORAL TABLET | 3 | PA; QL; SP |
| imatinib mesylate oral tablet | 1 or 1b* | PA; QL; SP |
| SCEMBLIX ORAL TABLET 100 MG | 3 | PA; QL; SP |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | 3 | PA; LD; QL; SP |
| SPRYCEL ORAL TABLET | 2 | PA; QL; SP |
| TASIGNA ORAL CAPSULE | 2 | PA; QL; SP |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| BRUKINSA ORAL CAPSULE | 3 | PA; QL; SP |
| CALQUENCE ORAL TABLET | 2 | PA; QL; SP |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL; SP |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL; SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; QL; SP |
| JAYPIRCA ORAL TABLET | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| ERBITUX INTRAVENOUS SOLUTION | 3 | PA; SP |
| erlotinib hcl oral tablet | 1 or 1b* | PA; LD; QL; SP |
| gefitinib oral tablet | 1 or 1b* | PA; LD; QL; SP |
| GILOTRIF ORAL TABLET | 3 | PA; QL; SP |
| IRESSA ORAL TABLET | 3 | PA; LD; QL; SP |
| LAZCLUZE ORAL TABLET | 3 | PA; QL |
| PORTRAZZA INTRAVENOUS SOLUTION | 3 | LD; SP |
| TAGRISSE ORAL TABLET | 3 | PA; LD; QL; SP |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 3 | PA; LD; QL; SP |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML | 3 | PA; LD; SP |
| VIZIMPRO ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** | | |
| OGSIVEO ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** | | |
| WELIREG ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - KRAS INHIBITORS*** | | |
| KRAZATI ORAL TABLET | 3 | PA; QL; SP |
| LUMAKRAS ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - MET INHIBITORS*** | | |
| TABRECTA ORAL TABLET | 3 | PA; QL; SP |
| TEPMETKO ORAL TABLET | 3 | PA; QL; SP |

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|--|-------|----------------|
| *ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** | | |
| TAZVERIK ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** | | |
| RYBREVA NT INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** | | |
| AYVAKIT ORAL TABLET | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - RET INHIBITORS*** | | |
| GAVRETO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| RETEVMO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 3 | PA; QL; SP |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL; SP |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL; SP |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 3 | PA; QL; SP |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|------------|
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| *ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** | | |
| VORANIGO ORAL TABLET | 3 | PA; QL; SP |
| *MYELOPROTECTIVE AGENTS*** | | |
| COSELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** | | |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** | | |
| IWILFIN ORAL TABLET | 3 | PA; QL; SP |
| *OTOPROTECTIVE AGENTS*** | | |
| PEDMARK INTRAVENOUS SOLUTION | 3 | PA; SP |
| *SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** | | |
| ORSERDU ORAL TABLET | 3 | PA; QL; SP |
| *TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** | | |
| TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| AGENTES ALQUILANTES | | |
| BELRAPZO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| bendamustine hcl intravenous solution | 3 | PA; LD; SP |

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

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|---|----------|------------|
| bendamustine hcl intravenous solution reconstituted | 1 or 1b* | PA; LD; SP |
| BENDEKA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| busulfan intravenous solution | 1 or 1b* | SP |
| BUSULFEX INTRAVENOUS SOLUTION | 3 | SP |
| carboplatin intravenous solution | 1 or 1b* | SP |
| cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml | 1 or 1b* | SP |
| CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| kemoplat intravenous solution | 3 | SP |
| MYLERAN ORAL TABLET | 2 | SP |
| oxaliplatin intravenous solution | 1 or 1b* | SP |
| oxaliplatin intravenous solution reconstituted | 1 or 1b* | SP |
| paraplatin intravenous solution 1000 mg/100ml | 1 or 1b* | SP |
| TEPADINA INJECTION SOLUTION RECONSTITUTED | 3 | SP |
| thiotepa injection solution reconstituted | 1 or 1b* | SP |
| TREANDA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| vivimusta intravenous solution | 3 | PA; LD; SP |
| ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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|---|----------|------------|
| AGENTES DE LA ENZIMA CARBOXIPEPTIDASA | | |
| VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO | | |
| KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG | 3 | PA; LD; SP |
| leucovorin calcium injection solution | 1 or 1b* | |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | |
| leucovorin calcium oral tablet | 1 or 1b* | |
| levoleucovorin calcium intravenous solution reconstituted 50 mg | 1 or 1b* | PA |
| levoleucovorin calcium pf intravenous solution 175 mg/17.5ml | 1 or 1b* | |
| levoleucovorin calcium pf intravenous solution 250 mg/25ml | 1 or 1b* | PA |
| AGENTES PROTECTORES CARDÍACOS | | |
| dexrazoxane hcl intravenous solution reconstituted | 1 or 1b* | SP |
| dexrazoxane intravenous solution reconstituted 250 mg | 1 or 1b* | SP |
| AGENTES PROTECTORES DEL TRACTO URINARIO | | |
| ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| mesna intravenous solution | 1 or 1b* | PA |
| MESNEX INTRAVENOUS SOLUTION | 3 | PA |
| MESNEX ORAL TABLET | 2 | PA |

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|--|----------|------------|
| AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS | | |
| bexarotene oral capsule | 1 or 1b* | PA; QL; SP |
| TARGRETIN ORAL CAPSULE | 3 | PA; QL; SP |
| ANÁLOGOS DE LHRH | | |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; QL; SP |
| ELIGARD SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| leuprolide acetate (3 month) intramuscular injectable | 3 | PA; QL; SP |
| leuprolide acetate injection kit | 1 or 1b* | PA; SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 3 | PA; QL; SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 3 | PA; QL; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 3 | PA; QL; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 3 | PA; QL; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; QL; SP |
| ZOLADEX SUBCUTANEOUS IMPLANT | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTAGONISTA DEL RECEPTOR DE ESTRÓGENO | | |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| fulvestrant intramuscular solution prefilled syringe | 1 or 1b* | PA; SP |
| ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH) | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA; QL; SP |
| ORGOVYX ORAL TABLET | 3 | PA; QL; SP |
| ANTIANDRÓGENOS | | |
| bicalutamide oral tablet | 1 or 1b* | QL |
| CASODEX ORAL TABLET | 3 | QL |
| ERLEADA ORAL TABLET | 2 | PA; LD; QL; SP |
| EULEXIN ORAL CAPSULE | 3 | |
| NILANDRON ORAL TABLET | 3 | QL; SP |
| nilutamide oral tablet | 1 or 1b* | QL; SP |
| NUBEQA ORAL TABLET | 2 | PA; LD; QL; SP |
| XTANDI ORAL CAPSULE | 2 | PA; LD; QL; SP |
| XTANDI ORAL TABLET | 2 | PA; LD; QL; SP |
| ANTIBIÓTICOS ANTINEOPLÁSICOS | | |
| adriamycin intravenous solution reconstituted 50 mg | 1 or 1b* | SP |
| bleomycin sulfate injection solution reconstituted | 1 or 1b* | SP |
| dactinomycin intravenous solution reconstituted | 1 or 1b* | SP |

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|--|----------|------------|
| DAUNORUBICIN HCL INTRAVENOUS SOLUTION | 3 | SP |
| DOXIL INTRAVENOUS INJECTABLE | 3 | PA; SP |
| doxorubicin hcl intravenous solution | 3 | SP |
| doxorubicin hcl intravenous solution reconstituted | 1 or 1b* | SP |
| doxorubicin hcl liposomal intravenous injectable | 1 or 1b* | PA; SP |
| ELLENCÉ INTRAVENOUS SOLUTION | 3 | PA; SP |
| IDAMYCIN PFS INTRAVENOUS SOLUTION | 3 | SP |
| idarubicin hcl intravenous solution | 1 or 1b* | SP |
| JELMYTO SOLUTION RECONSTITUTED | 3 | PA; SP |
| mitomycin intravenous solution reconstituted | 1 or 1b* | SP |
| mitomycin intravesical solution prefilled syringe | 3 | SP |
| mitoxantrone hcl intravenous concentrate | 1 or 1b* | SP |
| mutamycin intravenous solution reconstituted | 1 or 1b* | SP |
| valrubicin intravesical solution | 1 or 1b* | LD; SP |
| VALSTAR INTRAVESICAL SOLUTION | 3 | LD; SP |
| ANTICUERPO ANTINEOPLÁSICO - COMPLEJOS DE FÁRMACOS | | |
| ELAHERE INTRAVENOUS SOLUTION | 3 | PA; SP |
| ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ANTICUERPOS ANTIADRENAL | | |
| LYSODREN ORAL TABLET | 2 | QL; SP |
| ANTIESTRÓGENOS | | |
| FARESTON ORAL TABLET | 3 | QL; SP |
| SOLTAMOX ORAL SOLUTION | 2 | \$0 |
| tamoxifen citrate oral tablet | 1 or 1b* | \$0 |
| toremifene citrate oral tablet | 1 or 1b* | QL; SP |
| ANTIMETABOLITOS | | |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| ARRANON INTRAVENOUS SOLUTION | 3 | SP |
| azacitidine injection suspension reconstituted | 1 or 1b* | PA; LD; SP |
| capecitabine oral tablet | 1 or 1b* | PA; LD; SP |
| cladribine intravenous solution 10 mg/10ml | 1 or 1b* | SP |
| clofarabine intravenous solution | 1 or 1b* | SP |
| cytarabine (pf) injection solution | 1 or 1b* | SP |
| cytarabine injection solution | 1 or 1b* | SP |
| decitabine intravenous solution reconstituted | 1 or 1b* | SP |
| floxuridine injection solution reconstituted | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution 50 mg/2ml | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution reconstituted | 1 or 1b* | SP |
| fluorouracil intravenous solution | 1 or 1b* | SP |
| FOLOTYN INTRAVENOUS SOLUTION | 3 | SP |
| GEMCITABINE HCL INTRAVENOUS SOLUTION | 3 | SP |
| gemcitabine hcl intravenous solution reconstituted | 1 or 1b* | SP |

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

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|---|----------|----------------|
| JYLAMVO ORAL SOLUTION | 3 | PA; SP |
| mercaptopurine oral tablet | 1 or 1b* | |
| 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 | 1 or 1b* | |
| nelarabine intravenous solution | 1 or 1b* | SP |
| ONUREG ORAL TABLET | 3 | PA; LD; QL; SP |
| pemetrexed disodium intravenous solution | 3 | PA; SP |
| pemetrexed disodium intravenous solution reconstituted | 1 or 1b* | PA; SP |
| pemetrexed ditromethamine intravenous solution reconstituted | 3 | PA; SP |
| pemetrexed intravenous solution | 3 | PA; SP |
| PEMFEXY INTRAVENOUS SOLUTION | 3 | PA; SP |
| PEMRYDI RTU INTRAVENOUS SOLUTION | 3 | PA; SP |
| PURIXAN ORAL SUSPENSION | 3 | PA; LD |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | ST |
| VIDAZA INJECTION SUSPENSION RECONSTITUTED | 3 | PA; LD; SP |
| XATMEP ORAL SOLUTION | 3 | PA; SP |
| XELODA ORAL TABLET | 3 | PA; LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|----------------|
| ANTINEOPLÁSICOS - AGENTES FOTOACTIVADOS | | |
| PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| UVADEX EXTRACORPOREAL SOLUTION | 3 | |
| ANTINEOPLÁSICOS - ANTICUERPO PARA TERAPIA CON RADIOFÁRMACOS | | |
| ZEVALIN Y-90 INTRAVENOUS KIT | 3 | PA; SP |
| ANTINEOPLÁSICOS - COMBINACIONES DE AGENTES HORMONALES Y OTROS RELACIONADOS | | |
| AKEEGA ORAL TABLET | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSICOS - ENGRAPADORES DE CÉLULAS T BIESPECÍFICOS | | |
| BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| COLUMVI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ELREXFIO SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| EPKINLY SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| KIMMTRAK INTRAVENOUS SOLUTION | 3 | PA; SP |
| LUNSUMIO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |

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 |
|---|----------|----------------|
| TALVEY SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| TECVAYLI SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE BCL-2 | | |
| VENCLEXTA ORAL TABLET | 3 | PA; QL; SP |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE CINASA DEL RECEPTOR DE LA TROPOMIOSINA | | |
| AUGTYRO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ROZLYTREK ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ROZLYTREK ORAL PACKET | 3 | PA; LD; QL; SP |
| VITRAKVI ORAL CAPSULE | 3 | PA; LD; QL; SP |
| VITRAKVI ORAL SOLUTION | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE CINASA MTOR | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE | 3 | PA; SP |
| AFINITOR ORAL TABLET | 3 | PA; SP |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; SP |
| everolimus oral tablet soluble | 1 or 1b* | PA; SP |
| FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; SP |
| temsirolimus intravenous solution | 1 or 1b* | PA; SP |
| TORISEL INTRAVENOUS SOLUTION | 3 | PA; SP |
| TORPENZ ORAL TABLET | 1 or 1b* | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA CINASA BRAF | | |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; LD; QL; SP |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL; SP |
| OJEMDA ORAL TABLET | 3 | PA; QL; SP |
| TAFINLAR ORAL CAPSULE | 3 | PA; LD; QL; SP |
| TAFINLAR ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |
| ZELBORAF ORAL TABLET | 2 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA CINASA DEL FACTOR DE CRECIMIENTO DE FIBROBLASTOS (FCF) | | |
| BALVERSA ORAL TABLET | 3 | PA; LD; QL; SP |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PEMAZYRE ORAL TABLET | 3 | PA; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA HISTONA DESACETILASA | | |
| BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| romidepsin intravenous solution reconstituted | 1 or 1b* | PA; LD; SP |
| ZOLINZA ORAL CAPSULE | 2 | PA; QL; SP |

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 |
|---|----------|----------------|
| ANTINEOPLÁSTICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG | | |
| DAURISMO ORAL TABLET | 3 | PA; LD; QL; SP |
| ERIVEDGE ORAL CAPSULE | 2 | PA; LD; QL; SP |
| ODOMZO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DE MEK | | |
| COTELLIC ORAL TABLET | 3 | PA; LD; QL; SP |
| KOSELUGO ORAL CAPSULE | 3 | PA; QL; SP |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| MEKINIST ORAL TABLET | 3 | PA; LD; QL; SP |
| MEKTOVI ORAL TABLET | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES DEL PROTEASOMA | | |
| bortezomib injection solution reconstituted 1 mg, 2.5 mg | 3 | PA; SP |
| bortezomib injection solution reconstituted 3.5 mg | 1 or 1b* | PA; SP |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| NINLARO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| VELCADE INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| ANTINEOPLÁSTICOS - INHIBIDORES MULTICINASAS | | |
| CABOMETYX ORAL TABLET | 2 | PA; LD; QL; SP |
| CAPRELSA ORAL TABLET | 2 | PA; QL; SP |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 3 | PA; LD; QL; SP |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA; LD; QL; SP |
| FOTIVDA ORAL CAPSULE | 3 | PA; QL; SP |
| lapatinib ditosylate oral tablet | 1 or 1b* | PA; LD; QL; SP |
| NERLYNX ORAL TABLET | 3 | PA; LD; QL; SP |
| NEXAVAR ORAL TABLET | 3 | PA; LD; QL; SP |
| pazopanib hcl oral tablet | 1 or 1b* | PA; LD; QL; SP |
| QINLOCK ORAL TABLET | 3 | PA; QL; SP |
| RYDAPT ORAL CAPSULE | 3 | PA; QL; SP |
| sorafenib tosylate oral tablet | 1 or 1b* | PA; LD; QL; SP |
| STIVARGA ORAL TABLET | 2 | PA; LD; QL; SP |
| sunitinib malate oral capsule | 1 or 1b* | PA; LD; QL; SP |
| SUTENT ORAL CAPSULE | 3 | PA; LD; QL; SP |
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; QL; SP |
| TYKERB ORAL TABLET | 3 | PA; LD; QL; SP |
| VANFLYTA ORAL TABLET | 3 | PA; QL; SP |
| VOTRIENT ORAL TABLET | 3 | PA; LD; QL; SP |
| XOSPATA ORAL TABLET | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INMUNOMODULADORES | | |
| POMALYST ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ANTINEOPLÁSTICOS - INTERLEUCINAS | | |
| ANKTIVA INTRAVESICAL SOLUTION | 3 | PA; SP |
| ELZONRIS INTRAVENOUS SOLUTION | 3 | PA; SP |

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 |
|--|----------|----------------|
| PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| ANTINEOPLÁSTICOS VARIOS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| arsenic trioxide intravenous solution | 1 or 1b* | SP |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| dacarbazine intravenous solution reconstituted | 1 or 1b* | SP |
| HYDREA ORAL CAPSULE | 3 | |
| hydroxyurea oral capsule | 1 or 1b* | |
| MATULANE ORAL CAPSULE | 2 | SP |
| NIPENT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED | 3 | SP |
| TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML | 3 | SP |
| COMBINACIONES DE ANTINEOPLÁSTICOS | | |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| INQOVI ORAL TABLET | 3 | PA; LD; QL; SP |
| LONSURF ORAL TABLET | 3 | PA; LD; SP |
| PHESGO SUBCUTANEOUS SOLUTION | 3 | PA; LD; SP |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION | 3 | LD; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG | 3 | LD; SP |
| COMPLEMENTOS DE LA QUIMIOTERAPIA - AGENTES DE HIPERURICEMIA | | |
| ELITEK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| COMPLEMENTOS DE LA QUIMIOTERAPIA - FACTORES DE CRECIMIENTO DE LOS QUERATINOCITOS | | |
| KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG | 3 | SP |
| ENZIMAS ANTINEOPLÁSTICAS | | |
| ASPARLAS INTRAVENOUS SOLUTION | 3 | PA; SP |
| ONCASPAR INJECTION SOLUTION | 3 | PA; SP |
| RYLAZE INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| ESTRÓGENOS - ANTINEOPLÁSTICOS | | |
| EMCYT ORAL CAPSULE | 2 | PA; SP |
| IMIDAZOTETRAZINA | | |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| temozolomide oral capsule | 1 or 1b* | PA; QL; SP |
| INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS | | |
| abiraterone acetate oral tablet | 1 or 1b* | PA; LD; QL; SP |
| YONSA ORAL TABLET | 3 | PA; LD; QL; SP |
| ZYTIGA ORAL TABLET | 3 | PA; LD; QL; SP |

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 |
|---|----------|----------------|
| INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 1 (IDH1) | | |
| REZLIDHIA ORAL CAPSULE | 3 | PA; QL; SP |
| TIBSOVO ORAL TABLET | 3 | PA; QL; SP |
| INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 2 (IDH2) | | |
| IDHIFA ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA AROMATASA | | |
| anastrozole oral tablet | 1 or 1b* | \$0; QL |
| ARIMIDEX ORAL TABLET | 3 | QL |
| AROMASIN ORAL TABLET | 3 | QL |
| exemestane oral tablet | 1 or 1b* | \$0; QL |
| FEMARA ORAL TABLET | 3 | QL |
| letrozole oral tablet | 1 or 1b* | \$0; QL |
| INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS | | |
| INREBIC ORAL CAPSULE | 3 | PA; LD; QL; SP |
| JAKAFI ORAL TABLET | 2 | PA; LD; QL; SP |
| OJJAARA ORAL TABLET | 3 | QL; SP |
| VONJO ORAL CAPSULE | 3 | PA; QL; SP |
| INHIBIDORES DE LA FOSFOINOSITIDA-3-QUINASAS (PI3K) | | |
| ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| COPIKTRA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |

