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## Listado nacional de medicamentos

### Listado de medicamentos — Plan de medicamentos de tres niveles

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

Aquí hay algunas cosas para recordar acerca de la lista:

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

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.



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## Listado Nacional Directo de Medicamentos

### ¿Qué es una lista de medicamentos?

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

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

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

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

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

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

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

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

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

- Los medicamentos de nivel 1 tienen el costo compartido más bajo para usted. Por lo general, estos son medicamentos genéricos que ofrecen el mejor valor en comparación con otros medicamentos que tratan las mismas afecciones. Algunos planes dividen el Nivel 1 en Nivel 1a y Nivel 1b:
  - Los medicamentos de nivel 1a tienen el costo compartido más bajo. Estos son a menudo medicamentos genéricos que ofrecen el mayor valor en comparación con otros que tratan las mismas condiciones.
  - Los medicamentos de nivel 1b tienen una participación de bajo costo. Por lo general, estos son medicamentos genéricos que ofrecen el mayor valor en comparación con otros que tratan las mismas afecciones.
- Los medicamentos de Nivel 2 tienen un costo compartido más alto que el Nivel 1. Pueden ser medicamentos de marca preferidos, según lo bien que funcionen y su costo en comparación con otros medicamentos utilizados para el mismo tipo de tratamiento. Algunos son medicamentos genéricos que pueden costar más porque son más nuevos en el mercado.



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- 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 cuánto costará mi medicamento?**

Puede ir en línea y con la herramienta Precio a Medicamento, obtener precios específicos de farmacia de varias farmacias minoristas locales en tu 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 médicaamente 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.



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**¿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](http://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).



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## 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.

**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.

## Online Pharmacy Resources

Find your closest network pharmacy, get the most up-to-date coverage information on your drug list including details about pricing your medication, brands and generics, dosage/strength options, and much more — when you log in at [anthem.com](http://anthem.com).

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

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

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## Lista Nacional Directa de Medicamentos

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Tres Niveles

CURRENT AS OF 2/1/2024

Nombre del Medicamento	Nivel	Notas
<b>AGENTES ANORRECTALES</b>		
<b>AGENTES VASODILATADORES DE NITRATOS</b>		
RECTIV RECTAL OINTMENT	3	QL
<b>ANESTÉSICOS/ESTEROIDES RECTALES</b>		
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	
<b>ESTEROIDES INTRARRECTALES</b>		
budesonide rectal foam	1 or 1b*	QL
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
<b>ESTEROIDES RECTALES</b>		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
protozone-hc external cream	1 or 1b*	
<b>AGENTES ANSIOLÍTICOS</b>		
<b>AGENTES ANSIOLÍTICOS VARIOS</b>		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
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	
<b>BENZODIAZEPINAS</b>		
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
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
oxazepam oral capsule	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>AGENTES ANTIANGINOSOS</b>			<b>AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES</b>		
<b>AGENTES ANTIANGINOSOS - OTR0</b>			<b>*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS***</b>		
<b>ASPRUZYO SPRINKLE ORAL PACKET</b>	3	PA; QL	<b>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; QL; SP
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL	<b>TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; QL; SP
<b>NITRATOS</b>			<b>AGENTES ANTIINFLAMATORIOS</b>		
<b>ISORDIL TITRADOSE ORAL TABLET</b>	3		cromolyn sodium inhalation nebulization solution	1 or 1b*	
isosorbide dinitrate oral tablet	1 or 1b*		<b>ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA)</b>		
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*		<b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; QL; SP
isosorbide mononitrate oral tablet	1 or 1b*		<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; QL; SP
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	3		<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; QL; SP
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	3		<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; QL; SP
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2		<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL; SP
nitroglycerin in d5w intravenous solution	1 or 1b*		<b>ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG4 KAPPA)</b>		
<b>NITROGLYCERIN INTRAVENOUS SOLUTION</b>	3		<b>CINQAIR INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
nitroglycerin sublingual tablet sublingual	1 or 1b*				
nitroglycerin transdermal patch 24 hour	1 or 1b*				
nitroglycerin translingual solution	1 or 1b*				
<b>NITROLINGUAL TRANSLINGUAL SOLUTION</b>	3				
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</b>	3				

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO</b>			<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION</b>	3	QL
<b>ACCOLATE ORAL TABLET</b>	3	QL	<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
montelukast sodium oral packet	1 or 1b*	QL	<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	2	QL
montelukast sodium oral tablet	1 or 1b*	QL	<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL	terbutaline sulfate injection solution	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	QL	terbutaline sulfate oral tablet	1 or 1b*	
<b>ANTICUERPOS MONOCLONALES ANTI-IGE</b>			<b>BRONCODILATADORES - ANTICOLINÉRGICOS</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; SP	<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	2	QL
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	ipratropium bromide inhalation solution	1 or 1b*	QL
<b>BETA AGONISTAS</b>			<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	1 or 1b*	QL
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL	<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	2	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	<b>YUPELRI INHALATION SOLUTION</b>	3	ST; QL
albuterol sulfate oral syrup	1 or 1b*		<b>COMBINACIÓN DE ADRENÉRGICOS</b>		
albuterol sulfate oral tablet	1 or 1b*		<b>AIRSUPRA INHALATION AEROSOL</b>	2	QL
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL	<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	2	QL
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	3	QL	<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	1 or 1b*	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			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	QL	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
BREYNA INHALATION AEROSOL	1 or 1b*	QL	INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS		
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL	roflumilast oral tablet	1 or 1b*	PA; QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL	XANTINAS		
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL	aminophylline intravenous solution	1 or 1b*	
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL	ELIXOPHYLLIN ORAL ELIXIR	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL	THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL	theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL	theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL	theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL	theophylline oral elixir	1 or 1b*	QL
INHALANTES DE ESTEROIDES			theophylline oral solution	1 or 1b*	QL
budesonide inhalation suspension	1 or 1b*	QL	AGENTES ANTIINFECCIOSOS VARIOS		
fluticasone propionate diskus inhalation aerosol powder breath activated	2	QL	*BETA-LACTAMASE INHIBITOR - COMBINATIONS**		
fluticasone propionate hfa inhalation aerosol	2	QL	XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL	*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 monohyd macro oral capsule	1 or 1b*	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>	<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>			
nitrofurantoin oral suspension 25 mg/5ml	1 or 1b*		tinidazole oral tablet	1 or 1b*	QL			
nitrofurantoin oral suspension 50 mg/5ml	3		<b>TRIMETHOPRIM ORAL TABLET</b>	1 or 1a*				
<b>AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES</b>								
<b>BACTRIM DS ORAL TABLET</b>	3		<b>XIFAXAN ORAL TABLET</b>	3	PA; QL			
<b>BACTRIM ORAL TABLET</b>	3		<b>AGENTES ANTIPROTOZOARIOS</b>					
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*		<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	3	QL			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*		atovaquone oral suspension	1 or 1b*				
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*		<b>LAMPIT ORAL TABLET</b>	3				
sulfatrium pediatric oral suspension	1 or 1a*		<b>MEPRON ORAL SUSPENSION</b>	3				
<b>AGENTES ANTIINFECCIOSOS VARIOS</b>			nitazoxanide oral tablet	1 or 1b*	QL			
<b>AEMCOLO ORAL TABLET DELAYED RELEASE</b>	3	PA; QL	<b>AGENTES LEROSTÁTICOS</b>					
<b>FLAGYL ORAL CAPSULE</b>	3		dapsone oral tablet	1 or 1b*				
<b>IMPAVIDO ORAL CAPSULE</b>	3	PA; QL	<b>CARBAPENEMAS</b>					
<b>METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML</b>	3		ertapenem sodium injection solution reconstituted	1 or 1b*				
metronidazole oral capsule	1 or 1a*		meropenem intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*				
metronidazole oral tablet	1 or 1a*		meropenem intravenous solution reconstituted 2 gm	3				
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	3		<b>MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML</b>	3				
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	3		<b>CLORANFENICOLES</b>					
pentamidine isethionate inhalation solution reconstituted	1 or 1b*		chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*				
pentamidine isethionate injection solution reconstituted	1 or 1b*		<b>COMBINACIONES DE CARBAPENEMAS</b>					
			imipenem-cilastatin intravenous solution reconstituted	1 or 1b*				
			<b>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</b>	3				
			<b>RECARBRIOS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3				

Nombre del Medicamento	Nivel	Notas
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>GLUCOPÉPTIDOS</b>		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN ORAL CAPSULE	3	PA; 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, 10 gm, 100 gm, 5 gm, 500 mg	1 or 1b*	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL

Nombre del Medicamento	Nivel	Notas
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	PA; QL
<b>VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML</b>	1 or 1b*	PA; QL
<b>VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG</b>	3	
<b>LINCOSAMIDAS</b>		
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*	
<b>CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION</b>	3	
clindamycin phosphate injection solution 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	1 or 1b*	
<b>LINCOGIN INJECTION SOLUTION</b>	3	
lincomycin hcl injection solution	1 or 1b*	
<b>LIPOPÉPTIDOS CÍCLICOS</b>		
<b>CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>DAPTO MYCIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
daptomycin-sodium chloride intravenous solution	3	

Nombre del Medicamento	Nivel	Notas
<b>MONOBACTÁMICOS</b>		
<b>AZACTAM INJECTION SOLUTION RECONSTITUTED</b>	3	
aztreonam injection solution reconstituted	1 or 1b*	
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	3	LD; QL; SP
<b>OXAZOLIDONAS</b>		
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
<b>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>SIVEXTRO ORAL TABLET</b>	3	PA; QL
<b>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</b>	3	
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	3	PA; QL
<b>ZYVOX ORAL TABLET</b>	3	PA; QL
<b>POLIMIXINAS</b>		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
<b>COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED</b>	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
<b>AGENTES ANTIAMIASTÉNICOS/CO LINÉRGICOS</b>		
<b>AGENTES ANTIAMIASTÉNICOS/CO LINÉRGICOS</b>		
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	3	

Nombre del Medicamento	Nivel	Notas
<b>AGENTES ANTIAMIASTÉNICOS</b>		
<b>AGENTES ANTIAMIASTÉNICOS/CO LINÉRGICOS</b>		
<b>BLOXIVERZ INTRAVENOUS SOLUTION</b>	3	
<b>FIRDAPSE ORAL TABLET</b>	3	PA; LD; QL
<b>MESTINON ORAL SOLUTION</b>	3	
<b>MESTINON ORAL TABLET</b>	3	
<b>NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</b>	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*	
<b>REGONOL INTRAVENOUS SOLUTION</b>	3	
<b>AGENTES ANTIMICOBACTERIALES</b>		
<b>AGENTES ANTIMICOBACTERIALES</b>		
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*	
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	3	
<b>MYCOBUTIN ORAL CAPSULE</b>	3	
<b>PRETOMANID ORAL TABLET</b>	3	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
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	3	
ANTIPSORIÁSICOS - VARIOS		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	DO
CAPLYTA ORAL CAPSULE 42 MG	3	QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	QL
lurasidone hcl oral tablet 120 mg	1 or 1b*	
lurasidone hcl oral tablet 20 mg, 40 mg	1 or 1b*	DO
lurasidone hcl oral tablet 60 mg, 80 mg	1 or 1b*	QL
NUPLAZID ORAL CAPSULE	3	PA; LD; QL; SP
NUPLAZID ORAL TABLET 10 MG	3	PA; LD; QL; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	2	DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	2	QL