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|---|----------|----------------|
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| ZYDELIG ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP) | | |
| LYNPARZA ORAL TABLET | 3 | PA; LD; QL; SP |
| RUBRACA ORAL TABLET | 3 | PA; LD; QL; SP |
| TALZENNA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ZEJULA ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK) | | |
| IBRANCE ORAL CAPSULE | 2 | PA; LD; QL; SP |
| IBRANCE ORAL TABLET | 2 | PA; LD; QL; SP |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| VERZENIO ORAL TABLET | 3 | PA; LD; QL; SP |
| INHIBIDORES DE LA TOPOISOMERASA I | | |
| CAMPTOSAR INTRAVENOUS SOLUTION | 3 | SP |
| HYCMTIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| HYCMTIN ORAL CAPSULE | 2 | PA; SP |
| irinotecan hcl intravenous solution | 1 or 1b* | SP |
| ONIVYDE INTRAVENOUS INJECTABLE | 3 | LD; SP |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| TOPOTECAN HCL INTRAVENOUS SOLUTION | 3 | SP |
| topotecan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| INHIBIDORES DEL VEGF | | |
| ALYMSYS INTRAVENOUS SOLUTION | 3 | PA; SP |
| AVASTIN INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| CYRAMZA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| FRUZAQLA ORAL CAPSULE | 3 | PA; QL; SP |
| INLYTA ORAL TABLET | 2 | PA; LD; QL; SP |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 2 | PA; LD; QL; SP |
| MVASI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| VEGZELMA INTRAVENOUS SOLUTION | 3 | PA; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| ZALTRAP INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ZIRABEV INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| INHIBIDORES MIÓTICOS | | |
| ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; LD; SP |
| DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML | 3 | PA; SP |
| DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML | 3 | PA; SP |
| DOCIVYX INTRAVENOUS SOLUTION | 3 | PA; SP |
| eribulin mesylate intravenous solution | 1 or 1b* | PA; SP |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 1 or 1b* | SP |
| etoposide oral capsule | 1 or 1b* | SP |
| HALAVEN INTRAVENOUS SOLUTION | 3 | PA; SP |
| IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| JEVTANA INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml | 1 or 1b* | SP |

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|---|----------|------------|
| PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; LD; SP |
| vinblastine sulfate intravenous solution | 1 or 1b* | SP |
| vincristine sulfate intravenous solution | 1 or 1b* | SP |
| vinorelbine tartrate intravenous solution | 1 or 1b* | SP |
| MOSTAZAS DE NITRÓGENO | | |
| cyclophosphamide injection solution reconstituted | 1 or 1b* | SP |
| cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml, 500 mg/ml | 3 | SP |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML | 3 | SP |
| cyclophosphamide oral capsule | 1 or 1b* | SP |
| CYCLOPHOSPHAMIDE ORAL TABLET | 3 | SP |
| EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | SP |
| HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | SP |
| IFEX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| ifosfamide intravenous solution | 1 or 1b* | SP |
| ifosfamide intravenous solution reconstituted 1 gm | 1 or 1b* | SP |
| IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM | 3 | SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| LEUKERAN ORAL TABLET | 2 | |
| melphalan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| NITROSOUREA | | |
| carmustine intravenous solution reconstituted 100 mg | 1 or 1b* | SP |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | PA; SP |
| GLIADEL WAFER IMPLANT WAFER | 3 | |
| ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| PROGESTINAS - ANTINEOPLÁSICOS | | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 or 1b* | |
| megestrol acetate oral tablet | 1 or 1b* | |
| RADIOFÁRMACOS ANTINEOPLÁSICOS | | |
| LUTATHERA INTRAVENOUS SOLUTION | 3 | PA; SP |
| PLUVICTO INTRAVENOUS SOLUTION | 3 | PA; SP |
| STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION | 3 | |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML | 3 | PA; SP |
| RETINIOIDES | | |
| tretinoin oral capsule | 1 or 1b* | |
| TETRAHIDROISOQUINOLINAS | | |
| YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| ANTIPALÚDICOS | | |
| ANTIPALÚDICOS | | |
| ARAKODA ORAL TABLET | 3 | QL |

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

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|---|----------|----------------|
| ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| chloroquine phosphate oral tablet | 1 or 1a* | |
| DARAPRIM ORAL TABLET | 3 | PA; QL |
| HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG | 1 or 1b* | QL |
| hydroxychloroquine sulfate oral tablet 200 mg | 1 or 1b* | QL |
| KRINTAFEL ORAL TABLET | 3 | QL |
| mefloquine hcl oral tablet | 1 or 1b* | QL |
| PLAQUENIL ORAL TABLET | 3 | QL |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | 3 | |
| pyrimethamine oral tablet | 1 or 1b* | PA; QL |
| QUALAQUIN ORAL CAPSULE | 3 | PA; QL |
| quinine sulfate oral capsule | 1 or 1b* | PA; QL |
| SOVUNA ORAL TABLET | 3 | ST; QL |
| COMBINACIONES DE ANTIPALÚDICOS | | |
| atovaquone-proguanil hcl oral tablet | 1 or 1b* | |
| COARTEM ORAL TABLET | 3 | |
| MALARONE ORAL TABLET | 3 | |
| ANTIPARKINSONIANOS | | |
| ANTAGONISTA DEL RECEPTOR DE ADENOSINA | | |
| NOURIANZ ORAL TABLET | 3 | PA; QL; SP |
| ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| apomorphine hcl subcutaneous solution cartridge | 1 or 1b* | PA; LD; QL; SP |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG | 3 | QL |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | QL |
| 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 | 1 or 1b* | |
| carbidopa-levodopa oral tablet | 1 or 1b* | |
| carbidopa-levodopa oral tablet dispersible | 1 or 1b* | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 or 1b* | |
| CREXONT ORAL CAPSULE EXTENDED RELEASE | 3 | |
| DHIVY ORAL TABLET 25-100 MG | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| DUOPA ENTERAL SUSPENSION | 3 | PA; LD; SP |
| RYTARY ORAL CAPSULE EXTENDED RELEASE | 3 | QL |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| DOPAMINÉRGICOS ANTIPARKINSONIANOS | | |
| amantadine hcl oral capsule | 1 or 1b* | QL |
| amantadine hcl oral solution | 1 or 1b* | QL |
| amantadine hcl oral tablet | 1 or 1b* | QL |
| bromocriptine mesylate oral capsule | 1 or 1b* | |
| bromocriptine mesylate oral tablet | 1 or 1b* | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 3 | PA; QL |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 3 | PA; DO |
| INBRIJA INHALATION CAPSULE | 3 | PA; QL; SP |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG | 3 | PA; DO |
| PARLODEL ORAL CAPSULE | 3 | |
| PARLODEL ORAL TABLET | 3 | |
| INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS | | |
| TASMAR ORAL TABLET 100 MG | 3 | PA; QL |
| tolcapone oral tablet | 1 or 1b* | PA; QL |

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

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 |
|--|----------|----------------|
| SUNLENCA SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| *ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL; SP |
| *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 |
| PEMGARDA INTRAVENOUS SOLUTION | 3 | |
| TEMBEXA ORAL SUSPENSION | 3 | |
| TEMBEXA ORAL TABLET | 3 | |
| TPOXX INTRAVENOUS SOLUTION | 3 | |
| TPOXX ORAL CAPSULE | 3 | |
| AGENTES DEL CITOMEGALOVIRUS (CMV) | | |
| cidofovir intravenous solution | 1 or 1b* | SP |
| foscarnet sodium intravenous solution 6000 mg/250ml | 1 or 1b* | SP |
| FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML | 3 | SP |
| GANCICLOVIR INTRAVENOUS SOLUTION | 3 | SP |
| GANCICLOVIR SODIUM INTRAVENOUS SOLUTION | 3 | SP |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| ganciclovir sodium intravenous solution reconstituted | 1 or 1b* | SP |
| LIVTENCITY ORAL TABLET | 3 | PA; QL; SP |
| PREVYMIS INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| PREVYMIS ORAL TABLET | 3 | PA; QL; SP |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 3 | SP |
| VALCYTE ORAL TABLET | 3 | SP |
| valganciclovir hcl oral solution reconstituted | 1 or 1b* | SP |
| valganciclovir hcl oral tablet | 1 or 1b* | SP |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA | | |
| acyclovir oral capsule | 1 or 1b* | |
| acyclovir oral suspension | 1 or 1b* | |
| acyclovir oral tablet | 1 or 1b* | |
| acyclovir sodium intravenous solution | 1 or 1b* | |
| SITAVIG BUCCAL TABLET | 3 | PA; QL |
| valacyclovir hcl oral tablet | 1 or 1b* | QL |
| VALTREX ORAL TABLET | 3 | QL |
| AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA | | |
| famciclovir oral tablet | 1 or 1b* | QL |
| AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS | | |
| ribavirin inhalation solution reconstituted | 1 or 1b* | |
| VIRAZOLE INHALATION SOLUTION RECONSTITUTED | 3 | |
| AGENTES PARA LA HEPATITIS B | | |
| adefovir dipivoxil oral tablet | 1 or 1b* | PA; QL; SP |

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 |
|--|----------|------------|
| BARACLUDE ORAL SOLUTION | 2 | PA; QL; SP |
| BARACLUDE ORAL TABLET | 3 | PA; QL; SP |
| entecavir oral tablet | 1 or 1b* | PA; QL; SP |
| lamivudine oral tablet 100 mg | 3 | PA; QL; SP |
| VEMLIDY ORAL TABLET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C - COMBINACIONES | | |
| EPCLUSA ORAL PACKET | 3 | PA; QL; SP |
| EPCLUSA ORAL TABLET | 3 | PA; QL; SP |
| HARVONI ORAL PACKET | 3 | PA; QL; SP |
| HARVONI ORAL TABLET | 3 | PA; QL; SP |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET | 3 | PA; QL; SP |
| MAVYRET ORAL PACKET | 3 | PA; QL; SP |
| MAVYRET ORAL TABLET | 3 | PA; QL; SP |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET | 3 | PA; QL; SP |
| VOSEVI ORAL TABLET | 3 | PA; QL; SP |
| ZEPATIER ORAL TABLET | 3 | PA; QL; SP |
| AGENTES PARA LA HEPATITIS C | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 3 | LD; QL; SP |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD; QL; SP |
| ribavirin oral capsule | 1 or 1b* | QL; SP |
| ribavirin oral tablet 200 mg | 1 or 1b* | QL; SP |
| SOVALDI ORAL PACKET | 3 | PA; QL; SP |
| SOVALDI ORAL TABLET | 3 | PA; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| AGENTES PARA LA INFLUENZA | | |
| rimantadine hcl oral tablet | 1 or 1b* | |
| ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA) | | |
| maraviroc oral tablet | 1 or 1b* | QL; SP |
| SELZENTRY ORAL SOLUTION | 3 | QL; SP |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | QL; SP |
| ANTIRRETROVIRALES - INHIBIDOR POSUNIÓN DIRIGIDO A CD4 | | |
| TROGARZO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LD; QL; SP |
| ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | LD; QL; SP |
| ISENTRESS HD ORAL TABLET | 3 | QL; SP |
| ISENTRESS ORAL PACKET | 3 | QL; SP |
| ISENTRESS ORAL TABLET | 3 | QL; SP |
| ISENTRESS ORAL TABLET CHEWABLE | 3 | QL; SP |
| TIVICAY ORAL TABLET 50 MG | 3 | QL; SP |
| TIVICAY PD ORAL TABLET SOLUBLE | 3 | QL; SP |
| ANTIRRETROVIRALES - INHIBIDORES DE LA PROTEASA | | |
| APTIVUS ORAL CAPSULE | 2 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| atazanavir sulfate oral capsule | 1 or 1b* | QL; SP |
| darunavir oral tablet | 1 or 1b* | QL; SP |
| fosamprenavir calcium oral tablet | 1 or 1b* | QL; SP |
| NORVIR ORAL PACKET | 3 | QL; SP |
| NORVIR ORAL TABLET | 3 | QL; SP |
| PREZISTA ORAL SUSPENSION | 2 | QL; SP |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | QL; SP |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3 | QL; SP |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | QL; SP |
| REYATAZ ORAL PACKET | 2 | QL; SP |
| ritonavir oral tablet | 1 or 1b* | QL; SP |
| VIRACEPT ORAL TABLET | 2 | QL; SP |
| ANTIRRETROVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS | | |
| EDURANT ORAL TABLET | 2 | PA; QL; SP |
| efavirenz oral capsule | 1 or 1b* | QL; SP |
| efavirenz oral tablet | 1 or 1b* | QL; SP |
| etravirine oral tablet | 1 or 1b* | PA; QL; SP |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 3 | PA; QL; SP |
| INTELENCE ORAL TABLET 25 MG | 2 | PA; QL; SP |
| nevirapine er oral tablet extended release 24 hour 400 mg | 1 or 1b* | QL; SP |
| nevirapine oral suspension | 1 or 1b* | QL; SP |
| nevirapine oral tablet | 1 or 1b* | QL; SP |
| PIFELTRO ORAL TABLET | 3 | QL; SP |
| SUSTIVA ORAL TABLET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------------|
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS | | |
| tenofovir disoproxil fumarate oral tablet | 1 or 1b* | \$0; QL; SP |
| VIREAD ORAL POWDER | 2 | QL; SP |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | QL; SP |
| VIREAD ORAL TABLET 300 MG | 3 | QL; SP |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS | | |
| emtricitabine oral capsule | 1 or 1b* | \$0; QL; SP |
| EMTRIVA ORAL CAPSULE | 3 | QL; SP |
| EMTRIVA ORAL SOLUTION | 2 | QL; SP |
| EPIVIR ORAL SOLUTION | 3 | PA; QL; SP |
| EPIVIR ORAL TABLET | 3 | PA; QL; SP |
| lamivudine oral solution | 1 or 1b* | PA; QL; SP |
| lamivudine oral tablet 150 mg, 300 mg | 1 or 1b* | PA; QL; SP |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS | | |
| abacavir sulfate oral solution | 1 or 1b* | QL; SP |
| abacavir sulfate oral tablet | 1 or 1b* | QL; SP |
| ZIAGEN ORAL SOLUTION | 3 | QL; SP |
| ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-TIMIDINAS | | |
| RETROVIR INTRAVENOUS SOLUTION | 2 | SP |
| RETROVIR ORAL CAPSULE | 3 | QL; SP |
| RETROVIR ORAL SYRUP | 3 | QL; SP |
| zidovudine oral capsule | 1 or 1b* | QL; SP |
| zidovudine oral syrup | 1 or 1b* | QL; SP |
| zidovudine oral tablet | 1 or 1b* | QL; SP |

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 COMPLEMENTARIOS | | |
| TYBOST ORAL TABLET | 3 | QL; SP |
| COMBINACIONES DE ANTIRRETROVIRALES | | |
| abacavir sulfate-lamivudine oral tablet | 1 or 1b* | QL; SP |
| BIKTARVY ORAL TABLET | 2 | QL; SP |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | PA; LD; QL; SP |
| CIMDUO ORAL TABLET | 3 | QL; SP |
| COMPLERA ORAL TABLET | 3 | PA; QL; SP |
| DELSTRIGO ORAL TABLET | 3 | QL; SP |
| DESCOVY ORAL TABLET 120-15 MG | 3 | QL; SP |
| DESCOVY ORAL TABLET 200-25 MG | 3 | \$0; QL; SP |
| DOVATO ORAL TABLET | 2 | QL; SP |
| efavirenz-emtricitab-tenofovir oral tablet | 1 or 1b* | QL; SP |
| efavirenz-lamivudine-tenofovir oral tablet | 1 or 1b* | QL; SP |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | QL; SP |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 or 1b* | \$0; QL; SP |
| EVOTAZ ORAL TABLET | 3 | QL; SP |
| GENVOYA ORAL TABLET | 2 | QL; SP |
| JULUCA ORAL TABLET | 3 | PA; QL; SP |
| KALETRA ORAL SOLUTION | 3 | QL; SP |
| KALETRA ORAL TABLET | 3 | QL; SP |
| lamivudine-zidovudine oral tablet | 1 or 1b* | QL; SP |
| lopinavir-ritonavir oral solution | 1 or 1b* | QL; SP |
| lopinavir-ritonavir oral tablet | 1 or 1b* | QL; SP |
| ODEFSEY ORAL TABLET | 2 | QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| PREZCOBIX ORAL TABLET | 3 | QL; SP |
| STRIBILD ORAL TABLET | 2 | QL; SP |
| SYMFILO ORAL TABLET | 3 | QL; SP |
| SYMFI ORAL TABLET | 3 | QL; SP |
| SYMTUZA ORAL TABLET | 2 | QL; SP |
| TRIUMEQ ORAL TABLET | 2 | QL; SP |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 2 | QL; SP |
| TRUVADA ORAL TABLET | 3 | ST; QL; SP |
| INHIBIDORES DE ENDONUCLEASAS PA | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |
| INHIBIDORES DE LA NEURAMINIDASA | | |
| oseltamivir phosphate oral capsule | 1 or 1b* | QL |
| oseltamivir phosphate oral suspension reconstituted | 1 or 1b* | QL |
| RAPIVAB INTRAVENOUS SOLUTION | 3 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL |
| TAMIFLU ORAL CAPSULE | 3 | QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | QL |
| BETABLOQUEADORES | | |
| BETABLOQUEADORES CARDIOSELECTIVOS | | |
| acebutolol hcl oral capsule | 1 or 1b* | |
| atenolol oral tablet | 1 or 1a* | |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| betaxolol hcl oral tablet | 1 or 1b* | |
| bisoprolol fumarate oral tablet | 1 or 1b* | |
| BREVIBLOC IN NAACL INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML | 3 | |
| BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC PREMIXED INTRAVENOUS SOLUTION | 3 | |
| BYSTOLIC ORAL TABLET | 3 | |
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML | 3 | |
| esmolol hcl-sodium chloride intravenous solution | 1 or 1b* | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE | 3 | |
| LOPRESSOR ORAL TABLET | 3 | |
| metoprolol succinate er oral tablet extended release 24 hour | 1 or 1b* | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| nebivolol hcl oral tablet | 1 or 1b* | |
| TENORMIN ORAL TABLET | 3 | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| BETABLOQUEADORES NO SELECTIVOS | | |
| BETAPACE AF ORAL TABLET | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | QL |
| CORGARD ORAL TABLET 20 MG, 40 MG | 3 | DO |
| HEMANGEOL ORAL SOLUTION | 3 | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG | 3 | DO |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG | 3 | QL |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |
| nadolol oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| nadolol oral tablet 80 mg | 1 or 1b* | QL |
| pindolol oral tablet 10 mg | 1 or 1b* | QL |
| pindolol oral tablet 5 mg | 1 or 1b* | 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 | 1 or 1b* | |
| SOTALOL HCL INTRAVENOUS SOLUTION | 3 | |
| sotalol hcl oral tablet | 1 or 1b* | QL |
| SOTYLIZE ORAL SOLUTION | 3 | |
| timolol maleate oral tablet 10 mg, 20 mg | 1 or 1b* | QL |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| 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 | 1 or 1b* | DO |
| carvedilol phosphate er oral capsule extended release 24 hour 80 mg | 1 or 1b* | QL |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG | 3 | DO |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG | 3 | QL |
| COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG | 3 | DO |
| COREG ORAL TABLET 25 MG | 3 | QL |
| labetalol hcl intravenous solution prefilled syringe 10 mg/2ml | 3 | |
| labetalol hcl oral tablet 100 mg, 200 mg | 1 or 1b* | DO |
| labetalol hcl oral tablet 300 mg | 1 or 1b* | QL |
| LABETALOL HCL- DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-% | 3 | |
| LABETALOL HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-% | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| 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 |
| CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% | 3 | |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG | 3 | QL |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | QL |
| CARDIZEM ORAL TABLET 120 MG | 3 | QL |
| CARDIZEM ORAL TABLET 30 MG, 60 MG | 3 | 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 |
| CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML | 3 | |
| CONJUPRI ORAL TABLET 2.5 MG | 3 | ST; DO |
| CONJUPRI ORAL TABLET 5 MG | 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 |
|---|----------|-------|
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| diltiazem hcl er oral tablet extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl intravenous solution | 1 or 1b* | |
| DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule 2.5 mg | 1 or 1b* | DO |
| isradipine oral capsule 5 mg | 1 or 1b* | QL |
| KATERZIA ORAL SUSPENSION | 3 | PA; QL |
| levamlodipine maleate oral tablet 2.5 mg | 1 or 1b* | ST; DO |
| levamlodipine maleate oral tablet 5 mg | 1 or 1b* | ST; QL |
| matzim la oral tablet extended release 24 hour | 1 or 1b* | QL |
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-% | 3 | |
| nicardipine hcl intravenous solution | 1 or 1b* | |
| nicardipine hcl oral capsule | 1 or 1b* | QL |
| nifedipine er oral tablet extended release 24 hour | 1 or 1b* | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 1 or 1b* | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 1 or 1b* | QL |
| nifedipine oral capsule 10 mg | 1 or 1b* | DO |
| nifedipine oral capsule 20 mg | 1 or 1b* | QL |
| nimodipine oral capsule | 1 or 1b* | QL |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | 1 or 1b* | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | 1 or 1b* | QL |
| NORLIQVA ORAL SOLUTION | 3 | PA; QL |
| NORVASC ORAL TABLET 10 MG | 3 | QL |
| NORVASC ORAL TABLET 2.5 MG, 5 MG | 3 | DO |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG | 3 | DO |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | 3 | QL |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG | 3 | DO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG | 3 | QL |
| tiadylt er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | QL |
| verapamil hcl er oral capsule extended release 24 hour 100 mg | 3 | DO |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | 3 | DO |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG | 3 | QL |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | DO |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG | 3 | QL |
| CARDIOTÓNICOS | | |
| *INOTROPES*** | | |
| dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml | 1 or 1b* | |
| DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML | 3 | |
| DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| milrinone lactate in dextrose intravenous solution | 1 or 1b* | |
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 or 1b* | |
| GLUCÓSIDOS CARDÍACOS | | |
| DIGOX ORAL TABLET 125 MCG | 1 or 1b* | DO |
| DIGOX ORAL TABLET 250 MCG | 1 or 1b* | QL |
| digoxin injection solution | 1 or 1b* | |
| digoxin oral solution | 1 or 1b* | QL |
| digoxin oral tablet 125 mcg, 62.5 mcg | 1 or 1b* | DO |
| digoxin oral tablet 250 mcg | 1 or 1b* | QL |
| LANOXIN INJECTION SOLUTION 0.25 MG/ML | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| LANOXIN ORAL TABLET 125 MCG, 62.5 MCG | 3 | DO |
| LANOXIN ORAL TABLET 250 MCG | 3 | QL |
| LANOXIN PEDIATRIC INJECTION SOLUTION | 2 | |
| CEFALOSPORINAS | | |
| *CEPHALOSPORINS - SIDEROPHORES*** | | |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CEFALOSPORINAS - 1.^a GENERACIÓN | | |
| cefadroxil oral capsule | 1 or 1b* | |
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg | 1 or 1b* | |
| CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM | 3 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 1 or 1b* | |
| cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-% | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML) | 3 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |

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

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ceftazidime injection solution reconstituted 1 gm, 6 gm | 1 or 1b* | |
| ceftazidime intravenous solution reconstituted | 1 or 1b* | |
| ceftriaxone sodium in dextrose intravenous solution | 1 or 1b* | QL |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 or 1b* | QL |
| CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM | 3 | QL |
| ceftriaxone sodium intravenous solution reconstituted | 1 or 1b* | QL |
| CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML) | 3 | QL |
| tazicef injection solution reconstituted 1 gm | 1 or 1b* | |
| TAZICEF INTRAVENOUS SOLUTION | 3 | |
| tazicef intravenous solution reconstituted | 1 or 1b* | |
| CEFALOSPORINAS - 4.^a GENERACIÓN | | |
| cefepime hcl injection solution reconstituted 1 gm | 1 or 1b* | |
| CEFEPIME HCL INTRAVENOUS SOLUTION | 3 | |
| CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM | 3 | |
| cefepime hcl intravenous solution reconstituted 2 gm | 1 or 1b* | |
| CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML) | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|----------------|
| CEFALOSPORINAS - 5.^a GENERACIÓN | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| COMBINACIONES DE CEFALOSPORINAS | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CLASES TERAPÉUTICAS VARIAS | | |
| *ALLOGENEIC THYMUS TISSUE*** | | |
| RETHYMIC INTRAMUSCULAR IMPLANT | 3 | |
| *FARNESYLTRANSFERASE INHIBITORS*** | | |
| ZOKINVY ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *IMMUNOMODULATOR S - COMBINATIONS*** | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| *NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** | | |
| RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML | 3 | PA; LD; QL; SP |
| RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML | 3 | PA; QL; SP |
| VYVGART INTRAVENOUS SOLUTION | 3 | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| *PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** | | |
| VIJOICE ORAL PACKET | 3 | PA; QL; SP |
| VIJOICE ORAL TABLET THERAPY PACK | 3 | PA; LD; QL; SP |
| *ROCK INHIBITORS*** | | |
| REZUROCK ORAL TABLET | 3 | PA; QL; SP |
| *TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** | | |
| SAPHNELO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *UREMIC PRURITUS AGENTS*** | | |
| KORSUVA INTRAVENOUS SOLUTION | 3 | PA |
| AGENTE DEL SÍNDROME DELTA DE LA FOSFOINOSITIDA 3 QUINASA ACTIVADA | | |
| JOENJA ORAL TABLET | 3 | PA; QL; SP |
| AGENTE VOLUMÉTRICO DE INCONTINENCIA FECAL - COMBINACIONES | | |
| SOLESTA INJECTION GEL | 3 | LD; SP |
| AGENTES LIBERADORES DE POTASIO | | |
| KIONEX ORAL SUSPENSION | 1 or 1b* | |
| LOKELMA ORAL PACKET | 3 | QL |
| sodium polystyrene sulfonate oral powder | 1 or 1b* | |
| sps oral suspension | 1 or 1b* | |
| VELTASSA ORAL PACKET | 3 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| AGENTES PARA LA ESCLEROSIS | | |
| ASCLERA INTRAVENOUS SOLUTION | 3 | |
| ETHAMOLIN INTRAVENOUS SOLUTION | 3 | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 1 or 1b* | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| VARITHENA INTRAVENOUS FOAM | 3 | |
| AGENTES QUELANTES | | |
| CUPRIMINE ORAL CAPSULE 250 MG | 3 | PA; QL; SP |
| CUVRIOR ORAL TABLET | 3 | PA; QL; SP |
| DEPEN TITRATABS ORAL TABLET | 3 | PA; QL; SP |
| penicillamine oral capsule | 3 | PA; QL; SP |
| penicillamine oral tablet | 3 | PA; QL; SP |
| SYPRINE ORAL CAPSULE | 3 | PA; QL; SP |
| trientine hcl oral capsule 250 mg | 3 | PA; QL; SP |
| trientine hcl oral capsule 500 mg | 3 | QL; SP |
| ANÁLOGOS DE LA CICLOSPORINA | | |
| cyclosporine modified oral capsule | 1 or 1b* | SP |
| cyclosporine modified oral solution | 1 or 1b* | SP |
| cyclosporine oral capsule | 1 or 1b* | SP |
| gengraf oral capsule 100 mg, 25 mg | 1 or 1b* | SP |
| gengraf oral solution | 1 or 1b* | SP |
| LUPKYNIS ORAL CAPSULE | 3 | PA; QL; SP |
| NEORAL ORAL CAPSULE | 3 | SP |
| NEORAL ORAL SOLUTION | 3 | SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| SANDIMMUNE INTRAVENOUS SOLUTION | 3 | SP |
| SANDIMMUNE ORAL CAPSULE | 3 | SP |
| ANÁLOGOS DE LA PURINA | | |
| azasan oral tablet | 1 or 1b* | SP |
| azathioprine oral tablet | 1 or 1b* | SP |
| AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED | 3 | SP |
| IMURAN ORAL TABLET | 3 | SP |
| ANTAGONISTAS DE LA INTERLEUCINA-6 (IL-6) | | |
| SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| ANTICUERPOS MONOCLONALES | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| GAMIFANT INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| UPLIZNA INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| ANTILEPROSOS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 2 | PA; LD; QL; SP |
| BLOQUEADORES SELECTIVOS DE COESTIMULACIÓN DE CÉLULAS T | | |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| ENZIMAS | | |
| AMPHADASE INJECTION SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| HYLENEX INJECTION SOLUTION | 3 | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA | | |
| CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| CELLCEPT ORAL CAPSULE | 3 | ST; SP |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | 3 | ST; SP |
| CELLCEPT ORAL TABLET | 3 | ST; SP |
| mycophenolate mofetil hcl intravenous solution reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil intravenous solution reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil oral capsule | 1 or 1b* | SP |
| mycophenolate mofetil oral suspension reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil oral tablet | 1 or 1b* | SP |
| mycophenolate sodium oral tablet delayed release | 1 or 1b* | SP |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 1 or 1b* | SP |
| MYFORTIC ORAL TABLET DELAYED RELEASE | 3 | SP |
| MYHIBBIN ORAL SUSPENSION | 3 | ST; SP |
| INHIBIDORES ESPECÍFICOS DEL ESTIMULADOR DE LINFOCITOS B (BLYS) | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| INMUNODEPRESORES DE LA INMUNOGLOBULINA | | |
| ATGAM INTRAVENOUS INJECTABLE | 3 | SP |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| INMUNODEPRESORES MACRÓLIDOS | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | SP |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | SP |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 or 1b* | SP |
| PROGRAF INTRAVENOUS SOLUTION | 2 | SP |
| PROGRAF ORAL CAPSULE | 3 | SP |
| PROGRAF ORAL PACKET | 3 | SP |
| RAPAMUNE ORAL SOLUTION | 3 | SP |
| RAPAMUNE ORAL TABLET | 3 | SP |
| sirolimus oral solution | 1 or 1b* | SP |
| sirolimus oral tablet | 1 or 1b* | SP |
| tacrolimus oral capsule | 1 or 1b* | SP |
| ZORTRESS ORAL TABLET | 3 | SP |
| INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS | | |
| lenalidomide oral capsule | 1 or 1b* | PA; LD; QL; SP |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| REVLIMID ORAL CAPSULE | 2 | PA; LD; QL; SP |
| PRODUCTOS HOMEOPÁTICOS | | |
| ARNICARE ARTHRITIS EXTERNAL CREAM | 2 | |
| cough & cold daytime/kids oral liquid | 2 | |
| LICEFREEE EXTERNAL KIT | 2 | |
| PRODUCTOS NATURALES VARIOS | | |
| beet root oral capsule | 2 | |
| cvs manuka honey external cream | 2 | |
| cvs sleep support oral tablet chewable | 2 | |
| DIM-PLUS ORAL CAPSULE | 2 | |
| flevoxin oral tablet extended release | 2 | |
| IBEROGAST ORAL CAPSULE | 2 | |
| IBEROGAST ORAL LIQUID | 2 | |
| JUICEFESTIV ORAL CAPSULE THERAPY PACK | 2 | |
| livetrol oral capsule | 2 | |
| steatox oral capsule | 2 | |
| stress & anxiety day/night oral tablet therapy pack | 2 | |
| water pill oral tablet | 2 | |
| PROSTAGLANDINAS | | |
| PROSTIN VR INJECTION SOLUTION | 3 | |
| 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* | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| 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* | |
| SOLUCIONES DE TRATAMIENTO DE REEMPLAZO RENAL CONTINUO (CRRT) | | |
| PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION | 3 | |
| PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION | 3 | |
| CORTICOESTEROIDES | | |
| COMBINACIONES DE ESTEROIDES | | |
| CELESTONE SOLUSPAN INJECTION SUSPENSION | 3 | |
| GLUCOCORTICOIDES | | |
| AGAMREE ORAL SUSPENSION | 3 | PA; QL; SP |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE | 3 | PA |
| budesonide er oral tablet extended release 24 hour | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| budesonide oral capsule delayed release particles | 1 or 1b* | QL |
| CORTEF ORAL TABLET | 3 | |
| cortisone acetate oral tablet | 3 | PA; QL |
| deflazacort oral suspension | 3 | PA; SP |
| deflazacort oral tablet | 3 | PA; SP |
| DEPO-MEDROL INJECTION SUSPENSION | 3 | |
| DEXABLISS ORAL TABLET THERAPY PACK | 3 | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | |
| dexamethasone oral elixir | 1 or 1a* | |
| dexamethasone oral solution | 1 or 1a* | |
| dexamethasone oral tablet | 1 or 1a* | |
| dexamethasone oral tablet therapy pack | 1 or 1b* | |
| dexamethasone sod phos +rfid injection solution prefilled syringe | 1 or 1b* | |
| 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 4 MG/ML | 3 | |
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| EMFLAZA ORAL SUSPENSION | 3 | PA; SP |
| EMFLAZA ORAL TABLET | 3 | PA; SP |
| EOHILIA ORAL SUSPENSION | 3 | 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 |
|---|----------|--------|
| HEMADY ORAL TABLET | 3 | PA; QL |
| HEXATRIONE INTRA-ARTICULAR SUSPENSION | 3 | |
| hidex 6-day oral tablet therapy pack | 1 or 1b* | |
| hydrocortisone oral tablet | 1 or 1b* | |
| KENALOG-10 INJECTION SUSPENSION | 3 | |
| KENALOG-40 INJECTION SUSPENSION | 3 | |
| KENALOG-80 INJECTION SUSPENSION | 3 | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET 2 MG | 2 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| 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* | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG | 3 | QL |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG | 3 | DO |
| PEDIAPRED ORAL SOLUTION | 3 | |
| prednisolone oral solution | 1 or 1a* | |
| prednisolone oral tablet | 1 or 1b* | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| 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 INTENSOL ORAL CONCENTRATE | 3 | |
| prednisone oral solution | 1 or 1a* | |
| prednisone oral tablet | 1 or 1a* | |
| prednisone oral tablet therapy pack | 1 or 1a* | |
| RAYOS ORAL TABLET DELAYED RELEASE | 3 | ST |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG | 3 | |
| taperdex 12-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 6-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 7-day oral tablet therapy pack 1.5 mg (27) | 1 or 1b* | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE | 3 | PA; QL; SP |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; SP |
| MINERALCORTICOIDES | | |
| fludrocortisone acetate oral tablet | 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 |
|--|-------|--------|
| DISPOSITIVOS MÉDICOS | | |
| AGUJAS Y JERINGAS | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLE | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLES | 3 | ST; QL |
| ADVOCATE INSULIN SYRINGE | 3 | ST; QL |
| aq insulin syringe | 3 | ST; QL |
| aqinject pen needle | 3 | ST; QL |
| ASSURE ID DUO PRO PEN NEEDLES | 3 | ST; QL |
| ASSURE ID PRO PEN NEEDLES | 3 | QL |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 3 | 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| BD INSULIN SYRINGE U/F | 2 | QL |
| BD INSULIN SYRINGE U/F 1/2UNIT | 2 | QL |
| BD INSULIN SYRINGE U-500 | 2 | QL |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD PEN NEEDLE MICRO U/F | 2 | QL |
| BD PEN NEEDLE MINI U/F | 2 | QL |
| BD PEN NEEDLE NANO 2ND GEN | 2 | QL |
| BD PEN NEEDLE NANO U/F | 2 | QL |
| BD PEN NEEDLE ORIGINAL U/F | 2 | QL |
| BD PEN NEEDLE SHORT U/F | 2 | QL |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | QL |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | QL |
| BD VEO INSULIN SYRINGE U/F | 2 | QL |
| CAREFINE PEN NEEDLES | 3 | ST; QL |
| CAREONE INSULIN SYRINGE | 3 | ST; QL |
| CAREONE UNIFINE PENTIPS PLUS | 3 | ST; QL |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 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 |
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | 3 | QL |
| CARETOUCH PEN NEEDLES | 3 | ST; QL |
| CEQUR SIMPLICITY 2U DEVICE | 3 | PA |

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 |
|---|-------|--------|
| 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 |
| 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 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 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML | 3 | QL |
| DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| DROPLET MICRON | 3 | QL |
| DROPLET PEN NEEDLES | 3 | ST; QL |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM | 3 | ST; QL |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | 3 | QL |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 3 | ST; QL |
| DROPSAFE SICURA | 2 | |
| 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 | 3 | QL |
| easy comfort insulin syringe 31g x 5/16" 0.3 ml | 3 | ST; QL |
| EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | ST; QL |
| EASY COMFORT PEN NEEDLES 31G X 8 MM | 3 | QL |
| EASY GLIDE PEN NEEDLES | 3 | ST; QL |
| EASY TOUCH FLIPLOCK INSULIN SY | 3 | ST; QL |
| EASY TOUCH INSULIN SAFETY SYR | 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 |
|---|-------|--------|
| 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 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 |
| 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 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML | 3 | QL |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | 3 | ST; QL |
| GLOBAL EASY GLIDE PEN NEEDLES | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| GLOBAL INJECT EASE INSULIN SYR | 3 | ST; QL |
| GLOBAL INSULIN SYRINGES | 3 | ST; QL |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 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 |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML | 3 | 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 |
| GNP ULTICARE PEN NEEDLES | 3 | ST; QL |
| GNP ULTIGUARD SAFEPACK 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 | QL |
| HEALTHWISE MICRON PEN NEEDLES | 3 | 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 |
|--|-------|--------|
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM | 3 | QL |
| HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM | 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 |
| 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 |

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

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 |
|--|-------|--------|
| 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 |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| 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 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 3 | QL |
| REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| RELION MINI PEN NEEDLES | 3 | ST; QL |
| RELION PEN NEEDLES | 3 | ST; QL |
| RELION SHORT PEN NEEDLES | 3 | ST; QL |
| safety pen needles | 3 | ST; QL |
| SB INSULIN SYRINGE | 3 | ST; QL |
| SECURES SAFE INSULIN SYRINGE | 3 | ST; QL |
| SECURES SAFE 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 |