Nombre del Medicamento	Nivel	Notas
VRAYLAR ORAL CAPSULE THERAPY PACK	2	QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	QL
<b>BENZISOXAZOLES</b>		
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	QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
risperidone oral solution	1 or 1b*	QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	QL
<b>BENZODIACEPINAS</b>		
olanzapine intramuscular solution reconstituted	1 or 1b*	QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	QL
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	QL
<b>BUTIROFENONAS</b>		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	QL
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
<b>DERIVADOS DE LAS QUINOLEÍNAS</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	2	QL
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	2	QL
<b>ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG</b>	3	ST; DO
<b>ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG</b>	3	ST; QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG</b>	3	ST; DO
<b>ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG</b>	3	ST; QL
aripiprazole oral solution	1 or 1b*	QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	QL
aripiprazole oral tablet dispersible	1 or 1b*	QL
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE</b>	3	QL
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE</b>	3	QL
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG</b>	3	DO
<b>REXULTI ORAL TABLET 4 MG</b>	3	QL
<b>DIBENZODIACEPÍNICO S</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg	1 or 1b*	QL
<b>DIBENZODIAZEPINAS</b>		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>VERSACLOZ ORAL SUSPENSION</b>	3	QL
<b>DIBENZOXOXEPINO PIRROLES</b>		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
<b>SECUADO TRANSDERMAL PATCH 24 HOUR</b>	3	ST; QL
<b>DIBENZOAZEPINAS</b>		
<b>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL
<b>DIHIDROINDOLONAS</b>		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL
<b>FENOTIAZINAS</b>		
chlorpromazine hcl injection solution	1 or 1b*	
<b>CHLORPROMAZINE HCL ORAL CONCENTRATE</b>	1 or 1b*	QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
perphenazine oral tablet 2 mg	1 or 1b*	DO
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
thioridazine hcl oral tablet 100 mg	1 or 1b*	QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
<b>TIOXANTENOS</b>		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	ST; DO
thiothixene oral capsule 10 mg	1 or 1b*	ST; QL
<b>AGENTES CARDIOVASCULARES VARIOS</b>		
<b>*CARDIAC MYOSIN INHIBITORS***</b>		
<b>CAMZYOS ORAL CAPSULE</b>	3	PA; LD; QL; SP
<b>*TRANSTHYRETIN STABILIZERS***</b>		
<b>VYNDAMAX ORAL CAPSULE</b>	3	PA; LD; QL; SP
<b>VYNDAQEL ORAL CAPSULE</b>	3	PA; LD; QL; SP
<b>*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***</b>		
<b>VERQUVO ORAL TABLET</b>	3	PA; QL
<b>AGENTES SÉPTICOS - ABLACIÓN</b>		
<b>ABLYSINOL INTRA-ARTERIAL SOLUTION</b>	3	

Nombre del Medicamento	Nivel	Notas
<b>COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO</b>		
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
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG</b>	3	QL
<b>CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG</b>	3	DO
<b>COMBINACIÓN DE INHIBIDORES DE NEPRISILINA (ARNI) - ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II</b>		
<b>ENTRESTO ORAL TABLET</b>	2	QL
<b>COMBINACIONES DE NITRATOS Y VASODILATADORES</b>		
<b>BIDIL ORAL TABLET</b>	3	QL
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL
<b>HIPERTENSIÓN PULMONAR - AGONISTA DEL RECEPTOR DE PROSTACICLINA</b>		
<b>UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL
<b>UPTRAVI ORAL TABLET</b>	3	PA; LD; QL; SP
<b>UPTRAVI TITRATION ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
<b>HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA</b>		
ambrisentan oral tablet	1 or 1b*	PA; LD; QL; SP
bosentan oral tablet	1 or 1b*	PA; LD; QL; SP
<b>OPSUMIT ORAL TABLET</b>	3	PA; LD; QL; SP
<b>TRACLEER ORAL TABLET SOLUBLE</b>	3	PA; LD; QL; SP
<b>HIPERTENSIÓN PULMONAR - ESTIMULADOR DE GUANILATO CICLASA SOLUBLE (SGC)</b>		
<b>ADEMPAS ORAL TABLET</b>	3	PA; LD; QL; SP
<b>HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA</b>		
alyq oral tablet	1 or 1b*	PA; QL; SP
sildenafil citrate intravenous solution	1 or 1b*	PA; QL; SP
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; QL; SP
tadalafil (pah) oral tablet	1 or 1b*	PA; QL; SP
<b>TADLIQ ORAL SUSPENSION</b>	3	PA; QL; SP
<b>INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP)</b>		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
<b>INHIBIDORES DEL NÓDULO SINUSAL</b>		
<b>CORLANOR ORAL SOLUTION</b>	3	PA; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
CORLANOR ORAL TABLET	2	PA; QL	TYVASO DPI TITRATION KIT INHALATION POWDER	3	PA; LD; QL; SP
PROSTAGLANDINAS - AGENTES PARA LA IMPOTENCIA			TYVASO INHALATION SOLUTION	3	PA; LD; QL; SP
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA	TYVASO REFILL INHALATION SOLUTION	3	PA; LD; QL; SP
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA	TYVASO STARTER INHALATION SOLUTION	3	PA; LD; QL; SP
EDEX INTRACAVERNOSAL KIT	3	PA	VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	3	PA	VENTAVIS INHALATION SOLUTION	3	PA; LD; QL; SP
VASODILATADORES DE LA PROSTAGLANDINA			AGENTES DE INMUNIZACIÓN PASIVA Y TRATAMIENTO		
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP	ANTICUERPOS MONOCLONALES BACTERIANOS		
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	ZINPLAVA INTRAVENOUS SOLUTION	3	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP	ANTITOXINAS - CONTRAVENENOS		
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP	ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP	ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; LD; SP	ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MIG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; LD; SP	CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
treprostinil injection solution	1 or 1b*	PA; LD; SP	SUEROS INMUNOLÓGICOS		
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; LD; QL; SP	BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED	3	
			CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	3	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; LD; SP	NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	3	LD; SP
CYTOGAM INTRAVENOUS INJECTABLE	3	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
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; LD; SP	RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
GAMUNEX-C INJECTION SOLUTION	3	PA; LD; SP	RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	3	SP	WINRHO SDF INJECTION SOLUTION	3	QL; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	3	PA; LD; SP	XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML	3	PA; LD; SP	AGENTES DE INMUNIZACIÓN PASIVA		
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	LD; SP	ANTICUERPOS MONOCLONALES ANTIVIRALES		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; SP	BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; \$0; QL
HYPERRAB INJECTION SOLUTION	3	SP	SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; LD; SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP	ANTITOXINAS - CONTRAVENENOS		
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
IMOGRAB RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	SP	SUEROS INMUNOLÓGICOS		
KEDRAB INJECTION SOLUTION	3	SP	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML	3	PA; LD; SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP	VARIZIG INTRAMUSCULAR SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
<b>AGENTES DERMATOLÓGICOS</b>		
<b>*ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS***</b>		
LITFULO ORAL CAPSULE	3	
<b>*ANTIPSORIATIC COMBINATIONS***</b>		
calsodore external kit	1 or 1b*	
<b>*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS***</b>		
OPZELURA EXTERNAL CREAM	3	PA; QL
<b>*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***</b>		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; LD; QL
<b>*MICROTUBULE INHIBITORS - TOPICAL***</b>		
KLISYRI EXTERNAL OINTMENT	3	ST; QL
<b>AGENTES ALQUILANTES TÓPICOS</b>		
VALCHLOR EXTERNAL GEL	3	PA; LD; QL
<b>AGENTES DE MÁXIMO FRUNCIMIENTO (LÍNEAS GLABELARES)</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
<b>AGENTES DE TERAPIA FOTODINÁMICA TÓPICOS</b>		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	