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 |
|---|-------|--------|
| TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML | 3 | QL |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 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 | QL |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM | 3 | ST; QL |
| TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM | 3 | 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 |
| ULTRACARE INSULIN SYRINGE | 3 | 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 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| 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 |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM | 3 | QL |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| VP INSULIN SYRINGE | 3 | ST; QL |
| WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ZEV RX INSULIN SYRINGE | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| ZEV RX PEN NEEDLES | 3 | ST; QL |
| CAPUCHONES CERVICALES | | |
| FEMCAP VAGINAL DEVICE | 2 | \$0 |
| DENTÍFRICOS | | |
| MI PASTE DENTAL PASTE | 3 | |
| MI PASTE PLUS DENTAL PASTE | 3 | |
| DIAFRAGMAS | | |
| CAYA VAGINAL DIAPHRAGM | 2 | \$0 |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | 2 | \$0 |
| DISPOSITIVOS VARIOS | | |
| digital scale/bluetooth | 2 | |
| PAÑALES | | |
| HUGGIES LITTLE MOVERS SIZE 7 | 2 | |
| HUGGIES LITTLE SNUGLER NEWBRN | 2 | |
| HUGGIES LITTLE SNUGLERS SZ 3 | 2 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|-------------------------------|-------|-------|
| HUGGIES LITTLE SNUGLERS SZ 4 | 2 | |
| HUGGIES LITTLE SNUGLERS SZ 5 | 2 | |
| HUGGIES OVERNITES SIZE 3 | 2 | |
| HUGGIES OVERNITES SIZE 4 | 2 | |
| HUGGIES SNUG & DRY SIZE 1 | 2 | |
| HUGGIES SNUG & DRY SIZE 2 | 2 | |
| HUGGIES SNUG & DRY SIZE 3 | 2 | |
| HUGGIES SNUG & DRY SIZE 5 | 2 | |
| HUGGIES SPEC DELIVERY NEWBORN | 2 | |
| HUGGIES SPEC DELIVERY SIZE 1 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 2 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 3 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 4 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 5 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 6 | 2 | |
| HUGGIES+ LITTLE SNUGLER NEWBN | 2 | |
| HUGGIES+ LITTLE SNUGLER SZ 1 | 2 | |
| HUGGIES+ LITTLE SNUGLER SZ 2 | 2 | |
| PAMPERS EASY UPS 2T-3T | 2 | |
| PAMPERS EASY UPS 4T-5T | 2 | |
| PAMPERS EASY UPS MLP 2T-3T | 2 | |
| PAMPERS EASY UPS MLP 4T-5T | 2 | |
| PAMPERS SWADDLERS SIZE 7 | 2 | |

| Nombre del Medicamento | Nivel | Notas |
|-------------------------------------|-------|---------|
| PRESERVATIVOS (FEMENINOS) | | |
| FC2 FEMALE CONDOM | 2 | \$0; QL |
| PRESERVATIVOS (MASCULINOS) | | |
| aimsco lubricated | 2 | \$0 |
| condoms | 2 | \$0 |
| DUREX EXTRA SENSITIVE THIN | 2 | \$0 |
| DUREX EXTRA SENSITIVE THIN DEVICE | 2 | \$0 |
| DUREX REALFEEL DEVICE | 2 | \$0 |
| DUREX TROPICAL | 2 | \$0 |
| FANTASY LUBRICATED | 2 | \$0 |
| FANTASY LUBRICATED/SPERMIC IDE | 2 | \$0 |
| KAMELEON LUBRICATED | 2 | \$0 |
| kimono | 2 | \$0 |
| KIMONO COLORS DEVICE | 2 | \$0 |
| KIMONO MAXX-LARGE FLARE | 2 | \$0 |
| kimono micro thin | 2 | \$0 |
| kimono micro thin plus | 2 | \$0 |
| kimono plus | 2 | \$0 |
| kimono ps | 2 | \$0 |
| kimono ps plus | 2 | \$0 |
| kimono sensation | 2 | \$0 |
| kimono sensation plus | 2 | \$0 |
| KIMONO SPECIAL DEVICE | 2 | \$0 |
| maxx | 2 | \$0 |
| maxx plus | 2 | \$0 |
| REALITY LATEX CONDOMS | 2 | \$0 |
| REALITY LATEX/ULTRA TEXTURED DEVICE | 2 | \$0 |
| REALITY LATEX/ULTRA THIN DEVICE | 2 | \$0 |
| true cover device | 2 | \$0 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|-------|-------|
| TRUSTEX COLOR CONDOMS + LUBE | 2 | \$0 |
| TRUSTEX LUB/RIBBED/STUDED | 2 | \$0 |
| TRUSTEX LUB/SPERMICIDE EX ST | 2 | \$0 |
| TRUSTEX LUB/SPERMICIDE XL | 2 | \$0 |
| TRUSTEX LUBRICATED | 2 | \$0 |
| TRUSTEX LUBRICATED EX LARGE | 2 | \$0 |
| TRUSTEX LUBRICATED EXTRA ST | 2 | \$0 |
| TRUSTEX LUBRICATED/SPERMICIDE | 2 | \$0 |
| TRUSTEX NATURAL CONDOMS + LUBE | 2 | \$0 |
| TRUSTEX NON-LUBRICATED | 2 | \$0 |
| TRUSTEX RIA LUB/SPERMICIDE | 2 | \$0 |
| TRUSTEX RIA LUBRICATED | 2 | \$0 |
| TRUSTEX RIA NON-LUBRICATED | 2 | \$0 |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | 2 | \$0 |
| PRODUCTOS DE DESENSIBILIZACIÓN DENTAL | | |
| REMESENSE DENTAL | 3 | |
| 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 |
| ACTI-LANCE 28G | 2 | QL |
| ACTI-LANCE LITE LANCETS 28G | 2 | QL |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| ACTI-LANCE UNIVERSAL 23G | 2 | QL |
| ADVANCED MOBILE LANCET | 2 | QL |
| ADVOCATE LANCETS | 2 | QL |
| ADVOCATE LANCETS 30G | 2 | QL |
| ADVOCATE SAFETY LANCETS | 2 | QL |
| ADVOCATE SAFETY LANCETS 26G | 2 | QL |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | QL |
| AIMSCO TWIST LANCETS 32G | 2 | QL |
| AIMSCO TWIST LANCETS 33G | 2 | QL |
| AQUALANCE LANCETS 30G | 2 | QL |
| ASSURE COMFORT LANCETS 28G | 2 | QL |
| ASSURE LANCE LANCETS | 2 | QL |
| ASSURE LANCE LANCETS 21G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL |
| AURORA LANCET SUPER THIN 30G | 2 | QL |
| AURORA LANCET THIN 23G | 2 | QL |
| BD MICROTAINER LANCETS | 2 | QL |
| CAREONE LANCET SUPER THIN 30G | 2 | QL |
| CAREONE LANCET THIN 23G | 2 | QL |
| CARESENS LANCETS | 2 | QL |
| CARESENS LANCETS 30G | 2 | QL |
| CARETOUCH SAFETY LANCETS | 2 | QL |
| CARETOUCH SAFETY LANCETS 26G | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| CARETOUCH TWIST LANCETS 28G | 2 | QL |
| CARETOUCH TWIST LANCETS 30G | 2 | QL |
| CARETOUCH TWIST LANCETS 33G | 2 | QL |
| CARETOUCH TWIST MC LANCETS 30G | 2 | QL |
| CHOSEN LANCETS 30G | 2 | QL |
| CHOSEN SAFETY LANCETS 28G | 2 | QL |
| CLEANLET LANCETS 28G | 2 | QL |
| CLEVER CHEK LANCETS | 2 | QL |
| CLEVER CHOICE COMFORT EZ | 2 | QL |
| CLEVER CHOICE LANCETS 21G | 2 | QL |
| CLEVER CHOICE LANCETS 23G | 2 | QL |
| CLEVER CHOICE LANCETS 28G | 2 | QL |
| COAGUCHEK LANCETS | 2 | QL |
| COMFORT ASSURED LANCETS 28G | 2 | QL |
| COMFORT ASSURED LANCETS 33G | 2 | QL |
| COMFORT TOUCH LANCETS 31G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | QL |
| COMFORT TOUCH TWIST LANCET 30G | 2 | QL |
| CVS LANCETS 21G | 2 | QL |
| CVS LANCETS MICRO THIN 33G | 2 | QL |
| CVS LANCETS ORIGINAL | 2 | QL |
| CVS LANCETS THIN 26G | 2 | QL |
| CVS LANCETS ULTRA THIN 30G | 2 | QL |
| CVS LANCETS ULTRA-THIN 30G | 2 | QL |
| CVS ULTRA THIN LANCETS | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|--------|
| 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 |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL |
| DIATHRIVE LANCETS | 2 | QL |
| DROPLET LANCETS ULTRA THIN 30G | 2 | QL |
| DROPLET PERSONAL LANCETS 30G | 2 | QL |
| DRUG MART LANCETS THIN 26G | 2 | QL |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL |
| DRUG MART UNILET LANCETS 28G | 2 | QL |
| DRUG MART UNILET LANCETS 30G | 2 | QL |
| DRUG MART UNILET LANCETS 33G | 2 | QL |
| EASY COMFORT LANCETS | 2 | QL |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL |
| EASY MAX T1 GLUCOSE SYSTEM KIT | 3 | ST; QL |
| EASY TOUCH LANCETS 21G | 2 | QL |
| EASY TOUCH LANCETS 23G | 2 | QL |
| EASY TOUCH LANCETS 26G | 2 | QL |
| EASY TOUCH LANCETS 28G | 2 | QL |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 30G | 2 | QL |
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 32G | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|--------|
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL |
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 26G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 28G | 2 | QL |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | QL |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | QL |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | QL |
| ENLITE GLUCOSE SENSOR | 3 | PA |
| EQL COLOR LANCETS 21G | 2 | QL |
| EQL COLOR LANCETS MICRO 33G | 2 | QL |
| EQL SUPER THIN LANCETS 30G | 2 | QL |
| EQL THIN LANCETS 26G | 2 | QL |
| EVERSENSE E3 SENSOR/HOLDER | 3 | PA |
| EVERSENSE E3 SMART TRANSMITTER | 3 | PA; QL |
| EVERSENSE SENSOR/HOLDER | 3 | PA |
| EVERSENSE SMART TRANSMITTER | 3 | PA; QL |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | QL |
| E-Z JECT LANCET SUPER THIN 30G | 2 | QL |
| E-Z JECT LANCETS | 2 | QL |
| E-Z JECT LANCETS 21G | 2 | QL |
| E-Z JECT LANCETS THIN 26G | 2 | QL |
| EZ-LETS LANCETS 21G | 2 | QL |
| EZ-LETS LANCETS 26G | 2 | QL |
| EZ-LETS LANCETS 28G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------------|-------|--------|
| EZ-LETS LANCETS 30G | 2 | QL |
| FIFTY50 SAFETY SEAL LANCETS | 2 | QL |
| FIFTY50 UNILET LANCETS 33G | 2 | QL |
| FINGERSTIX LANCETS | 2 | QL |
| FORA LANCETS | 2 | QL |
| FREESTYLE LANCETS | 2 | 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 |
| FREESTYLE UNISTICK II LANCETS | 2 | QL |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL |
| GLUCOCOM LANCETS 28G | 2 | QL |
| GLUCOCOM LANCETS 30G | 2 | QL |
| GLUCOCOM LANCETS 33G | 2 | QL |
| GNP LANCETS 21G | 2 | QL |
| GNP LANCETS THIN 26G | 2 | QL |
| GNP STERILE LANCETS 28G | 2 | QL |
| GNP STERILE LANCETS 30G | 2 | QL |
| GNP STERILE LANCETS 33G | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---------------------------------------|-------|--------|
| GOJJI STERILE LANCETS | 2 | QL |
| GOODSENSE COLOR LANCETS 33G | 2 | QL |
| GOODSENSE LANCETS 26G UNIV | 2 | QL |
| GOODSENSE LANCETS 30G | 2 | QL |
| GOODSENSE LANCETS 30G UNIV | 2 | QL |
| GOODSENSE LANCETS 33G | 2 | QL |
| GOODSENSE LANCETS 33G UNIV | 2 | QL |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA; QL |
| GUARDIAN 4 TRANSMITTER | 3 | PA; QL |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA; QL |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | 3 | PA; QL |
| GUARDIAN SENSOR (3) | 3 | PA; QL |
| GUARDIAN SENSOR 3 | 3 | PA; QL |
| HAEMOLANCE | 2 | QL |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL |
| HAEMOLANCE PLUS | 2 | QL |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL |
| HAEMOLANCE PLUS MAX FLOW | 2 | QL |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL |
| H-E-B INCONTROL LANCETS 28G | 2 | QL |
| H-E-B INCONTROL LANCETS 30G | 2 | QL |
| H-E-B INCONTROL LANCETS 33G | 2 | QL |
| HY-VEE LANCETS | 2 | QL |
| HY-VEE THIN LANCETS | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| IN TOUCH STERILE LANCETS 30G | 2 | QL |
| KINNEY LANCETS | 2 | QL |
| KINNEY THIN LANCETS | 2 | QL |
| KROGER HEALTHPRO LANCET 26G | 2 | QL |
| KROGER LANCETS | 2 | QL |
| KROGER LANCETS 21G | 2 | QL |
| KROGER LANCETS MICRO THIN 33G | 2 | QL |
| KROGER LANCETS SUPER THIN | 2 | QL |
| KROGER LANCETS THIN | 2 | QL |
| KROGER LANCETS THIN 26G | 2 | QL |
| KROGER LANCETS ULTRATHIN 30G | 2 | QL |
| LANCETS | 2 | QL |
| LANCETS 30G | 2 | QL |
| LANCETS 33G | 2 | QL |
| LANCETS MICRO THIN 33G | 2 | QL |
| LANCETS SUPER THIN | 2 | QL |
| LANCETS SUPER THIN 28G | 2 | QL |
| LANCETS THIN | 2 | QL |
| LANCETS ULTRA THIN | 2 | QL |
| LANCETS ULTRA THIN 30G | 2 | QL |
| LIBERTY MEDICAL LANCETS | 2 | QL |
| LITE TOUCH LANCETS | 2 | QL |
| LITETOUCH LANCETS | 2 | QL |
| LIVE BETTER LANCET SUPER THIN | 2 | QL |
| LONGS LANCETS STANDARD | 2 | QL |
| LONGS LANCETS THIN | 2 | QL |
| LONGS LANCETS ULTRA THIN | 2 | QL |
| MEDICHOICE SAFETY LANCET | 2 | QL |
| MEDICHOICE SAFETY LANCET EXTRA | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| MEDICHOICE SAFETY LANCET NORM | 2 | QL |
| MEDLANCE PLUS EXTRA 21G | 2 | QL |
| MEDLANCE PLUS LITE 25G | 2 | QL |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS | 2 | QL |
| MEIJER LANCETS THIN | 2 | QL |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL |
| MEIJER SUPER THIN LANCETS | 2 | QL |
| MICROLET LANCETS | 2 | QL |
| MINILINK REAL-TIME TRANSMITTER | 3 | PA |
| MINIMED 630G GUARDIAN PRESS | 3 | PA |
| MM TWIST LANCETS | 2 | QL |
| MONOLET LANCETS | 2 | QL |
| MONOLET OPD LANCETS | 2 | QL |
| MONOLETTOR SAFETY LANCETS | 2 | QL |
| MYGLUCOHEALTH LANCETS 30G | 2 | QL |
| NOVA SAFETY LANCETS 23G | 2 | QL |
| NOVA SAFETY LANCETS 28G | 2 | QL |
| NOVA SUREFLEX LANCETS | 2 | QL |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| PARADIGM REAL-TIME TRANSMITTER | 3 | PA |
| PERFECT LANCETS 28G | 2 | QL |
| PERFECT LANCETS 30G | 2 | QL |
| PHARMACIST CHOICE LANCETS | 2 | QL |
| PHARMACY COUNTER LANCETS | 2 | QL |
| PIP LANCETS 28G | 2 | QL |
| PIP LANCETS 30G | 2 | QL |
| PREFERRED PLUS LANCETS COLORED | 2 | QL |
| PREFERRED PLUS LANCETS THIN | 2 | QL |
| PRO COMFORT LANCETS 30G | 2 | QL |
| PRO COMFORT LANCETS 31G | 2 | QL |
| pro comfort safety lancets 30g | 2 | QL |
| PRODIGY LANCETS 28G | 2 | QL |
| PRODIGY SAFETY LANCETS 26G | 2 | QL |
| PRODIGY TWIST TOP LANCETS 28G | 2 | QL |
| PURE COMFORT LANCETS 30G | 2 | QL |
| PX LANCETS MICROTHIN 33G | 2 | QL |
| PX LANCETS ULTRA THIN 28G | 2 | QL |
| QC LANCETS SUPER THIN 30G | 2 | QL |
| QC LANCETS ULTRA THIN | 2 | QL |
| QC UNILET LANCETS 28G | 2 | QL |
| QC UNILET LANCETS MICRO THIN | 2 | QL |
| RA E-ZJECT LANCETS 28G | 2 | QL |
| RA E-ZJECT LANCETS THIN 26G | 2 | QL |
| RA E-ZJECT LANCETS THIN 28G | 2 | QL |
| RA E-ZJECT LANCETS ULTRA THIN | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| READYLANCANCE SAFETY LANCETS | 2 | QL |
| REALITY LANCETS | 2 | QL |
| REALITY TRIGGER LANCETS | 2 | QL |
| RELION LANCETS MICRO-THIN 33G | 2 | QL |
| RELION LANCETS THIN 26G | 2 | QL |
| RELION LANCETS ULTRA-THIN 30G | 2 | QL |
| RELION ULTRA THIN LANCETS 30G | 2 | QL |
| RELION ULTRA THIN PLUS LANCETS | 2 | QL |
| REXALL LANCETS ULTRA THIN 30G | 2 | QL |
| RIGHTTEST GL300 LANCETS | 2 | QL |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | QL |
| SAFETY LANCETS | 2 | QL |
| SAFETY LANCETS 21G | 2 | QL |
| SAFETY LANCETS 23G | 2 | QL |
| SAFETY LANCETS 28G | 2 | QL |
| saps health plus lancets | 2 | QL |
| SAPS HEALTH TWIST TOP LANCETS | 2 | QL |
| SAPS TWIST TOP LANCETS | 2 | QL |
| SAPSCARE TWIST TOP LANCETS | 2 | QL |
| SB LANCETS THIN | 2 | QL |
| SB LANCETS ULTRA THIN | 2 | QL |
| SINGLE-LET | 2 | QL |
| SM LANCETS 33G | 2 | QL |
| SMART SENSE COLOR LANCETS 33G | 2 | QL |
| SMART SENSE STANDARD LANCETS | 2 | QL |
| SMART SENSE SUPER THIN LANCETS | 2 | QL |
| SMART SENSE THIN LANCETS 26G | 2 | QL |
| SMARTTEST LANCETS 28G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| SOLUS V2 LANCETS 28G | 2 | QL |
| SOLUS V2 TWIST LANCETS 30G | 2 | QL |
| STERILANCE TL | 2 | QL |
| SUPER THIN LANCETS | 2 | QL |
| SURE COMFORT LANCETS 18G | 2 | QL |
| SURE COMFORT LANCETS 21G | 2 | QL |
| SURE COMFORT LANCETS 23G | 2 | QL |
| SURE COMFORT LANCETS 28G | 2 | QL |
| SURE COMFORT LANCETS 30G | 2 | QL |
| SURELITE LANCETS | 2 | QL |
| TECHLITE AST LANCETS | 2 | QL |
| TECHLITE LANCETS | 2 | QL |
| TECHLITE LANCETS 26G | 2 | QL |
| TGT LANCET MICRO THIN 33G | 2 | QL |
| TGT LANCET THIN 26G | 2 | QL |
| TGT LANCET ULTRA THIN 30G | 2 | QL |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | QL |
| TRAVEL LANCETS ADVANCED 28G | 2 | QL |
| true comfort safety lancets | 2 | QL |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL |
| TRUEPLUS LANCETS 26G | 2 | QL |
| TRUEPLUS LANCETS 28G | 2 | QL |
| TRUEPLUS LANCETS 30G | 2 | QL |
| TRUEPLUS LANCETS 33G | 2 | QL |
| TRUEPLUS SAFETY LANCETS 28G | 2 | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|-------------------------------|-------|-------|
| twist top lancets 30g | 2 | QL |
| ULILET CLASSIC LANCETS | 2 | QL |
| ULILET LANCETS | 2 | QL |
| ULILET SAFETY LANCETS | 2 | QL |
| ULILET SAFETY LANCETS 23G | 2 | QL |
| ULTRA THIN LANCETS 31G | 2 | QL |
| ULTRA-CARE LANCETS 30G | 2 | QL |
| ULTRA-THIN II AUTO LANCET | 2 | QL |
| ULTRA-THIN II LANCETS | 2 | QL |
| UNILET COMFORTOUCH LANCET | 2 | QL |
| UNILET EXCELITE | 2 | QL |
| UNILET EXCELITE II | 2 | QL |
| UNILET G.P. LANCET | 2 | QL |
| UNILET G.P. SUPERLITE LANCET | 2 | QL |
| UNILET GP 28 ULTRA THIN | 2 | QL |
| UNILET LANCET | 2 | QL |
| UNILET MICRO-THIN 33G | 2 | QL |
| UNILET SUPERLITE LANCET | 2 | QL |
| UNILET SUPER-THIN 30G | 2 | QL |
| UNILET ULTRA-THIN 28G | 2 | QL |
| UNISTIK 3 GENTLE | 2 | QL |
| UNISTIK PRO SAFETY LANCET | 2 | QL |
| UNISTIK SAFETY LANCETS 28G | 2 | QL |
| UNISTIK SAFETY LANCETS 30G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | QL |

| Nombre del Medicamento | Nivel | Notas |
|--------------------------------|-------|-------|
| UNISTIK TOUCH SAFETY LANC 28G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | QL |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | QL |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | QL |
| VALUE PLUS LANCET STANDARD 21G | 2 | QL |
| VALUE PLUS LANCETS SUPER THIN | 2 | QL |
| VALUE PLUS LANCETS THIN 26G | 2 | QL |
| VERIFINE SAFE LANCET MINI 21G | 2 | QL |
| VERIFINE SAFE LANCET MINI 23G | 2 | QL |
| VERIFINE SAFE LANCET MINI 28G | 2 | QL |
| VERIFINE SAFE LANCET MINI 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | QL |
| VIVAGUARD LANCETS | 2 | QL |
| VIVAGUARD LANCETS 30G | 2 | QL |
| VIVAGUARD SAFETY LANCETS 28G | 2 | QL |
| WALGREENS LANCETS | 2 | QL |
| WALGREENS LANCETS MICRO THIN | 2 | QL |
| WALGREENS LANCETS SUPER THIN | 2 | QL |
| WALGREENS THIN LANCETS | 2 | QL |
| WALGREENS ULTRA THIN LANCETS | 2 | QL |
| ZEVRX TWIST TOP LANCETS 30G | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA | | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 2 | PA; QL |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | PA; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| OMNIPOD GO KIT | 3 | PA |
| V-GO 20 KIT 20 UNIT/24HR | 3 | PA |
| V-GO 30 KIT 30 UNIT/24HR | 3 | PA |
| V-GO 40 KIT 40 UNIT/24HR | 3 | PA |
| SUMINISTROS PARA LA INCONTINENCIA | | |
| DEPEND FRESH PROTECTION MENS | 2 | |
| SUMINISTROS PARA TERAPIAS COMBINADAS CON FRÍO Y CON CALOR | | |
| eq hot or cold large compress pad | 2 | |
| VENDAS ELÁSTICAS Y APOYOS | | |
| EXTREMIT-EASE COMPRESSION GRMT | 2 | |
| DIURÉTICOS | | |
| COMBINACIONES DE DIURÉTICOS | | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| spironolactone-hctz oral tablet | 1 or 1b* | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| DIURÉTICOS AHORRADORES DE POTASIO | | |
| ALDACTONE ORAL TABLET | 3 | |
| amiloride hcl oral tablet | 1 or 1b* | |
| CAROSPIR ORAL SUSPENSION | 3 | |
| DYRENIUM ORAL CAPSULE | 3 | |
| spironolactone oral suspension | 1 or 1b* | |
| spironolactone oral tablet | 1 or 1a* | |
| triamterene oral capsule | 1 or 1b* | |
| DIURÉTICOS DEL ASA | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| BUMEX ORAL TABLET 0.5 MG | 3 | |
| EDECRIN ORAL TABLET | 3 | |
| ethacrynate sodium intravenous solution reconstituted | 1 or 1b* | |
| ethacrynic acid oral tablet | 1 or 1b* | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT | 3 | PA; QL; SP |
| 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* | |
| LASIX ORAL TABLET | 3 | |
| SOANZ ORAL TABLET | 3 | ST |
| torseamide oral tablet | 1 or 1b* | |
| DIURÉTICOS OSMÓTICOS | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 20 % | 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 01012025

| 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* | |
| DIURIL ORAL SUSPENSION | 3 | |
| hydrochlorothiazide oral capsule | 1 or 1a* | |
| hydrochlorothiazide oral tablet | 1 or 1a* | |
| indapamide oral tablet | 1 or 1b* | |
| metolazone oral tablet | 1 or 1b* | |
| THALITONE ORAL TABLET | 3 | |
| INHIBIDORES DE LA ANHIDRASA CARBÓNICA | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| dichlorphenamide oral tablet | 3 | PA; QL; SP |
| KEVEYIS ORAL TABLET | 3 | PA; QL; SP |
| methazolamide oral tablet | 1 or 1b* | |
| ORMALVI ORAL TABLET | 3 | PA; QL; SP |
| ESTRÓGENOS | | |
| *ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** | | |
| MYFEMBREE ORAL TABLET | 3 | PA; QL |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ESTRÓGENO - COMBINACIÓN DE MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS | | |
| DUAVEE ORAL TABLET | 3 | PA; QL |
| ESTRÓGENO Y PROGESTINA | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | |
| ANGELIQ ORAL TABLET | 3 | |
| BIJUVA ORAL CAPSULE | 2 | QL |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | QL |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | QL |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |
| ESTRÓGENOS | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 3 | QL |
| CLIMARA TRANSDERMAL PATCH WEEKLY | 3 | QL |
| DELESTROGEN INTRAMUSCULAR OIL | 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| DIVIGEL TRANSDERMAL GEL | 3 | QL |
| dotti transdermal patch twice weekly | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ELESTRIN TRANSDERMAL GEL | 3 | QL |
| ESTRACE ORAL TABLET | 3 | |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal gel | 1 or 1b* | QL |
| estradiol transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol transdermal patch weekly | 1 or 1b* | QL |
| estradiol valerate intramuscular oil | 1 or 1b* | |
| ESTROGEL TRANSDERMAL GEL | 3 | QL |
| EVAMIST TRANSDERMAL SOLUTION | 2 | QL |
| lyllana transdermal patch twice weekly | 1 or 1b* | QL |
| MENEST ORAL TABLET | 2 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 3 | QL |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY | 3 | QL |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |
| PREMARIN ORAL TABLET | 2 | QL |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY | 3 | QL |
| EXTRACTOS ALERGÉNICOS/PRODUCTOS BIOLÓGICOS MISCELÁNEOS | | |
| EXTRACTOS ALERGÉNICOS MIXTOS | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| EXTRACTOS ALERGÉNICOS | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|------------|
| PALFORZIA (12 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (120 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (160 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (20 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (200 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (240 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (3 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | 3 | PA; QL; SP |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | 3 | PA; QL; SP |
| PALFORZIA (40 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (6 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA (80 MG DAILY DOSE) ORAL | 3 | PA; QL; SP |
| PALFORZIA INITIAL ESCALATION ORAL | 3 | PA; QL; SP |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| FLUOROQUINOLONAS | | |
| FLUOROQUINOLONAS | | |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BAXDELA ORAL TABLET | 3 | PA |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | |
| ciprofloxacin in d5w intravenous 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| levofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin intravenous solution | 1 or 1b* | QL |
| levofloxacin oral solution | 1 or 1b* | |
| levofloxacin oral tablet | 1 or 1b* | |
| moxifloxacin hcl in nacl intravenous solution | 1 or 1b* | |
| MOXIFLOXACIN HCL INTRAVENOUS SOLUTION | 3 | |
| moxifloxacin hcl oral tablet | 1 or 1b* | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 or 1b* | |
| HIPNÓTICOS | | |
| AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO | | |
| HETLIOZ LQ ORAL SUSPENSION | 3 | PA; QL; SP |
| HETLIOZ ORAL CAPSULE | 3 | PA; QL; SP |
| ramelteon oral tablet | 1 or 1b* | QL |
| ROZEREM ORAL TABLET | 3 | ST; QL |
| tasimelteon oral capsule | 3 | PA; QL; SP |
| ANTAGONISTAS DEL RECEPTOR DE LA OREXINA | | |
| BELSOMRA ORAL TABLET | 3 | ST; QL |
| DAYVIGO ORAL TABLET | 3 | ST; QL |
| QUVIVIQ ORAL TABLET | 3 | ST; QL |
| COMBINACIONES DE HIPNÓTICOS ANTIHISTAMÍNICOS | | |
| ft ibuprofen pm oral tablet | 1 or 1b* | |
| HIPNÓTICOS - AGENTES TRICÍCLICOS | | |
| doxepin hcl oral tablet | 1 or 1b* | ST; QL |
| SILENOR ORAL TABLET | 3 | ST; QL |
| HIPNÓTICOS ANTIHISTAMÍNICOS | | |
| eq sleep-aid oral tablet | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| 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* | |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| HIPNÓTICOS DE LA BENZODIAZEPINA | | |
| BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| DORAL ORAL TABLET | 3 | ST; QL |
| estazolam oral tablet | 1 or 1b* | QL |
| flurazepam hcl oral capsule | 1 or 1b* | QL |
| HALCION ORAL TABLET | 3 | ST; 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 |
| MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-% | 3 | |
| midazolam-sodium chloride (pf) intravenous solution | 3 | |
| quazepam oral tablet | 1 or 1b* | QL |
| RESTORIL ORAL CAPSULE | 3 | ST; QL |
| temazepam oral capsule | 1 or 1b* | QL |
| triazolam 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.