Nombre del Medicamento	Nivel	Notas
<b>AGENTES PARA ARRUGAS FACIALES - RETINOIDES</b>		
<b>RENOVA EXTERNAL CREAM</b>		
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
<b>AGENTES PARA ROSÁcea</b>		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate external gel	1 or 1b*	QL
FINACEA EXTERNAL FOAM	2	QL
ivermectin external cream	1 or 1b*	QL
METROCREAM EXTERNAL CREAM	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
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
<b>AGENTES PARA VERRUGAS GENITALES EXTERNAS Y ANALES</b>		
VEREGEN EXTERNAL OINTMENT	3	QL
<b>AGENTES QUEROTOLÍTICOS/ANT IMICÓTICOS</b>		
CONDYLOX EXTERNAL GEL	3	QL
podofilox external gel	1 or 1b*	QL
podofilox external solution	1 or 1b*	QL
SALYCIM EXTERNAL CREAM	3	
YCANTH EXTERNAL SOLUTION	3	PA; QL
<b>AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS TÓPICOS</b>		
bexarotene external gel	1 or 1b*	PA; QL; SP

En vigencia desde el 02/01/2024

Nombre del Medicamento	Nivel	Notas
TARGRETIN EXTERNAL GEL	3	PA; QL; SP
<b>ANESTÉSICOS LOCALES TÓPICOS</b>		
glydo external prefilled syringe	1 or 1b*	
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*	
<b>LIDOCAN EXTERNAL PATCH</b>	1 or 1b*	PA; QL
<b>LIDOCAN III EXTERNAL PATCH</b>	1 or 1b*	PA; QL
<b>ZTLIDO EXTERNAL PATCH</b>	2	PA; QL
<b>ANTIBIÓTICOS PARA EL ACNÉ</b>		
<b>CLEOCIN-T EXTERNAL LOTION</b>	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
<b>CLINDACIN EXTERNAL FOAM</b>	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL
<b>ERYGEL EXTERNAL GEL</b>	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
<b>KLARON EXTERNAL LOTION</b>	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
<b>ANTIBIÓTICOS TÓPICOS</b>		
<b>ALTABAX EXTERNAL OINTMENT</b>	2	QL
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin external ointment	1 or 1b*	QL
<b>XEPI EXTERNAL CREAM</b>	3	QL
<b>ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS</b>		
<b>CARAC EXTERNAL CREAM</b>	3	ST; QL
<b>EFUDEX EXTERNAL CREAM</b>	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	QL
fluorouracil external solution	1 or 1b*	QL
<b>TOLAK EXTERNAL CREAM</b>	3	ST; QL
<b>ANTIMICÓTICOS - COMBINACIONES TÓPICAS</b>		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
<b>FUNGIMEZ EXTERNAL SOLUTION</b>	3	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
<b>MYCOZYL HC EXTERNAL LIQUID</b>	3	
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
<b>VUSION EXTERNAL OINTMENT</b>	3	QL
<b>ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS</b>		
econazole nitrate external cream	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ECOZA EXTERNAL FOAM</b>	3	ST; QL
<b>ERTACZO EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL SOLUTION</b>	3	ST; QL
<b>JUBLIA EXTERNAL SOLUTION</b>	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
<b>LUZU EXTERNAL CREAM</b>	3	ST; QL
oxiconazole nitrate external cream	3	ST; QL
<b>OXISTAT EXTERNAL CREAM</b>	3	ST; QL
<b>OXISTAT EXTERNAL LOTION</b>	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
<b>ANTIMICÓTICOS RELACIONADOS CON EL OXABOROL TÓPICOS</b>		
tavaborole external solution	1 or 1b*	ST; QL
<b>ANTIMICÓTICOS TÓPICOS</b>		
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
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel 2 %	1 or 1b*	ST; QL
<b>NAFTIN EXTERNAL GEL</b>	3	ST; QL
nyamyc external powder	1 or 1b*	QL

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

Nombre del Medicamento	Nivel	Notas
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; LD; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ANTIPRURIGINOSOS - TÓPICOS		
doxepin hcl external cream	1 or 1b*	PA; QL
ANTIPSORIÁSICOS		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
tazarotene external cream	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
TAZORAC EXTERNAL CREAM 0.05 %	2	QL
TAZORAC EXTERNAL GEL	3	QL
ZORYVE EXTERNAL CREAM	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
penciclovir external cream	1 or 1b*	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	QL
APÓSITOS PARA HERIDAS		
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	