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA | | |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE | 3 | ST; QL |
| AMBIEN ORAL TABLET | 3 | ST; QL |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL | 3 | ST; QL |
| eszopiclone oral tablet 1 mg, 2 mg | 1 or 1b* | QL |
| eszopiclone oral tablet 3 mg | 1 or 1b* | AL; QL |
| LUNESTA ORAL TABLET 1 MG, 2 MG | 3 | ST; QL |
| LUNESTA ORAL TABLET 3 MG | 3 | ST; AL; QL |
| zaleplon oral capsule | 1 or 1b* | QL |
| zolpidem tartrate er oral tablet extended release | 1 or 1b* | QL |
| zolpidem tartrate oral capsule | 3 | ST; QL |
| zolpidem tartrate oral tablet | 1 or 1b* | QL |
| zolpidem tartrate sublingual tablet sublingual | 1 or 1b* | ST; QL |
| SEDATIVOS AGONISTAS DEL RECEPTOR ADRENÉRGICO ALFA 2 SELECTIVO | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML | 3 | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| IGALMI SUBLINGUAL FILM | 3 | PA; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|---------|
| PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML | 3 | |
| LAXANTES | | |
| COMBINACIONES DE LAXANTES | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML | 3 | QL |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| gavilyte-g oral solution reconstituted | 1 or 1a* | \$0; QL |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | 1 or 1a* | \$0; QL |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | QL |
| MOVIPREP ORAL SOLUTION RECONSTITUTED | 3 | 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 |
| PEG-PREP ORAL KIT | 3 | QL |
| PLENVU ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUFLAVE ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 3 | QL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| SUTAB ORAL TABLET | 2 | QL |
| LAXANTES A GRANEL | | |
| cvs natural daily fiber oral powder 51.7 % | 1 or 1b* | |
| LAXANTES ESTIMULANTES | | |
| alophen oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl ec oral tablet delayed release | 1 or 1a* | \$0 |
| bisacodyl oral tablet delayed release | 1 or 1a* | \$0 |
| cvs c-lax laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| cvs gentle laxative womens oral tablet delayed release | 1 or 1a* | \$0 |
| eq chocolate laxative oral tablet chewable | 1 or 1b* | |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| qc laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra laxative oral tablet delayed release | 1 or 1a* | \$0 |
| ra womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| sb bisacodyl laxative ec oral tablet delayed release | 1 or 1a* | \$0 |
| sb gentle lax-women oral tablet delayed release | 1 or 1a* | \$0 |
| sm gentle laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womans laxative oral tablet delayed release | 1 or 1a* | \$0 |
| womens laxative oral tablet delayed release | 1 or 1a* | \$0 |
| LAXANTES LUBRICANTES | | |
| mineral oil heavy oral oil | 1 or 1b* | |
| 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 |
| 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 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| goodsense milk of magnesia oral suspension | 1 or 1b* | \$0 |
| hm milk of magnesia oral suspension | 1 or 1b* | \$0 |
| magnesium citrate oral solution 1.745 gm/30ml | 1 or 1a* | \$0 |
| milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | 1 or 1a* | \$0 |
| phillips milk of magnesia oral suspension 400 mg/5ml | 1 or 1b* | \$0 |
| qc magnesium citrate oral solution | 1 or 1a* | \$0 |
| qc milk of magnesia oral suspension | 1 or 1b* | \$0 |
| ra magnesium citrate oral solution | 1 or 1a* | \$0 |
| ra milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sb magnesium citrate oral solution | 1 or 1a* | \$0 |
| sb milk of magnesia oral suspension | 1 or 1b* | \$0 |
| sm milk of magnesia oral suspension 1200 mg/15ml | 1 or 1b* | \$0 |
| LAXANTES SURFACTANTES | | |
| cvs mini enema rectal enema | 1 or 1b* | |
| eq stool softener extra str oral capsule | 1 or 1b* | |
| eq stool softener oral capsule 250 mg | 1 or 1b* | |
| mm stool softener oral capsule | 1 or 1b* | |
| 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| 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 |
| KRISTALOSE ORAL PACKET | 3 | ST; QL |
| LACTULOSE ORAL PACKET | 3 | ST; QL |
| lactulose oral solution | 1 or 1b* | QL |
| mm clearlax oral powder | 1 or 1b* | \$0 |
| peg 3350 oral packet | 1 or 1b* | \$0 |
| peg 3350 oral powder | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral packet 17 gm | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| qc glycerin rectal suppository | 1 or 1b* | |
| qc natura-lax oral powder | 1 or 1b* | \$0 |
| ra laxative oral powder | 1 or 1b* | \$0 |
| sb polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| sm clearlax oral powder | 1 or 1b* | \$0 |
| smooth lax oral packet | 1 or 1b* | \$0 |
| smooth lax oral powder | 1 or 1b* | \$0 |
| true laxative oral powder | 1 or 1b* | \$0 |
| MEZCLAS DE LAXANTES SALINOS | | |
| FLEET SALINE ENEMA RECTAL ENEMA | 2 | |
| MACRÓLIDOS | | |
| AZITROMICINA | | |
| azithromycin intravenous solution reconstituted 500 mg | 1 or 1b* | |
| 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* | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK ORAL TABLET | 3 | |
| ZITHROMAX Z-PAK ORAL TABLET | 3 | |
| 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* | |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED | 3 | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED | 3 | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED | 3 | |
| ery-tab oral tablet delayed release | 1 or 1b* | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| erythromycin ethylsuccinate oral tablet | 1 or 1b* | |
| erythromycin lactobionate intravenous solution reconstituted | 1 or 1b* | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| FIDAXOMICINA | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| DIFICID ORAL TABLET | 3 | QL |
| MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA | | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS - ANALGÉSICOS NO NARCÓTICOS | | |
| ALKA-SELTZER NIGHT COLD & FLU ORAL CAPSULE | 1 or 1b* | |
| ALKA-SELTZER SINUS ALRGY COUGH ORAL CAPSULE | 1 or 1b* | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |
| rycontuss oral liquid | 2 | |
| ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS | | |
| CAPCOF ORAL SYRUP | 3 | AL |
| MAXI-TUSS CD ORAL LIQUID | 2 | AL |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | AL |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML | 3 | PA |
| RYDEX ORAL LIQUID | 2 | AL |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS | | |
| NINJACOF ORAL LIQUID | 2 | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | 1 or 1b* | AL; QL |
| promethazine-codeine oral solution | 1 or 1a* | AL; QL |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | AL |
| ANTITUSIVOS - EXPECTORANTES - DESCONGESTIVOS - ANALGÉSICOS | | |
| cvs pe head cong + flu sev oral tablet | 1 or 1b* | |
| ANTITUSIVOS - EXPECTORANTES - DESCONGESTIVOS | | |
| CODITUSSIN DAC ORAL LIQUID | 3 | AL |
| TUSNEL C ORAL SYRUP | 2 | PA |
| ANTITUSIVOS - EXPECTORANTES | | |
| CODITUSSIN AC ORAL LIQUID | 3 | AL |
| eq mucus relief dm max str oral tablet extended release 12 hour | 1 or 1b* | |
| g tussin ac oral solution | 1 or 1a* | AL |
| guaiaatussin ac oral syrup | 1 or 1a* | AL; QL |
| guaifenesin-codeine oral solution 100-10 mg/5ml | 1 or 1a* | AL |
| guaifenesin-codeine oral solution 200-20 mg/10ml | 1 or 1a* | AL; QL |
| MAR-COF CG EXPECTORANT ORAL LIQUID | 2 | AL |
| maxi-tuss ac oral solution | 1 or 1a* | AL |
| NINJACOF-XG ORAL LIQUID | 3 | AL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| tussin dm cough & chest oral liquid | 1 or 1b* | |
| virtussin a/c oral solution | 1 or 1a* | AL; QL |
| ANTITUSIVOS - NO NARCÓTICOS | | |
| benzonatate oral capsule | 1 or 1b* | |
| ANTITUSIVOS - OPIOIDES | | |
| HYCODAN ORAL SOLUTION | 3 | AL |
| HYCODAN ORAL TABLET | 3 | PA |
| 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 - ANALGÉSICO | | |
| eq sinus & cold-d oral tablet extended release 12 hour | 1 or 1b* | |
| DESCONGESTIVO CON EXPECTORANTE | | |
| eq mucus relief d oral tablet extended release 12 hour | 1 or 1b* | |
| eq mucus-d oral tablet extended release 12 hour | 1 or 1b* | |
| DESCONGESTIVO Y ANTIHISTAMÍNICO | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL |
| CONEX COLD/ALLERGY PEDIATRIC ORAL SOLUTION | 2 | |
| eq allergy relief d 12 hour oral tablet extended release 12 hour | 1 or 1b* | |
| EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR | 1 or 1b* | |
| promethazine vc oral syrup | 1 or 1b* | QL |
| promethazine-phenylephrine oral syrup | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| INHALANTES RESPIRATORIOS VARIOS | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % | 3 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 1 or 1b* | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | 1 or 1b* | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 or 1b* | |
| MUCOLÍTICOS | | |
| acetylcysteine inhalation solution | 1 or 1b* | |
| MEDICAMENTOS PARA ÚLCERAS | | |
| *PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)*** | | |
| VOQUEZNA ORAL TABLET | 3 | PA; QL |
| *ULCER ANTI-INFECTIVE-PCAB COMBINATIONS*** | | |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK | 3 | PA; QL |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK | 3 | PA; QL |
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO | | |
| bis subcit-metronid-tetracyc oral capsule | 1 or 1b* | ST; QL |
| bismuth/metronidaz/tetracycl in oral capsule | 1 or 1b* | ST; QL |
| HELIDAC THERAPY ORAL | 3 | ST; QL |
| PYLERA ORAL CAPSULE | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON INHIBIDORES DE LA BOMBA DE PROTONES | | |
| amoxicill-clarithro-lansopraz oral therapy pack | 1 or 1b* | ST; QL |
| OMECLAMOX-PAK ORAL | 3 | ST; QL |
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| ALCALOIDES DE LA BELLADONA | | |
| ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML | 3 | |
| ATROPINE SULFATE INTRAVENOUS SOLUTION | 3 | |
| 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 |
| eq famotidine oral tablet | 1 or 1b* | |
| famotidine (pf) intravenous solution | 1 or 1b* | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |
| famotidine oral suspension reconstituted | 1 or 1b* | QL |
| famotidine oral tablet 40 mg | 1 or 1b* | QL |
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | QL |
| PEPCID ORAL TABLET | 3 | QL |
| ANTICOLINÉRGICOS NASALES CUATERNARIOS | | |
| CUVPOSA ORAL SOLUTION | 3 | |
| GLYCATE ORAL TABLET | 3 | PA |
| glycopyrrolate 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| glycopyrrolate oral solution | 1 or 1b* | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | PA |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML | 1 or 1b* | |
| glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml | 3 | |
| GLYRX-PF INJECTION SOLUTION | 3 | |
| GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| methscopolamine bromide oral tablet | 1 or 1b* | |
| ROBINUL ORAL TABLET | 3 | |
| ROBINUL-FORTE ORAL TABLET | 3 | |
| ANTIESPASMÓDICOS | | |
| BENTYL INTRAMUSCULAR SOLUTION | 3 | |
| dicyclomine hcl intramuscular solution | 1 or 1b* | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution | 1 or 1a* | |
| dicyclomine hcl oral tablet | 1 or 1a* | |
| ANTIULCEROSOS VARIOS | | |
| CARAFATE ORAL SUSPENSION | 3 | |
| CARAFATE ORAL TABLET | 3 | |
| sucrafate oral suspension | 1 or 1b* | |
| sucrafate oral tablet | 1 or 1b* | |
| COMBINACIONES DE ANTIÁCIDOS-ANTAGONISTAS H2 | | |
| goodsense dual action complete oral tablet chewable | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| COMBINACIONES DE ANTICOLINÉRGICOS | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| LIBRAX ORAL CAPSULE | 3 | |
| COMBINACIONES DE INHIBIDOR DE LA BOMBA DE PROTONES Y ANTIÁCIDOS | | |
| KONVOMEK ORAL SUSPENSION RECONSTITUTED | 3 | ST; QL |
| omeprazole-sodium bicarbonate oral capsule 40-1100 mg | 3 | ST; QL |
| omeprazole-sodium bicarbonate oral packet | 3 | ST; QL |
| ZEGERID ORAL CAPSULE | 3 | ST; QL |
| ZEGERID ORAL PACKET | 3 | ST; QL |
| INHIBIDORES DE LA BOMBA DE PROTONES | | |
| ACIPHEX ORAL TABLET DELAYED RELEASE | 3 | ST |
| DEXILANT ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| dexlansoprazole oral capsule delayed release | 3 | ST |
| esomeprazole magnesium oral capsule delayed release | 1 or 1b* | |
| esomeprazole magnesium oral packet | 1 or 1b* | |
| esomeprazole sodium intravenous solution reconstituted 40 mg | 1 or 1b* | |
| ft acid reducer oral capsule delayed release 20 mg | 1 or 1b* | |
| lansoprazole oral capsule delayed release 30 mg | 1 or 1b* | |
| lansoprazole oral tablet delayed release dispersible | 3 | ST; QL |
| NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| NEXIUM ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| NEXIUM ORAL PACKET | 3 | ST |
| omeprazole oral capsule delayed release | 1 or 1b* | |
| pantoprazole sodium intravenous solution reconstituted | 1 or 1b* | |
| pantoprazole sodium oral packet | 3 | ST |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | |
| pantoprazole sodium-nacl intravenous solution | 3 | |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | 3 | ST |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE | 3 | ST; QL |
| PRILOSEC ORAL PACKET | 3 | ST |
| PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| PROTONIX ORAL PACKET | 3 | ST |
| PROTONIX ORAL TABLET DELAYED RELEASE | 3 | ST |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | 3 | ST |
| rabeprazole sodium oral tablet delayed release | 3 | ST |
| MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS | | |
| CYTOTEC ORAL TABLET | 3 | |
| misoprostol oral tablet | 1 or 1a* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| MEDICINAS ALTERNATIVAS | | |
| MEDICINAS ALTERNATIVAS | | |
| aloe vera leaf juice oral liquid | 1 or 1b* | |
| boswellia oral tablet | 2 | |
| CALMAID ORAL CAPSULE | 1 or 1b* | |
| cinnamon chromium & biotin oral tablet | 2 | |
| ft melatonin extra strength oral tablet dispersible | 1 or 1b* | |
| glucosamine hyal acid & msm oral capsule | 2 | |
| glucosamine-chondroitin-msm oral tablet 500-400-83 mg | 2 | |
| gnp cranberry plus prob w/vitc oral tablet | 2 | |
| goldenseal root oral capsule 333 mg | 2 | |
| grape seed oral capsule 100 mg | 2 | |
| guarana energy support oral capsule | 2 | |
| maca root oral capsule | 2 | |
| MAX SLEEP JUNIOR ORAL LIQUID | 1 or 1b* | |
| melatonin quick dissolve oral tablet dispersible | 1 or 1b* | |
| peppermint oil oral capsule | 2 | |
| saw palmetto berries oral capsule 585 mg | 2 | |
| soy isoflavones menopause rlf oral capsule | 2 | |
| vitex fruit oral capsule | 2 | |
| MINERALES Y ELECTROLITOS | | |
| BICARBONATOS | | |
| SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | 3 | |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 % | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| THAM INTRAVENOUS SOLUTION | 3 | |
| CALCIO | | |
| CALCIUM GLUCONATE INTRAVENOUS SOLUTION | 3 | |
| COMBINACIONES DE CALCIO | | |
| calcium 600-vitamin d3 oral tablet | 1 or 1b* | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-% | 3 | |
| CITRACAL +D3 ORAL TABLET CHEWABLE 250-112.5-12.5 MG-MG-MCG | 2 | |
| COMBINACIONES DE FLUORURO | | |
| FLORIVA ORAL LIQUID | 3 | |
| COMBINACIONES DE OLIGOELEMENTOS | | |
| MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| MULTRYS INTRAVENOUS SOLUTION | 3 | |
| THE LIQUILIFT TRACE INTRAVENOUS KIT | 3 | |
| TRALEMENT INTRAVENOUS SOLUTION | 3 | |
| ELECTROLITOS ORALES | | |
| hydrating electrolyte oral packet | 2 | |
| PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION | 2 | |
| ELECTROLITOS PARENTERALES | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-% | 1 or 1b* | |
| kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-% | 1 or 1b* | |
| KCL (0.298%) IN NACL INTRAVENOUS SOLUTION | 1 or 1b* | |
| lactated ringers intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 5.5 intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 7.4 intravenous solution | 1 or 1b* | |
| NORMOSOL-R INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |
| POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-% | 3 | |
| potassium chloride in nacl intravenous solution 20-0.9 meq/l-% | 3 | |
| ringers intravenous solution | 1 or 1b* | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 3 | |
| ELECTROLITOS Y DEXTROSA | | |
| DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION | 3 | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 % | 3 | |
| dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| dextrose-sodium chloride intravenous solution 2.5-0.45 % | 3 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | |
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |
| KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-% | 3 | |
| KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | 3 | |
| potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 or 1b* | |
| FLUORURO | | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | 1 or 1a* | \$0 |
| sodium fluoride oral tablet | 1 or 1a* | \$0 |
| sodium fluoride oral tablet chewable | 1 or 1a* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| FOSFATO | | |
| GLYCOPHOS INTRAVENOUS SOLUTION | 3 | |
| K-PHOS ORAL TABLET | 2 | |
| K-PHOS-NEUTRAL ORAL TABLET | 3 | |
| phospha 250 neutral oral tablet | 1 or 1b* | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin 250 neutral oral tablet | 1 or 1b* | |
| phospho-trin k500 oral tablet | 1 or 1b* | |
| POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML | 3 | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |
| potassium phosphates(66 meq k) intravenous solution | 3 | |
| POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION | 3 | |
| sodium phosphates intravenous solution | 1 or 1b* | |
| wes-phos 250 neutral oral tablet | 1 or 1b* | |
| MAGNESIO | | |
| ft magnesium oxide oral tablet | 1 or 1b* | |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-% | 3 | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 1 or 1b* | |
| MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MANGANESO | | |
| manganese chloride intravenous solution | 1 or 1b* | |
| OLIGOELEMENTOS | | |
| chromic chloride intravenous solution | 1 or 1b* | |
| cupric chloride intravenous solution | 3 | |
| SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML | 3 | |
| SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML | 1 or 1b* | |
| POTASIO | | |
| klor-con 10 oral tablet extended release | 1 or 1b* | |
| klor-con m10 oral tablet extended release | 1 or 1a* | |
| klor-con m15 oral tablet extended release | 1 or 1a* | |
| klor-con m20 oral tablet extended release | 1 or 1a* | |
| klor-con oral packet 20 meq | 1 or 1b* | |
| klor-con oral tablet extended release | 1 or 1b* | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | |
| POKONZA ORAL PACKET | 3 | ST |
| POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | 3 | |
| 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* | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML | 3 | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |
| SODIO | | |
| aquastat intravenous solution | 1 or 1b* | |
| AQUASTAT SFR INTRAVENOUS SOLUTION | 1 or 1b* | |
| bd posiflush intravenous solution | 1 or 1b* | |
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION | 1 or 1b* | |
| monoject flush syringe intravenous solution | 1 or 1b* | |
| monoject sodium chloride flush intravenous solution | 1 or 1b* | |
| normal saline flush intravenous solution | 1 or 1b* | |
| sodium chloride (pf) injection solution | 1 or 1b* | |
| sodium chloride flush intravenous solution | 1 or 1b* | |
| sodium chloride injection solution 2.5 meq/ml | 1 or 1b* | |
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 % | 1 or 1b* | |
| ZINC | | |
| GALZIN ORAL CAPSULE | 3 | |
| zinc chloride intravenous solution | 3 | |
| zinc sulfate intravenous solution | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MULTIVITAMINAS | | |
| *BIOTIN W/ VITAMIN C*** | | |
| hair skin nails gummies oral tablet chewable | 2 | |
| MEZCLAS DE VITAMINAS | | |
| COD LIVER OIL ORAL OIL | 2 | |
| d3 + k2 oral capsule | 2 | |
| MULTIVITAMINAS | | |
| anti-oxidant oral tablet | 1 or 1b* | \$0 |
| daily multiple vitamins oral tablet | 1 or 1b* | \$0 |
| daily value multivitamin oral tablet | 1 or 1b* | \$0 |
| daily vitamins oral tablet | 1 or 1b* | \$0 |
| daily vite oral tablet | 1 or 1b* | \$0 |
| daily vites oral tablet | 1 or 1b* | \$0 |
| daily-vite multivitamin oral tablet | 1 or 1b* | \$0 |
| daily-vite oral tablet | 1 or 1b* | \$0 |
| ESTROFACTORS ORAL TABLET | 2 | \$0 |
| gnp essential one daily oral tablet | 1 or 1b* | \$0 |
| healthy hair/skin/nails oral tablet | 1 or 1b* | \$0 |
| HIGH POTENCY MULTIVITAMIN ORAL TABLET | 2 | \$0 |
| INFUVITE ADULT INTRAVENOUS INJECTABLE | 3 | |
| multi vitamin oral tablet | 2 | \$0 |
| MULTI VITAMIN W/D-3 ORAL TABLET | 2 | \$0 |
| multiple vitamin-folic acid oral tablet | 1 or 1b* | \$0 |
| multiple vitamins essential oral tablet | 1 or 1b* | \$0 |
| multiple vitamins oral tablet | 1 or 1b* | \$0 |
| multivitamin adult oral tablet | 2 | \$0 |
| multivitamin iron-free oral tablet | 1 or 1b* | \$0 |
| MULTIVITAMIN ORAL TABLET | 2 | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| multi-vitamin oral tablet | 1 or 1b* | \$0 |
| NEOMULTIVITE ORAL TABLET | 2 | \$0 |
| novite oral capsule | 1 or 1b* | |
| OMNICAP ORAL TABLET | 2 | \$0 |
| once daily oral tablet | 1 or 1b* | \$0 |
| one daily essential oral tablet | 2 | \$0 |
| one daily essentials oral tablet | 2 | \$0 |
| one daily multivitamin adult oral tablet | 1 or 1b* | \$0 |
| one daily oral tablet | 1 or 1b* | \$0 |
| ONE VITE DAILY MULTIVITAMIN ORAL TABLET | 2 | \$0 |
| ONE-A-DAY ESSENTIAL ORAL TABLET | 2 | \$0 |
| ONE-A-DAY MENS ORAL TABLET | 2 | \$0 |
| one-daily multi vitamins oral tablet | 1 or 1b* | \$0 |
| one-daily multi-vitamin oral tablet | 1 or 1b* | \$0 |
| qc essentials oral tablet | 1 or 1b* | \$0 |
| QUINTABS ORAL TABLET | 2 | \$0 |
| sm multiple vitamins essential oral tablet | 1 or 1b* | \$0 |
| stress formula oral tablet | 1 or 1b* | \$0 |
| stresstabs energy oral tablet | 1 or 1b* | \$0 |
| tab-a-vite oral tablet | 1 or 1b* | \$0 |
| tab-a-vite/beta carotene oral tablet | 1 or 1b* | \$0 |
| THERA ORAL TABLET | 2 | \$0 |
| thera-tabs oral tablet | 1 or 1b* | \$0 |
| THEREMS ORAL TABLET | 2 | \$0 |
| tm-daily vite oral tablet | 2 | \$0 |
| true daily vite oral tablet | 1 or 1b* | \$0 |
| true multivitamin oral tablet | 2 | \$0 |
| vit e-vit c-beta carotene oral tablet | 1 or 1b* | \$0 |
| vitalee oral tablet | 1 or 1b* | \$0 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| VITLIPID N ADULT INTRAVENOUS EMULSION | 3 | |
| PRODUCTOS DE VITAMINAS ESPECIALIZADAS | | |
| COMPLETE BALANCE MENOPAUSE RLF ORAL | 2 | |
| VITAMINAS CON LIPOTRÓPICOS | | |
| ACTIFLOVIT EAR HEALTH ORAL TABLET | 2 | \$0 |
| b complex (lipotropics) oral tablet | 1 or 1b* | \$0 |
| b complex formula 1 (lipotrop) oral tablet | 1 or 1b* | \$0 |
| balance b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-50 complex oral tablet | 1 or 1b* | \$0 |
| COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE | | |
| cvs balanced b50 oral tablet | 1 or 1b* | \$0 |
| cvs inner ear plus oral tablet | 1 or 1b* | \$0 |
| ear health formula oral tablet | 1 or 1b* | \$0 |
| ear health plus oral tablet | 1 or 1b* | \$0 |
| lipo flavonoid plus oral tablet | 1 or 1b* | \$0 |
| lipoflavovit oral tablet | 1 or 1b* | \$0 |
| LIPOTRIAD ORAL TABLET | | |
| mega multiple/chelated mineral oral tablet | 1 or 1b* | \$0 |
| nat-rul b-50 oral tablet | 1 or 1b* | \$0 |
| risanoid plus oral tablet | 1 or 1b* | \$0 |
| ultra b-100 complex oral tablet | 1 or 1b* | \$0 |
| VITAMINAS DEL COMPLEJO B | | |
| allbee/c oral tablet | 1 or 1b* | \$0 |
| b complex 100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b complex formula 1 (w/ fa) oral tablet | 1 or 1b* | \$0 |
| b complex-b12 oral tablet | 1 or 1b* | \$0 |
| b complex-c oral tablet | 1 or 1b* | \$0 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| B COMPLEX-C-BIOTIN-E-FA ORAL TABLET | 2 | \$0 |
| b complex-c-folic acid oral tablet | 1 or 1b* | \$0 |
| b-100 b-complex oral tablet | 1 or 1b* | \$0 |
| b-100 complex cr oral tablet extended release | 1 or 1b* | \$0 |
| b-100 tr oral tablet extended release | 1 or 1b* | \$0 |
| b-50 complex oral tablet | 1 or 1b* | \$0 |
| balance b-50 oral tablet | 1 or 1b* | \$0 |
| balanced b complex oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet | 1 or 1b* | \$0 |
| balanced b-100 oral tablet extended release | 1 or 1b* | \$0 |
| balanced b-50/fa oral tablet | 1 or 1b* | \$0 |
| b-compleet-100 oral tablet | 1 or 1b* | \$0 |
| b-compleet-50 oral tablet | 1 or 1b* | \$0 |
| b-complex (folic acid) oral tablet | 1 or 1b* | \$0 |
| b-complex balanced oral tablet | 1 or 1b* | \$0 |
| b-complex energy support oral tablet dispersible | 2 | |
| 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 |

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

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| SM B-COMPLEX/VITAMIN C ORAL TABLET | 2 | \$0 |
| sm super b complex/c oral tablet | 1 or 1b* | \$0 |
| sm vitamin b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| stress formula (folic acid) oral tablet | 1 or 1b* | \$0 |
| super b complex/fa/vit c oral tablet | 1 or 1b* | \$0 |
| super b complex/vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex + vitamin c oral tablet | 1 or 1b* | \$0 |
| super b-complex oral tablet | 1 or 1b* | \$0 |
| super b-complex/vit c/fa oral tablet | 1 or 1b* | \$0 |
| super dec b-100 oral tablet | 1 or 1b* | \$0 |
| super quints b-50 oral tablet | 1 or 1b* | \$0 |
| vitamin b complex oral tablet | 1 or 1b* | \$0 |
| vitamin b complex w/b-12 oral tablet | 1 or 1b* | \$0 |
| vitamin-b complex oral tablet | 1 or 1b* | \$0 |
| yl balanced b-100 oral tablet | 1 or 1b* | \$0 |
| VITAMINAS MÚLTIPLES CON HIERRO | | |
| daily vite multivitamin/iron oral tablet | 1 or 1b* | \$0 |
| multiple vitamins/iron oral tablet | 1 or 1b* | \$0 |
| multivitamin plus iron adult oral tablet | 1 or 1b* | \$0 |
| multi-vitamin/iron oral tablet | 1 or 1b* | \$0 |
| nat-rul daily-vite+iron oral tablet | 1 or 1b* | \$0 |
| one daily multivitamin/iron oral tablet | 1 or 1b* | \$0 |
| one-daily multi-vitamin/iron oral tablet | 1 or 1b* | \$0 |
| one-daily/iron oral tablet | 1 or 1b* | \$0 |
| qc daily multivitamins/iron oral tablet | 1 or 1b* | \$0 |
| sm multiple vitamins/iron oral tablet | 1 or 1b* | \$0 |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| stress b complex/iron oral tablet | 1 or 1b* | \$0 |
| stress formula/iron oral tablet | 1 or 1b* | \$0 |
| tab-a-vite/iron oral tablet | 1 or 1b* | \$0 |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET | 2 | \$0 |
| VITAMINAS MÚLTIPLES CON MINERALES Y CALCIO-ÁCIDO FÓLICO | | |
| FOLGARD OS ORAL TABLET | 3 | |
| VITAMINAS MÚLTIPLES CON MINERALES Y FLUORURO-HIERRO-ÁCIDO FÓLICO | | |
| QUFLORA FE ORAL TABLET CHEWABLE | 3 | |
| VITAMINAS MÚLTIPLES CON MINERALES | | |
| ALIVE CALCIUM BONE SUPPORT ORAL TABLET | 2 | |
| alive daily energy oral tablet | 2 | |
| ALIVE HAIR, SKIN & NAILS ORAL CAPSULE | 2 | |
| CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET | 2 | |
| daily diabetes health pack oral | 2 | |
| gnp century adult oral tablet | 2 | |
| thera-vite max-m oral tablet | 2 | |
| VITAMINAS PEDIÁTRICAS | | |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE | 3 | |
| FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| FLORIVA ORAL TABLET CHEWABLE | 3 | |
| FLORIVA PLUS ORAL SOLUTION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| multivitamin w/fluoride oral tablet chewable | 1 or 1b* | \$0 |
| multivitamin/fluoride oral solution | 2 | |
| multi-vitamin/fluoride oral solution | 1 or 1b* | \$0 |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 2 | |
| multi-vitamin/fluoride/iron oral solution | 1 or 1b* | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE | 3 | |
| POLY-VI-FLOR ORAL SUSPENSION | 3 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | 3 | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE | 3 | |
| QUFLORA FE PEDIATRIC ORAL LIQUID | 3 | |
| QUFLORA PEDIATRIC ORAL SOLUTION | 3 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | 3 | |
| TRI-VI-FLORO ORAL SUSPENSION | 3 | |
| tri-vite/fluoride oral solution | 1 or 1b* | \$0 |
| VITALIPID N INFANT INTRAVENOUS EMULSION | 3 | |
| vitamins acid-fluoride oral solution | 1 or 1b* | \$0 |
| VITLIPID N INFANT INTRAVENOUS EMULSION | 3 | |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------------|
| VITAMINAS PRENATALES | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | 2 | QL |
| ATABEX OB ORAL TABLET | 2 | QL |
| AZESCO ORAL TABLET | 3 | ST; QL |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | ST; QL |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | 3 | ST; QL |
| CITRANATAL B-CALM ORAL | 2 | QL |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | ST; QL |
| CITRANATAL MEDLEY ORAL CAPSULE | 3 | ST; QL |
| CLASSIC PRENATAL ORAL TABLET | 2 | \$0; QL |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |
| CO-NATAL FA ORAL TABLET | 2 | QL |
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | QL |
| CVS PRENATAL ORAL TABLET 27-0.8 MG | 2 | ST; \$0; QL |
| elite-ob oral tablet | 1 or 1b* | QL |
| ENBRACE HR ORAL CAPSULE | 3 | ST; QL |
| ENFAMIL EXPECTA ORAL | 2 | \$0; QL |
| EQL PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| GNP PRENATAL ORAL TABLET | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------------|
| inatal gt oral tablet | 1 or 1b* | QL |
| JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE | 3 | ST; QL |
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 3 | ST; QL |
| KP PRENATAL MULTIVITAMINS ORAL TABLET | 2 | \$0; QL |
| KPN PRENATAL ORAL TABLET | 2 | \$0; QL |
| MASONATAL ORAL TABLET | 2 | \$0; QL |
| M-NATAL PLUS ORAL TABLET | 2 | QL |
| MULTI PRENATAL ORAL TABLET | 2 | ST; \$0; QL |
| natal pnv oral tablet | 3 | ST; QL |
| NATALVIT ORAL TABLET | 2 | QL |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | 3 | ST; QL |
| NEONATAL + DHA ORAL | 3 | ST; QL |
| NEONATAL 19 ORAL TABLET | 3 | ST; QL |
| NEONATAL COMPLETE ORAL TABLET | 3 | ST; QL |
| NEONATAL FE ORAL TABLET | 3 | ST; QL |
| NEONATAL PLUS ORAL TABLET | 3 | QL |
| neonatal prenatal oral tablet | 2 | \$0; QL |
| NEONATAL VITAMIN ORAL TABLET | 2 | ST; \$0; QL |
| NESTABS DHA ORAL | 3 | ST; QL |
| NESTABS ONE ORAL CAPSULE | 3 | ST; QL |
| NESTABS ORAL TABLET | 3 | ST; QL |
| NIVA-PLUS ORAL TABLET | 2 | QL |
| OB COMPLETE ONE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE ORAL TABLET | 3 | ST; QL |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------------|
| OB COMPLETE PETITE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE PREMIER ORAL TABLET | 3 | ST; QL |
| OB COMPLETE/DHA ORAL CAPSULE | 3 | ST; QL |
| ONE VITE WOMENS ORAL TABLET | 2 | ST; \$0; QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | QL |
| ONE-A-DAY WOMENS PRENATAL ORAL | 2 | \$0; QL |
| pnv prenatal plus multivit+dha oral | 2 | QL |
| PNV TABS 20-1 ORAL TABLET | 3 | ST; QL |
| pnv-dha oral capsule | 1 or 1b* | QL |
| PNV-DHA+DOCUSATE ORAL CAPSULE | 3 | ST; QL |
| PNV-OMEGA ORAL CAPSULE | 3 | ST; QL |
| pnv-select oral tablet | 1 or 1b* | ST; QL |
| PREGEN DHA ORAL CAPSULE | 3 | ST; QL |
| PREGENNA ORAL TABLET | 3 | ST; QL |
| PREMESISRX ORAL TABLET | 3 | ST; QL |
| PRENA 1 TRUE ORAL | 2 | QL |
| PRENA1 ORAL TABLET CHEWABLE | 3 | ST; QL |
| PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| PRENAISSANCE ORAL CAPSULE | 3 | ST; QL |
| PRENAISSANCE PLUS ORAL CAPSULE | 3 | 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 |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------------|
| PRENATAL COMPLETE ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL FORTE ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | 2 | \$0; QL |
| PRENATAL ONE DAILY ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL ORAL TABLET 27-0.8 MG | 2 | ST; \$0; QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL PLUS ORAL TABLET | 2 | QL |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET | 2 | \$0; QL |
| PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL/IRON ORAL TABLET | 2 | ST; \$0; QL |
| PRENATAL/IRON ORAL TABLET 28-0.8 MG | 2 | \$0; QL |
| PRENATAL-U ORAL CAPSULE | 2 | QL |
| PRENATE AM ORAL TABLET | 3 | ST; QL |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 3 | ST; QL |
| PRENATE ENHANCE ORAL CAPSULE | 3 | ST; QL |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | 3 | ST; QL |
| PRENATE ORAL TABLET CHEWABLE | 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 |
|--|-------|---------|
| PRENATE PIXIE ORAL CAPSULE | 3 | ST; QL |
| PRENATE RESTORE ORAL CAPSULE | 3 | ST; QL |
| PRENATRIX ORAL TABLET | 3 | ST; QL |
| PRENATRYL ORAL TABLET | 3 | ST; QL |
| PRENATVITE COMPLETE ORAL TABLET | 3 | ST; QL |
| PRENATVITE PLUS ORAL TABLET | 3 | ST; QL |
| PRENATVITE RX ORAL TABLET | 3 | ST; QL |
| PRIMACARE ORAL CAPSULE | 3 | ST; QL |
| PROVIDA OB ORAL CAPSULE | 2 | QL |
| QC PRENATAL ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL FORMULA ORAL TABLET | 2 | \$0; QL |
| RA PRENATAL ORAL TABLET | 2 | \$0; QL |
| RELNATE DHA ORAL CAPSULE | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| SELECT-OB+DHA ORAL | 3 | ST; QL |
| SE-NATAL 19 ORAL TABLET | 2 | QL |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 2 | QL |
| SM ONE DAILY PRENATAL ORAL | 2 | \$0; QL |
| SM PRENATAL VITAMINS ORAL TABLET | 2 | \$0; QL |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 2 | QL |
| THRIVITE RX ORAL TABLET | 2 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| TRICARE ORAL TABLET | 2 | QL |
| TRINATAL RX 1 ORAL TABLET | 2 | QL |
| trinate oral tablet | 1 or 1a* | QL |
| TRISTART DHA ORAL CAPSULE | 3 | ST; QL |
| VINATE DHA RF ORAL CAPSULE | 3 | ST; QL |
| VINATE II ORAL TABLET | 2 | QL |
| VINATE ONE ORAL TABLET | 2 | QL |
| VITAFOL FE+ ORAL CAPSULE | 3 | ST; QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 2 | QL |
| VITAFOL STRIPS ORAL FILM | 2 | ST; QL |
| VITAFOL ULTRA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL-NANO ORAL TABLET | 3 | ST; QL |
| VITAFOL-OB ORAL TABLET | 3 | ST; QL |
| VITAFOL-OB+DHA ORAL | 3 | ST; QL |
| VITAFOL-ONE ORAL CAPSULE | 3 | ST; QL |
| VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE | 3 | ST; QL |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG | 3 | ST; QL |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| VITATHELY WITH GINGER ORAL TABLET | 3 | ST; QL |
| VITATRUE ORAL | 3 | ST; QL |
| VIVA DHA ORAL CAPSULE | 3 | ST; QL |
| wesnatal dha complete oral | 2 | QL |
| WESTAB PLUS 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|----------------|
| WESTGEL DHA ORAL CAPSULE | 3 | ST; QL |
| ZALVIT ORAL TABLET | 3 | ST; QL |
| ZIPHEX ORAL TABLET | 3 | ST; QL |
| NUTRIENTES | | |
| ÁCIDOS GRASOS | | |
| TONALIN CLA ORAL CAPSULE 1200 MG | 2 | |
| AMINOÁCIDOS SIMPLES | | |
| ELCYS INTRAVENOUS SOLUTION | 3 | |
| CARBOHIDRATOS | | |
| dextrose intravenous solution 10 %, 5 %, 70 % | 1 or 1b* | |
| DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 % | 3 | |
| COMBINACIONES DE LIPOTRÓPICOS | | |
| LECITHIN ORAL GRANULES | 3 | |
| COMBINACIONES DE SUSTANCIAS NUTRICIONALES VARIAS | | |
| EXTREME OMEGA HEART HEALTH ORAL CAPSULE | 2 | |
| superior omega3 w/ vitamin d oral capsule | 2 | |
| LÍPIDOS | | |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | |
| DOJOLVI ORAL LIQUID | 3 | PA; LD; QL; SP |
| INTRALIPID INTRAVENOUS EMULSION | 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | |
| OMEGAVEN INTRAVENOUS EMULSION | 3 | |
| SMOFLIPID INTRAVENOUS EMULSION | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|-------|
| MEZCLAS DE AMINOÁCIDOS | | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 % | 3 | |
| aminosyn ii intravenous solution 15 % | 1 or 1b* | |
| AMINOSYN-PF 7% INTRAVENOUS SOLUTION | 3 | |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 3 | |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 3 | |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| clinisol sf intravenous solution | 1 or 1b* | |
| plenamine intravenous solution | 1 or 1b* | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 3 | |
| PROSOL INTRAVENOUS SOLUTION | 3 | |
| TRAVASOL INTRAVENOUS SOLUTION | 3 | |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 3 | |
| PROTEÍNA-CARBOHIDRATO-LÍPIDO CON COMBINACIONES DE ELECTROLITOS | | |
| KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % | 3 | |
| PERIKABIVEN INTRAVENOUS EMULSION | 3 | |
| SUSTANCIAS NUTRICIONALES VARIAS | | |
| asian ginseng oral capsule | 2 | |
| OVEGA-3 ORAL CAPSULE 250 MG | 2 | |
| OXITÓCICOS | | |
| ABORTIFACIENTES/MA DURACIÓN CERVICAL - PROSTAGLANDINAS | | |
| carboprost tromethamine intramuscular solution | 1 or 1b* | |
| carboprost tromethamine intramuscular solution prefilled syringe | 3 | |
| CERVIDIL VAGINAL INSERT | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| HEMABATE INTRAMUSCULAR SOLUTION | 3 | |
| PREPIDIL VAGINAL GEL | 3 | |
| 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* | |
| PITOCIN INJECTION SOLUTION | 3 | |
| 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 suspension reconstituted 400 mg/5ml | 3 | |
| 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 | 1 or 1b* | |
| ampicillin sodium intravenous solution reconstituted | 1 or 1b* | |
| COMBINACIONES DE PENICILINA | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 or 1b* | |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet chewable 400-57 mg | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 1 or 1b* | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | 1 or 1b* | |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED | 3 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | 3 | |
| piperacillin sod-tazobactam so intravenous solution reconstituted | 1 or 1b* | |
| UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM | 3 | |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | 3 | |
| ZOSYN INTRAVENOUS SOLUTION | 3 | |
| PENICILINAS NATURALES | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML | 3 | |
| penicillin g potassium injection solution reconstituted | 1 or 1b* | |
| penicillin g sodium injection solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral tablet | 1 or 1b* | |
| pfizerpen injection solution reconstituted | 1 or 1b* | |
| PENICILINAS RESISTENTES A LA PENICILINASA | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML | 3 | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| nafcillin sodium intravenous solution reconstituted 10 gm | 1 or 1b* | |
| OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML | 3 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| oxacillin sodium intravenous solution reconstituted | 1 or 1b* | |
| PRODUCTOS DE DIAGNÓSTICO | | |
| ANÁLISIS DE DIAGNÓSTICO | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | 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 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | QL |
| ADVANCE INTUITION TEST IN VITRO STRIP | 3 | ST; QL |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP | 3 | ST; QL |
| ADVOCATE REDI-CODE IN VITRO STRIP | 3 | ST; QL |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP | 3 | ST; QL |
| ADVOCATE TEST IN VITRO STRIP | 3 | ST; QL |
| AGAMATRIX AMP TEST IN VITRO STRIP | 3 | ST; QL |
| AGAMATRIX JAZZ TEST IN VITRO STRIP | 3 | ST; QL |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP | 3 | ST; QL |
| AGAMATRIX PRESTO TEST IN VITRO STRIP | 3 | ST; QL |
| ASSURE 3 TEST IN VITRO STRIP | 3 | ST; QL |
| ASSURE 4 TEST IN VITRO STRIP | 3 | ST; QL |
| ASSURE II CHECK IN VITRO STRIP | 3 | ST; QL |
| ASSURE II IN VITRO STRIP | 3 | ST; QL |
| ASSURE PLATINUM IN VITRO STRIP | 3 | ST; QL |
| ASSURE PRISM MULTI TEST IN VITRO STRIP | 3 | ST; QL |
| ASSURE PRO TEST IN VITRO STRIP | 3 | ST; QL |
| BIOTEL CARE TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| blood glucose test strips 333 in vitro strip | 3 | ST; QL |
| BLULINK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| CARESENS N GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| CARETOUCH TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHEK TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE NO CODING IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP | 3 | ST; QL |
| CONTOUR NEXT TEST IN VITRO STRIP | 3 | ST; QL |
| CONTOUR PLUS TEST IN VITRO STRIP | 3 | ST; QL |
| CONTOUR TEST IN VITRO STRIP | 3 | ST; QL |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP | 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 |
|--|-------|--------|
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| DIATRUE PLUS TEST IN VITRO STRIP | 3 | ST; QL |
| DUO-CARE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY PLUS II GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY STEP TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TALK PLUS II TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| EASY TOUCH TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TRAK II GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASYGLUCO IN VITRO STRIP | 3 | ST; QL |
| EASYMAX 15 TEST IN VITRO STRIP | 3 | ST; QL |
| EASYMAX TEST IN VITRO STRIP | 3 | ST; QL |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASYPRO PLUS IN VITRO STRIP | 3 | ST; QL |
| ELEMENT COMPACT TEST IN VITRO STRIP | 3 | ST; QL |
| ELEMENT TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| EQ BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EVOLUTION AUTOCODE IN VITRO STRIP | 3 | ST; QL |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP | 3 | ST; QL |
| FORA 6 CONNECT IN VITRO STRIP | 3 | ST; QL |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP | 3 | ST; QL |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GD20 TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| FORA TN'G ADVANCE PRO IN VITRO STRIP | 3 | ST; QL |
| FORA TN'G/TN'G VOICE IN VITRO STRIP | 3 | ST; QL |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE GD40 TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE TEST N GO TEST IN VITRO STRIP | 3 | ST; QL |
| FREESTYLE INSULINX TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE LITE TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE TEST IN VITRO STRIP | 3 | QL |
| GE100 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GENULTIMATE TEST IN VITRO STRIP | 3 | ST; QL |
| GHT TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCO PERFECT 3 TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD SHINE TEST IN VITRO STRIP | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| GLUCOCARD VITAL TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD X-SENSOR IN VITRO STRIP | 3 | ST; QL |
| GLUCOCOM TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOSE METER TEST IN VITRO STRIP | 3 | ST; QL |
| GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP | 3 | ST; QL |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP | 3 | ST; QL |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP | 3 | ST; QL |
| GOODSENSE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| IGLUCOSE TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| INFINITY VOICE IN VITRO STRIP | 3 | ST; QL |
| KROGER BLOOD GLUCOSE TEST IN VITRO STRIP | 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 |
|--|-------|--------|
| KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP | 3 | ST; QL |
| LIBERTY TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER TRUETEST TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER TRUETRACK TEST IN VITRO STRIP | 3 | ST; QL |
| MICRODOT TEST IN VITRO STRIP | 3 | ST; QL |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| MYGLUCOHEALTH TEST IN VITRO STRIP | 3 | ST; QL |
| NEUTEK 2TEK TEST IN VITRO STRIP | 3 | ST; QL |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| ONE DROP TEST IN VITRO STRIP | 3 | QL |
| ONETOUCH ULTRA IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | 2 | QL |
| OPTIUMEZ TEST IN VITRO STRIP | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|--------|
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP | 3 | ST; QL |
| PHARMACIST CHOICE NO CODING IN VITRO STRIP | 3 | ST; QL |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP | 3 | QL |
| POCKETCHEM EZ TEST IN VITRO STRIP | 3 | ST; QL |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST | 3 | QL |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP | 3 | ST; QL |
| PTS PANELS EGLU TEST IN VITRO STRIP | 3 | ST; QL |
| QUICKTEK TEST IN VITRO STRIP | 3 | ST; QL |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP | 3 | ST; QL |
| RELION PREMIER TEST IN VITRO STRIP | 3 | ST; QL |
| RELION PRIME TEST IN VITRO STRIP | 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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|---|-------|--------|
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| RELION ULTIMA TEST IN VITRO STRIP | 3 | ST; QL |
| REXALL BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| SMART SENSE PREMIUM TEST IN VITRO STRIP | 3 | ST; QL |
| SMART SENSE VALUE TEST IN VITRO STRIP | 3 | ST; QL |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| SOLUS V2 TEST IN VITRO STRIP | 3 | ST; QL |
| SUPREME TEST IN VITRO STRIP | 3 | ST; QL |
| TGT BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP | 3 | ST; QL |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| TRUETEST TEST IN VITRO STRIP | 3 | ST; QL |
| TRUETRACK TEST IN VITRO STRIP | 3 | ST; QL |
| UNISTRIP1 GENERIC IN VITRO STRIP | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|--------|
| VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| RADIOFÁRMACOS DE DIAGNÓSTICO | | |
| fludeoxyglucose f 18 intravenous solution 20-200 mci/ml | 3 | |
| sodium fluoride f 18 intravenous solution | 3 | |
| PRODUCTOS DIETARIOS/PRODUCTOS DE CONTROL DIETARIO | | |
| SUPLEMENTOS NUTRICIONALES - APOYOS DIETARIOS | | |
| acai berry diet oral capsule | 2 | |
| 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 |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | 3 | ST; QL |