Nombre del Medicamento	Nivel	Notas
<b>COMBINACIONES ANESTÉSICAS TÓPICAS</b>		
emreal external kit	3	
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
lidolite external kit	3	
lidosol external kit	3	
lidosol-50 external kit	3	
<b>LM PLUS RELIEF EXTERNAL PATCH</b>	3	
<b>VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT</b>	3	
<b>COMBINACIONES DE ANTIBIÓTICOS TÓPICOS CON ESTEROIDES</b>		
NEO-SYNALAR EXTERNAL CREAM	3	
<b>COMBINACIONES DE DESPIGMENTACIÓN</b>		
TRI-LUMA EXTERNAL CREAM	3	
<b>COMBINACIONES DE ESTEROIDES - ANESTÉSICOS LOCALES</b>		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
<b>COMBINACIONES DE ESTEROIDES TÓPICOS</b>		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
<b>DUOBRII EXTERNAL LOTION</b>	3	PA; QL
<b>ENSTILAR EXTERNAL FOAM</b>	3	QL
<b>TACLONEX EXTERNAL SUSPENSION</b>	3	ST; QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>COMBINACIONES PARA EL ACNÉ</b>		
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL
neuac external gel	1 or 1b*	QL
<b>ONEXTON EXTERNAL GEL</b>	1 or 1b*	QL
<b>COMBINACIONES TÓPICAS DE ANTIVIRALES</b>		
<b>XERESE EXTERNAL CREAM</b>	3	PA; QL
<b>CORTICOESTEROIDES - TÓPICOS</b>		
ala-cort external cream 1 %	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
clocortolone pivalate external cream	3	ST; QL
clodan external shampoo	1 or 1b*	QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	QL
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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 ointment	1 or 1b*	QL
hydrocortisone butyr lipo base external cream	3	ST; QL
hydrocortisone butyrate external cream	3	ST; QL
hydrocortisone butyrate external lotion	3	ST; QL
hydrocortisone butyrate external ointment	3	ST; QL
hydrocortisone butyrate external solution	3	ST; QL
hydrocortisone external cream 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 2.5 %	1 or 1a*	QL
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
mometasone furoate external cream	1 or 1b*	QL
mometasone furoate external ointment	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
mometasone furoate external solution	1 or 1b*	QL
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
triderm external cream 0.5 %	1 or 1a*	QL
<b>CUIDADO DE HERIDAS - AGENTES PARA EL FACTOR DE CRECIMIENTO</b>		
<b>REGRANEX EXTERNAL GEL</b>	3	QL
<b>DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	3	PA; SP
<b>EMOLIENTES</b>		
ammonium lactate external cream	1 or 1b*	QL
ammonium lactate external lotion	1 or 1b*	
<b>ENZIMAS TÓPICAS</b>		
<b>NEXOBRID EXTERNAL GEL</b>	3	PA; QL
<b>SANTYL EXTERNAL OINTMENT</b>	3	PA; QL
<b>ESCAPICIDAS Y PEDICULICIDAS</b>		
crotan external lotion	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
<b>NATROBA EXTERNAL SUSPENSION</b>	3	QL
<b>OVIDE EXTERNAL LOTION</b>	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
<b>IMIDAZOQUINOLINAMIS NAS INMUNOMODULADORA S TÓPICAS</b>		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	QL
imiquimod pump external cream	1 or 1b*	ST; QL
<b>ZYCLARA EXTERNAL CREAM</b>	3	ST; QL
<b>ZYCLARA PUMP EXTERNAL CREAM</b>	3	ST; QL
<b>INHIBIDORES DE LA 5-ALFA REDUCTASA TIPO II</b>		
finasteride oral tablet 1 mg	1 or 1b*	
<b>PROPECIA ORAL TABLET</b>	3	
<b>INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) TÓPICOS</b>		
<b>EUCRISA EXTERNAL OINTMENT</b>	3	ST; QL
<b>INMUNODEPRESORES MACRÓLIDOS - TÓPICOS</b>		
<b>HYFTOR EXTERNAL GEL</b>	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
<b>LIMPIADORES DE HERIDAS/TERAPIA PARA ÚLCERAS DE DECÚBITO</b>		
<b>LAVARE WOUND WASH EXTERNAL GEL</b>	3	
<b>LINIMENTOS</b>		
<b>TURPENTINE EXTERNAL SPIRIT</b>	3	

Nombre del Medicamento	Nivel	Notas
<b>PRODUCTOS ANTISEBORREICOS</b>		
selenium sulfide external lotion	1 or 1a*	QL
<b>PRODUCTOS DE ALQUITRÁN</b>		
coal tar external solution	1 or 1b*	
<b>PRODUCTOS DE QUEMA</b>		
mafенide acetate external packet	1 or 1b*	
<b>SILVADENE EXTERNAL CREAM</b>	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
<b>SULFAMYLYON EXTERNAL CREAM</b>	3	
<b>SULFAMYLYON EXTERNAL PACKET</b>	3	
<b>PRODUCTOS DE QUERATOSIS SEBORREICA</b>		
<b>ESKATA EXTERNAL SOLUTION</b>	3	
<b>PRODUCTOS DERMATOLÓGICOS VARIOS</b>		
<b>ILIDERM EXTERNAL EMULSION</b>	3	
<b>PRODUCTOS PARA EL ACNÉ</b>		
<b>ABSORICA LD ORAL CAPSULE</b>	3	PA
<b>ABSORICA ORAL CAPSULE</b>	3	PA
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel 0.3 %	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
amnesteem oral capsule	2	PA
claravis oral capsule	2	PA
isotretinoin oral capsule	2	PA
<b>RETIN-A MICRO EXTERNAL GEL</b>	3	PA; QL
<b>RETIN-A MICRO PUMP EXTERNAL GEL</b>	3	PA; QL
tretinoin external cream	1 or 1b*	PA; QL

Nombre del Medicamento	Nivel	Notas
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
<b>WINLEVI EXTERNAL CREAM</b>	2	PA; QL
zenatane oral capsule	2	PA
<b>PRODUCTOS PARA EL TRATAMIENTO DE CICATRICES</b>		
<b>COPASIL EXTERNAL GEL</b>	3	
<b>PRODUCTOS TÓPICOS VARIOS</b>		
<b>QBREXZA EXTERNAL PAD</b>	3	PA; QL
<b>PROSTAGLANDINAS - TÓPICAS</b>		
bimatoprost external solution	1 or 1b*	
<b>LATISSE EXTERNAL SOLUTION</b>	3	
<b>REEMPLAZOS DE TEJIDO CUTÁNEO</b>		
<b>AMNIOFIX INJECTION SUSPENSION RECONSTITUTED 20 MG</b>	3	
<b>PALINGEN FLOW INJECTION INJECTABLE 0.25 ML</b>	3	
<b>REEMPLAZOS DE TEJIDO</b>		
<b>AMNIOFIX INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG</b>	3	
<b>AMNIOTEXT EXTERNAL SHEET</b>	3	
<b>AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED</b>	3	
<b>EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM</b>	3	
<b>EPIFIX EXTERNAL DISK</b>	3	

Nombre del Medicamento	Nivel	Notas
<b>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</b>	3	
<b>EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG</b>	3	
<b>KARDIAMEMBRANE EXTERNAL SHEET</b>	3	
<b>NEOX 100 EXTERNAL SHEET</b>	3	
<b>NEOX CORD 1K EXTERNAL SHEET</b>	3	
<b>PALINGEN FLOW INJECTION INJECTABLE 0.5 ML, 1 ML, 2 ML, 4 ML</b>	3	
<b>PALINGEN HYDROMEMBRANE EXTERNAL SHEET</b>	3	
<b>PALINGEN INOVOFLO INJECTION INJECTABLE</b>	3	
<b>PALINGEN MEMBRANE EXTERNAL SHEET</b>	3	
<b>PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET</b>	3	
<b>PALINGEN XPLUS MEMBRANE EXTERNAL SHEET</b>	3	
<b>STRATAGRAFT EXTERNAL SHEET</b>	3	
<b>STRAVIX EXTERNAL SHEET</b>	3	
<b>TRUSKIN EXTERNAL SHEET 4 CM X 8 CM</b>	3	
<b>RETINOIDES ANTINEOPLÁSICOS - TÓPICOS</b>		
<b>PANRETIN EXTERNAL GEL</b>	3	SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS			ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA		
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS***			MIFEPREX ORAL TABLET	3	
LAMZEDÉ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD	mifepristone oral tablet	1 or 1b*	
*CORTISOL SYNTHESIS INHIBITORS***			AGENTES CALCIOMIMÉTICOS		
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; LD; QL	cinacalcet hcl oral tablet	1 or 1b*	PA; QL
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***			PARSABIV INTRAVENOUS SOLUTION	3	PA; LD
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL	AGENTES DE SOMATOSTATINA		
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS***			LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD	MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; LD; QL
*NATRIURETIC PEPTIDES***			octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1 or 1b*	PA; SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP	octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS***			SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
VEOZAH ORAL TABLET	3	PA; QL	SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; QL; SP
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***			SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
KERENDIA ORAL TABLET	3	PA; QL	SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL
			SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
			AGENTES PARA LA HIPOFOSFATASIA (HPP)		
			STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; LD

Nombre del Medicamento	Nivel	Notas
<b>AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA</b>		
cabergoline oral tablet	1 or 1b*	QL
<b>ANÁLOGOS DE LEPTINA</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD
<b>ANTAGONISTAS DEL GNRH/LHRH</b>		
cetrorelix acetate subcutaneous kit	1 or 1b*	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; SP
fryremadel subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ORILISSA ORAL TABLET	2	PA; QL
<b>ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
<b>ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2</b>		
JYNARQUE ORAL TABLET	3	PA; LD; QL
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; LD; QL
tolvaptan oral tablet	1 or 1b*	PA; LD; QL; SP
<b>BISFOSFONATOS</b>		
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

Nombre del Medicamento	Nivel	Notas
ATELVIA 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	1 or 1b*	
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
zoledronic acid intravenous concentrate	1 or 1b*	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
<b>CALCITONINAS</b>		
calcitonin (salmon) injection solution	1 or 1b*	
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIACALCIN INJECTION SOLUTION	3	
<b>CORTICOTROPINA</b>		
ACTHAR INJECTION GEL	3	PA; LD; SP
CORTROPHIN INJECTION GEL	3	PA; LD; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>DEFICIENCIA DE ESFINGOMIELINASA ÁCIDA (ASMD): AGENTES</b>			<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	2	PA; SP
<b>XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	<b>OVIDREL SUBCUTANEOUS INJECTABLE</b>	3	PA; SP
<b>DEFICIENCIA DE LA LIPASA ÁCIDA LISOSÓMICA (LIPA) - AGENTES</b>			<b>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>KANUMA INTRAVENOUS SOLUTION</b>	3	PA; LD; SP	<b>ESTIMULANTES DE OVULACIÓN - SINTÉTICOS</b>		
<b>ENFERMEDAD DE FABRY - AGENTES</b>			<b>CLOMID ORAL TABLET</b>	1 or 1b*	PA
<b>ELFABRIO INTRAVENOUS SOLUTION</b>	3	PA; LD	<b>FACTORES DE CRECIMIENTO DE TIPO INSULINA (SOMATOMEDINAS)</b>		
<b>FABRAZyme INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	3	PA; LD; SP
<b>GALAFOLD ORAL CAPSULE</b>	3	PA; LD; QL	<b>HORMONA LIBERADORA DE HORMONA DE CRECIMIENTO (GHRH)</b>		
<b>ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS</b>			<b>EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL
<b>CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; SP	<b>HORMONA PARATIROIDEA Y DERIVADOS</b>		
<b>GONAL-F INJECTION SOLUTION RECONSTITUTED</b>	3	PA; SP	<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	3	QL; SP
<b>GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP	teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	3	QL; SP
<b>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP	<b>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML</b>	3	QL; SP
<b>MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP	teriparatide subcutaneous solution pen-injector	3	QL; SP

Nombre del Medicamento	Nivel	Notas
<b>HORMONAS DEL CRECIMIENTO</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; QL; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; QL; SP
HUMATROPE INJECTION CARTRIDGE	3	PA; QL; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; LD; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA; LD; QL; SP
<b>INHIBIDORES DE ESCLEROSIS</b>		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
<b>INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH</b>		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; LD; QL; SP
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; LD; QL