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 |
|--|-------|------------|
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | ST; QL |
| SUCRAID ORAL SOLUTION | 3 | PA; QL; SP |
| VIOKACE ORAL TABLET | 3 | QL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 2 | QL |
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | PA; QL |
| QULIPTA ORAL TABLET | 2 | PA; QL |
| UBRELVY ORAL TABLET | 2 | ST; QL |
| ZAVZPRET NASAL SOLUTION | 3 | ST; QL |
| *MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** | | |
| ELYXYB ORAL SOLUTION | 3 | ST; QL |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** | | |
| REYVOW ORAL TABLET | 3 | ST; QL |
| AGONISTA SELECTIVO DE SEROTONINA - COMBINACIONES DE AINE | | |
| sumatriptan-naproxen sodium oral tablet | 3 | ST; QL |
| TREXIMET ORAL TABLET 85-500 MG | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| AGONISTAS SELECTIVOS DE SEROTONINA 5-HT(1) | | |
| almotriptan malate oral tablet | 1 or 1b* | QL |
| eletriptan hydrobromide oral tablet | 1 or 1b* | QL |
| FROVA ORAL TABLET | 3 | ST; QL |
| frovatriptan succinate oral tablet | 1 or 1b* | ST; QL |
| IMITREX ORAL TABLET | 3 | ST; QL |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| MAXALT ORAL TABLET 10 MG | 3 | ST; QL |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | 3 | ST; QL |
| naratriptan hcl oral tablet | 1 or 1b* | QL |
| ONZETRA XSAIL NASAL EXHALER POWDER | 3 | ST; QL |
| RELPAK ORAL TABLET | 3 | ST; QL |
| rizatriptan benzoate oral tablet | 1 or 1b* | QL |
| rizatriptan benzoate oral tablet dispersible | 1 or 1b* | QL |
| sumatriptan nasal solution | 1 or 1b* | QL |
| sumatriptan succinate oral tablet | 1 or 1b* | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 or 1b* | QL |
| TOSYMRA NASAL SOLUTION | 3 | ST; QL |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| zolmitriptan nasal solution 5 mg | 1 or 1b* | ST; QL |
| zolmitriptan oral tablet | 1 or 1b* | QL |
| zolmitriptan oral tablet dispersible | 1 or 1b* | QL |
| ZOMIG NASAL SOLUTION 5 MG | 3 | ST; QL |
| ZOMIG ORAL TABLET | 3 | ST; QL |
| ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP) | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| VYEPTI INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| COMBINACIONES DE ERGOTAMINA | | |
| ergotamine-caffeine oral tablet | 1 or 1b* | |
| migergot rectal suppository | 1 or 1b* | |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS - AINE | | |
| CAMBIA ORAL PACKET | 3 | ST; QL |
| diclofenac potassium(migraine) oral packet | 3 | ST; QL |
| PRODUCTOS PARA TRATAR LAS MIGRAÑAS | | |
| dihydroergotamine mesylate injection solution | 1 or 1b* | PA; QL |
| dihydroergotamine mesylate nasal solution | 3 | ST; QL |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| MIGRANAL NASAL SOLUTION | 3 | ST; QL |
| TRUDHESA NASAL AEROSOL SOLUTION | 3 | ST; QL |
| PRODUCTOS VAGINALES | | |
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | 3 | |
| ANTIINFECCIOSOS VAGINALES | | |
| CLEOCIN VAGINAL CREAM | 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |
| CLINDESSE VAGINAL CREAM | 3 | |
| metronidazole vaginal gel | 1 or 1b* | |
| NUVESSA VAGINAL GEL | 3 | |
| VANDAZOLE VAGINAL GEL | 3 | |
| XACIATO VAGINAL GEL | 3 | PA; QL |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL | | |
| eq miconazole 3-day combo vaginal kit | 1 or 1b* | |
| eq miconazole 7 vaginal cream | 1 or 1b* | |
| ft miconazole 3 comb pack-supp vaginal kit | 1 or 1b* | |
| ft miconazole 3 combo pack vaginal kit | 1 or 1b* | |
| GYNAZOLE-1 VAGINAL CREAM | 3 | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | QL |
| terconazole vaginal suppository | 1 or 1b* | QL |
| ESTRÓGENOS VAGINALES | | |
| ESTRACE VAGINAL CREAM | 3 | QL |
| estradiol vaginal cream | 1 or 1b* | QL |
| estradiol vaginal tablet | 1 or 1b* | QL |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 3 | QL |
| FEMRING VAGINAL RING | 3 | QL |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | 3 | QL |
| IMVEXXY STARTER PACK VAGINAL INSERT | 3 | QL |
| PREMARIN VAGINAL CREAM | 2 | QL |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | QL |
| yuvafem vaginal tablet | 1 or 1b* | QL |
| PRODUCTOS DE IRRIGACIÓN | | |
| SUMMERS EVE COMPLETE CLEAN VAGINAL SOLUTION | 1 or 1b* | |
| PRODUCTOS VAGINALES VARIOS | | |
| INTRAROSA VAGINAL INSERT | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| PROGESTINAS VAGINALES | | |
| CRINONE VAGINAL GEL 4 % | 3 | SP |
| CRINONE VAGINAL GEL 8 % | 3 | PA; QL; SP |
| ENDOMETRIN VAGINAL INSERT | 3 | 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 |
| PROMETRIUM ORAL CAPSULE | 3 | QL |
| PROVERA ORAL TABLET | 3 | QL |
| QUÍMICOS | | |
| SÓLIDOS | | |
| theophylline powder | 3 | |
| waxy maize starch n-200 powder | 3 | |
| SUSTANCIAS QUÍMICAS A GRANEL | | |
| amlexanox powder | 3 | |
| pregabalin powder | 3 | |
| XILOGEL POWDER | 3 | |
| SULFONAMIDAS | | |
| SULFONAMIDAS | | |
| sulfadiazine oral tablet | 1 or 1b* | |
| TDAH/ANTINARCOLEPSIA/ANTILOBÉMICOS/ANOREXÍGENOS | | |
| *ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION | 3 | 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 |
|--|----------|----------------|
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; QL |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; DO |
| *HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX ORAL TABLET 17.8 MG | 3 | PA; LD; QL; SP |
| WAKIX ORAL TABLET 4.45 MG | 3 | PA; LD; DO; SP |
| *MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | 3 | PA; BE; QL; SP |
| *STIMULANT COMBINATIONS*** | | |
| AZSTARYS ORAL CAPSULE | 3 | ST; QL |
| AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA | | |
| atomoxetine hcl oral capsule | 1 or 1b* | PA |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; DO |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | ST |
| STRATTERA ORAL CAPSULE | 3 | PA |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA |
| guanfacine hcl er oral tablet extended release 24 hour | 1 or 1b* | PA |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA |
| ANALÉPTICOS | | |
| caffeine citrate intravenous solution | 3 | |
| caffeine citrate oral solution | 1 or 1b* | |
| DOPRAM INTRAVENOUS SOLUTION | | |
| high caffeine energy support oral tablet | 1 or 1b* | |
| ANFETAMINAS | | |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 3 | ST; QL |
| amphetamine sulfate oral tablet 10 mg | 1 or 1b* | QL |
| amphetamine sulfate oral tablet 5 mg | 1 or 1b* | DO |
| DESOXYN ORAL TABLET | 3 | ST; QL |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG | 3 | ST; QL |
| 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 |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | 3 | ST; QL |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG | 3 | ST; DO |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG | 3 | ST; QL |
| EVEKEO ORAL TABLET 10 MG | 3 | PA; QL |
| EVEKEO ORAL TABLET 5 MG | 3 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg | 1 or 1b* | PA; QL |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methamphetamine hcl oral tablet | 3 | ST; QL |
| procentra oral solution | 1 or 1b* | PA; QL |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG | 3 | ST; DO |
| VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG | 3 | ST; QL |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG | 3 | ST; DO |
| VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG | 3 | ST; QL |
| XELSTRYM TRANSDERMAL PATCH | 3 | ST; 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 |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| ANOREXÍGENOS NO ANFETAMÍNICOS | | |
| ADIPEX-P ORAL TABLET | 3 | PA; BE; QL |
| 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 |
| LOMAIRA ORAL TABLET | 3 | PA; BE; QL |
| PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; BE; QL |
| phendimetrazine tartrate oral tablet | 1 or 1b* | PA; BE; QL |
| phentermine hcl oral capsule | 1 or 1b* | PA; BE; QL |
| phentermine hcl oral tablet | 1 or 1b* | PA; BE; QL |
| ANTILOBÉSICOS - AGONISTAS DEL RECEPTOR DE GLP-1 | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; BE; QL |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| COMBINACIONES DE AGENTES ANTILOBÉSICOS | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; BE; QL |
| COMBINACIONES DE ANOREXÍGENOS | | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; BE; QL |
| ESTIMULANTES VARIOS | | |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG | 3 | ST; DO |

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| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG | 3 | ST; QL |
| armodafinil oral tablet | 1 or 1b* | PA; QL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG | 3 | ST; DO |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG | 3 | ST; QL |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 3 | ST; QL |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR | 3 | ST; DO |
| DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR | 3 | ST; 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 |
| FOCALIN ORAL TABLET 10 MG | 3 | ST; QL |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG | 3 | ST; DO |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG | 3 | ST; DO |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG | 3 | ST; QL |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG | 3 | ST; QL |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG | 3 | ST; DO |
| METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG | 3 | PA; DO |
| METADATE CD ORAL CAPSULE EXTENDED RELEASE 40 MG, 50 MG, 60 MG | 3 | PA; QL |
| METHYLIN ORAL SOLUTION | 3 | ST; QL |
| 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 (1a) oral capsule extended release 24 hour 10 mg, 20 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (1a) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg, 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 |

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| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 10 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er oral tablet extended release 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; DO |
| methylphenidate hcl oral solution | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl oral tablet 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 10 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 2.5 mg | 1 or 1b* | ST; DO |
| methylphenidate hcl oral tablet chewable 5 mg | 1 or 1b* | PA; DO |
| methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr | 1 or 1b* | ST; DO |
| methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr | 1 or 1b* | ST; QL |
| modafinil oral tablet 100 mg | 1 or 1b* | PA; DO |
| modafinil oral tablet 200 mg | 1 or 1b* | PA; QL |
| NUVIGIL ORAL TABLET | 3 | PA; QL |
| PROVIGIL ORAL TABLET 100 MG | 3 | PA; DO |
| PROVIGIL ORAL TABLET 200 MG | 3 | PA; QL |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG | 3 | ST; DO |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG | 3 | ST; QL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | ST; QL |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|------------|
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG | 3 | ST; DO |
| RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | 3 | ST; QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG | 3 | ST; DO |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG | 3 | ST; QL |
| RITALIN ORAL TABLET 10 MG, 5 MG | 3 | ST; DO |
| RITALIN ORAL TABLET 20 MG | 3 | ST; QL |
| INHIBIDORES DE LA LIPASA | | |
| orlistat oral capsule | 1 or 1b* | PA; BE; QL |
| XENICAL ORAL CAPSULE | 3 | PA; BE; QL |
| MEZCLAS DE ANFETAMINAS | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 3 | ST; DO |
| ADDERALL ORAL TABLET 20 MG, 30 MG | 3 | ST; QL |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | 3 | ST; DO |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG | 3 | ST; QL |
| 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 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|----------|--------|
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | 1 or 1b* | PA; QL |
| amphet-dextroamphet 3-bead er oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| TETRACICLINAS | | |
| *GLYCYLCYCLINES*** | | |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| AMINOMETICICLINAS | | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| NUZYRA ORAL TABLET 150 MG | 3 | PA; QL |
| FLUOROCICLINAS | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TETRACICLINAS | | |
| demeclocycline hcl oral tablet | 1 or 1b* | |
| DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG | 3 | ST |
| doxy 100 intravenous solution reconstituted | 1 or 1b* | QL |
| doxycycline hyclate intravenous solution reconstituted | 1 or 1b* | 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 | 1 or 1b* | QL |

| Nombre del Medicamento | Nivel | Notas |
|--|----------|--------|
| doxycycline hyclate oral tablet 150 mg, 75 mg | 3 | ST; QL |
| doxycycline hyclate oral tablet 50 mg | 3 | QL |
| doxycycline hyclate oral tablet delayed release | 3 | ST; 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* | |
| MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| minocycline hcl er oral tablet extended release 24 hour | 3 | ST; QL |
| minocycline hcl oral capsule | 1 or 1b* | QL |
| minocycline hcl oral tablet | 1 or 1b* | QL |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| mondoxylene nl oral capsule 100 mg | 1 or 1b* | QL |
| SEYSARA ORAL TABLET | 3 | ST; QL |
| targadox oral tablet | 3 | QL |
| tetracycline hcl oral capsule | 1 or 1b* | QL |
| tetracycline hcl oral tablet | 3 | ST; QL |
| VIBRAMYCIN ORAL CAPSULE | 3 | ST; QL |
| TOXOIDES | | |
| COMBINACIONES DE TOXOIDES | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 3 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 3 | \$0 |

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

En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|---|-------|-------|
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | \$0 |
| INFANRIX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| TDVAX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | 3 | \$0 |
| TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| VAXELIS INTRAMUSCULAR SUSPENSION | 3 | |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|-------|-------|
| VACUNAS | | |
| COMBINACIONES DE VACUNAS VIRALES | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| VACUNAS BACTERIANAS | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 3 | |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | \$0 |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| MENQUADFI INTRAMUSCULAR SOLUTION | 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION | 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|---------|
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 |
| PNEUMOVAX 23 INJECTION INJECTABLE | 2 | \$0 |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | |
| VACUNAS VIRALES | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0; QL |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| AFLURIA INTRAMUSCULAR SUSPENSION | 2 | \$0; QL |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|-----------------|
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; AL; \$0; QL |
| COMIRNATY INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | \$0 |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| ERVEBO INTRAMUSCULAR SUSPENSION | 3 | |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0; QL |
| 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 |
| FLUMIST NASAL LIQUID | 2 | \$0; QL |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | 2 | \$0; QL |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------------|
| 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 | 3 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| IPOL INJECTION INJECTABLE | 3 | \$0 |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | |
| JYNNEOS SUBCUTANEOUS SUSPENSION | 3 | \$0 |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | AL; \$0; QL |

| Nombre del Medicamento | Nivel | Notas |
|--|-------|-------|
| 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 | 3 | \$0 |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | \$0 |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| ROTARIX ORAL SUSPENSION | 3 | \$0 |
| ROTATEQ ORAL SOLUTION | 3 | \$0 |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | \$0 |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| STAMARIL INJECTION SUSPENSION RECONSTITUTED | 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 3 | \$0 |
| VARIVAX SUBCUTANEOUS INJECTABLE | 3 | \$0 |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|----------|----------------|
| YF-VAX SUBCUTANEOUS INJECTABLE | 3 | |
| VASOPRESORES | | |
| AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA | | |
| ADRENALIN INJECTION SOLUTION | 3 | |
| AUVI-Q INJECTION SOLUTION AUTO- INJECTOR | 3 | ST; QL |
| epinephrine (anaphylaxis) injection solution | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | QL |
| EPINEPHRINESNAP INJECTION KIT | 3 | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES | | |
| droxidopa oral capsule | 3 | PA; LD; QL; SP |
| NORTHERA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| VASOPRESORES | | |
| AKOVAZ INTRAVENOUS SOLUTION | 3 | |
| AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| BIORPHEN INTRAVENOUS SOLUTION | 3 | |
| EMERPHED INTRAVENOUS SOLUTION | 3 | |
| EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |

| Nombre del Medicamento | Nivel | Notas |
|---|----------|-------|
| EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION | 3 | |
| ephedrine sulfate-nacl intravenous solution prefilled syringe 15-0.9 mg/3ml-% | 3 | |
| epinephrine injection solution 10 mg/10ml | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML | 3 | |
| EPINEPHRINE PF INJECTION SOLUTION | 3 | |
| GIAPREZA INTRAVENOUS SOLUTION | 3 | |
| IMMPHENTIV INTRAVENOUS SOLUTION | 3 | |
| LEVOPHED INTRAVENOUS SOLUTION | 3 | |
| midodrine hcl oral tablet | 1 or 1b* | |
| PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML | 3 | |
| phenylephrine hcl-nacl intravenous solution 200-0.9 mg/250ml-% | 3 | |
| REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML | 3 | |
| VAZCULEP INTRAVENOUS SOLUTION | 3 | |
| VITAMINAS | | |
| VITAMINA A | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML | 3 | |
| VITAMINA B | | |
| thiamine hcl injection solution | 1 or 1b* | |
| VITAMINA C | | |
| ASCOR INTRAVENOUS SOLUTION | 3 | |

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En vigencia desde el 01012025

| Nombre del Medicamento | Nivel | Notas |
|--|--------------|--------------|
| c extra strength oral tablet | 1 or 1b* | |
| VITAMINA D | | |
| d3 extra strength oral capsule | 1 or 1b* | |
| d3 max st oral capsule 250 mcg (10000 ut) | 1 or 1b* | |
| d3 oral capsule | 1 or 1b* | |
| DRISDOL ORAL CAPSULE | 3 | |
| ergocalciferol oral capsule | 1 or 1a* | |
| ft vitamin d3 oral capsule | 1 or 1b* | |
| true vitamin d3 oral capsule 50 mcg (2000 ut) | 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 | 1 or 1b* | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

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En vigencia desde el 01012025

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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