Nombre del Medicamento	Nivel	Notas
<b>INHIBIDORES DEL LIGANDO RANK (RANKL)</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
<b>MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM)</b>		
EVISTA ORAL TABLET	3	\$0; QL
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	\$0; QL
<b>MUCOPOLISACARIDOSI S I (MPS I) - AGENTES</b>		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; LD; SP
<b>MUCOPOLISACARIDOSI S II (MPS II) - AGENTES</b>		
ELAPRASE INTRAVENOUS SOLUTION	3	PA; LD; SP
<b>MUCOPOLISACARIDOSI S IV (MPS IV) - AGENTES</b>		
VIMIZIM INTRAVENOUS SOLUTION	3	PA; LD; SP
<b>MUCOPOLISACARIDOSI S VI (MPS VI) - AGENTES</b>		
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; LD; SP
<b>MUCOPOLISACARIDOSI S VII (MPS VII) - AGENTES</b>		
MEPSEVII INTRAVENOUS SOLUTION	3	PA; LD
<b>REFORZADOR DE LA CARNITINA - AGENTES</b>		
CARNITOR INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas	
CARNITOR ORAL SOLUTION	3		PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	3	PA; LD; SP	
CARNITOR ORAL TABLET	3		PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; LD; QL; SP	
CARNITOR SF ORAL SOLUTION	3		sapropterin dihydrochloride oral packet	1 or 1b*	PA; LD; SP	
levocarnitine intravenous solution	1 or 1b*		sapropterin dihydrochloride oral tablet	1 or 1b*	PA; LD; SP	
levocarnitine oral solution	1 or 1b*		<b>TRASTORNOS EN EL CICLO DE LA UREA - AGENTES</b>			
levocarnitine oral tablet	1 or 1b*		<b>XURIDEN ORAL PACKET</b>			
levocarnitine sf oral solution	1 or 1b*		<b>TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES</b>			
<b>TRASTORNOS EN EL CICLO DE LA UREA - AGENTES</b>			carglumic acid oral tablet soluble	1 or 1b*	PA; LD	
AMMONUL INTRAVENOUS SOLUTION	3		<b>TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES</b>			
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	betaine oral powder	1 or 1b*	LD	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	<b>CYSTADANE ORAL POWDER</b>			
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	<b>TRATAMIENTO DE LA INMUNODEFICIENCIA COMBINADA GRAVE (IDCG) POR DÉFICIT DE ADENOSINA DESAMINASA - AGENTES</b>			
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	<b>REVCovi INTRAMUSCULAR SOLUTION</b>			
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	<b>TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES</b>			
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL; SP	nitisinone oral capsule 10 mg, 2 mg, 5 mg	1 or 1b*	PA; LD; SP	
PHEBURANE ORAL PELLET	3	PA; LD; QL	nitisinone oral capsule 20 mg	1 or 1b*	PA; LD	
RAVICTI ORAL LIQUID	3	PA; LD; QL; SP	NITYR ORAL TABLET	3	PA; LD	
sod benz-sod phenylacet intravenous solution	1 or 1b*		ORFADIN ORAL CAPSULE	3	PA; LD	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; LD; QL; SP				
sodium phenylbutyrate oral tablet	1 or 1b*	PA; LD; QL; SP				
<b>TRATAMIENTO CON FENILBUTAZONAS - AGENTES</b>						
JAVYGTOR ORAL PACKET	1 or 1b*	PA; LD				
JAVYGTOR ORAL TABLET	1 or 1b*	PA; LD				

Nombre del Medicamento	Nivel	Notas
ORFADIN ORAL SUSPENSION	3	PA; LD
<b>TRATAMIENTO DEL HIPERPARATIROIDISMO - ANÁLOGOS DE VITAMINA D</b>		
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
<b>HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML</b>	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	3	PA; QL
<b>ZEMPLAR INTRAVENOUS SOLUTION</b>	3	PA
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	3	PA
<b>TRATAMIENTO DEL RAQUITISMO HIPOFOSFATÉMICO LIGADO AL CROMOSOMA X - AGENTES</b>		
<b>CRYSVITA SUBCUTANEOUS SOLUTION</b>	3	PA; LD; QL; SP
<b>TRATAMIENTO PARA LA DEFICIENCIA DE LA ALFA-GLUCOSIDASA ÁCIDA (GAA) - AGENTES</b>		
<b>LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP

Nombre del Medicamento	Nivel	Notas
<b>VASOPRESINA</b>		
<b>DDAVP INJECTION SOLUTION 4 MCG/ML</b>	3	
<b>DDAVP ORAL TABLET 0.1 MG</b>	3	DO
<b>DDAVP ORAL TABLET 0.2 MG</b>	3	QL
<b>DDAVP PF INJECTION SOLUTION</b>	3	
desmopressin ace spray refrigerated nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
<b>DESMOPRESSIN ACETATE NASAL SOLUTION</b>	3	LD
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*	
<b>NOCDURNA SUBLINGUAL TABLET SUBLINGUAL</b>	3	PA; QL
<b>TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
vasopressin +rfid intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
<b>VASOSTRICT INTRAVENOUS SOLUTION</b>	3	
<b>AGENTES GASTROINTESTINALES VARIOS</b>		
<b>*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS***</b>		
<b>BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE</b>	3	PA; LD; QL
<b>BYLVAY ORAL CAPSULE</b>	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
LIVMARLI ORAL SOLUTION	3	PA; LD; QL	AGENTES DE ANOMALÍAS EN LA SÍNTESIS DE ÁCIDOS BILIARES		
*LIVE FECAL MICROBIOTA (HUMAN)**			CHOLBAM ORAL CAPSULE	3	PA; LD; QL
REBYOTA RECTAL SUSPENSION	3	PA; LD; QL	AGENTES PARA EL IBS - AGONISTAS DEL RECEPTOR OPIOIDE MU		
VOWST ORAL CAPSULE	3	PA; LD; QL	VIBERZI ORAL TABLET	3	QL
ACIDULANTES INTESTINALES			AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3		
enulose oral solution	1 or 1b*		alosetron hcl oral tablet	1 or 1b*	PA; QL
generlac oral solution	1 or 1b*		AGENTES PARA EL SÍNDROME DEL INTESTINO IRRITABLE (IBS) - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C)		
lactulose encephalopathy oral solution	1 or 1b*		LINZESS ORAL CAPSULE	2	QL
ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES			AGENTES PARA LA INFLAMACIÓN INTESTINAL		
lubiprostone oral capsule	1 or 1b*	QL	APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
AGENTES AGLUTINANTES DEL FOSFATO			AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	QL
AURYXIA ORAL TABLET	3	ST; QL	AZULFIDINE ORAL TABLET	3	QL
calcium acetate (phos binder) oral capsule	1 or 1b*	QL	balsalazide disodium oral capsule	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL	CANASA RECTAL SUPPOSITORY	3	QL
FOSRENOL ORAL PACKET	3	ST; QL	DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL	DIPENTUM ORAL CAPSULE	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL	mesalamine er oral capsule extended release	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL	mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL	mesalamine oral capsule delayed release	1 or 1b*	QL
VELPHORO ORAL TABLET CHEWABLE	2	QL			
AGENTES ANTIALERGÉNICOS GASTROINTESTINALES					
cromolyn sodium oral concentrate	1 or 1b*				
GASTROCROM ORAL CONCENTRATE	3				

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
mesalamine oral tablet delayed release	1 or 1b*	QL	<b>ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS</b>		
mesalamine rectal enema	1 or 1b*	QL	<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL; SP
mesalamine rectal suppository	1 or 1b*	QL	<b>ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO</b>		
mesalamine-cleanser rectal kit	1 or 1b*	QL	alvimopan oral capsule	1 or 1b*	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>	2	QL	<b>ENTEREG ORAL CAPSULE</b>	3	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG</b>	3	ST; QL	<b>MOVANTIK ORAL TABLET</b>	2	QL
<b>ROWASA RECTAL KIT</b>	3	QL	<b>RELISTOR ORAL TABLET</b>	3	ST; QL
<b>SFROWASA RECTAL ENEMA</b>	3	QL	<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	3	ST; QL
sulfasalazine oral tablet	1 or 1b*	QL	<b>SYMPROIC ORAL TABLET</b>	3	ST; QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL	<b>BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL</b>		
<b>AGENTES SOLUBILIZANTES DE CÁLCULOS BILIARES</b>			<b>AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>URSO 250 ORAL TABLET</b>	3		<b>INFILIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>URSO FORTE ORAL TABLET</b>	3		<b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
ursodiol oral capsule 300 mg	1 or 1b*		<b>ESTIMULANTES GASTROINTESTINALES</b>		
ursodiol oral tablet	1 or 1b*		<b>GIMOTI NASAL SOLUTION</b>	3	PA; QL
<b>AGONISTAS DEL RECEPTOR X FARNESOIDE (FXR)</b>			metoclopramide hcl injection solution	1 or 1a*	
<b>OCALIVA ORAL TABLET</b>	3	PA; LD; QL; SP	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
<b>ANÁLOGOS DEL PÉPTIDO SIMILAR AL GLUCAGÓN TIPO 2 (GLP-2)</b>			metoclopramide hcl oral tablet	1 or 1a*	QL
<b>GATTEX SUBCUTANEOUS KIT</b>	3	PA; LD; SP	metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
<b>ANTAGONISTAS DE LA INTERLEUCINA</b>			<b>REGLAN ORAL TABLET</b>	3	QL
<b>SKYRIZI INTRAVENOUS SOLUTION</b>	3	PA; QL; SP			
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; QL; SP			
<b>STELARA INTRAVENOUS SOLUTION</b>	3	PA; LD; QL; SP			

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<b>INHIBIDORES DE LA TRIPTÓFANO HIDROXILASA</b>		
XERMELO ORAL TABLET	3	PA; LD; QL
<b>AGENTES GENITOURINARIOS VARIOS</b>		
<b>*IGAN AGENTS - ENDOHELIN &amp; ANGIOTENSIN II RECEPTOR ANTAG***</b>		
FILSPARI ORAL TABLET	3	PA; LD; QL; SP
<b>*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)***</b>		
OXLUMO SUBCUTANEOUS SOLUTION	3	PA; LD
<b>AGENTES ANTIINFECCIOSOS - IRRIGANTES GENITOURINARIOS</b>		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
<b>AGENTES PARA CÁLCULOS URINARIOS</b>		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; LD; QL
tiopronin oral tablet	1 or 1b*	PA; LD; QL
<b>AGENTES PARA LA CISTINOSIS</b>		
CYSTAGON ORAL CAPSULE	3	PA; LD; SP
PROCYSB1 ORAL CAPSULE DELAYED RELEASE	3	PA; LD
PROCYSB1 ORAL PACKET	3	PA; LD
<b>AGENTES PARA LA CISTITIS INTERSTICIAL</b>		
ELMIRON ORAL CAPSULE	3	QL
RIMSO-50 INTRAVESICAL SOLUTION	3	

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<b>ANTAGONISTAS DE ADRENORECEPTORES ALFA 1</b>		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>		
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
<b>CITRATOS</b>		
potassium citrate er oral tablet extended release	1 or 1b*	
<b>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</b>		
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE</b>		
<b>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE</b>		
<b>COMBINACIONES DE AGENTES DE REFLUJO VESICOURETERAL (VUR)</b>		
DEFLUX INJECTION PREFILLED SYRINGE	3	
<b>COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA</b>		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
JALYN ORAL CAPSULE	3	QL
<b>FOSFATOS</b>		
K-PHOS NO 2 ORAL TABLET	3	
<b>INHIBIDORES DE LA 5-ALFA REDUCTASA</b>		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL
<b>IRRIGANTES GENITOURINARIOS</b>		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
curity sterile saline irrigation solution	1 or 1b*		*PYRUVATE KINASE ACTIVATORS***		
glycine irrigation solution	1 or 1b*		PYRUKYND ORAL TABLET	3	PA; LD; QL
glycine urologic irrigation solution	1 or 1b*		PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
<b>RENACIDIN IRRIGATION SOLUTION</b>	3		*THROMBOLYTIC AGENT - MISC***		
sodium chloride irrigation solution 0.9 %	1 or 1b*		DEFITELIO INTRAVENOUS SOLUTION	3	
<b>SORBITOL IRRIGATION SOLUTION 3 %</b>	3		ACTIVADORES DEL PLASMINÓGENO TISULAR		
<b>SORBITOL-MANNITOL IRRIGATION SOLUTION</b>	3		ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>AGENTES HEMATOLÓGICOS VARIOS</b>			CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
<b>*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***</b>			RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	3	
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; LD	RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	3	
<b>*COMPLEMENT C1 INHIBITORS***</b>			TNKASE INTRAVENOUS KIT	3	
ENJAYMO INTRAVENOUS SOLUTION	3	LD; SP	AGENTES ANTI FACTOR VON WILLEBRAND		
<b>*COMPLEMENT C3 INHIBITORS***</b>			CABLIVI INJECTION KIT	3	PA; LD
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA; LD; QL	AGENTES DE QUINAZOLINA		
<b>*COMPLEMENT C5 INHIBITORS***</b>			AGRYLIN ORAL CAPSULE	3	QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	3	PA; LD; QL; SP	anagrelide hcl oral capsule	1 or 1b*	QL
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	3	PA; LD; QL; SP	AGENTES HEMORREOLÓGICOS		
VEOPOZ INJECTION SOLUTION	3	PA; QL	pentoxifylline er oral tablet extended release	1 or 1b*	
<b>*COMPLEMENT C5A INHIBITORS***</b>			ANTAGONISTAS DE LOS RECEPTORES B2 DE LA BRADICININA		
gohibic intravenous solution	3		icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL; SP
<b>*COMPLEMENT C5A RECEPTOR INHIBITORS***</b>					
<b>TAVNEOS ORAL CAPSULE</b>	3	PA; LD; QL			

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sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL
<b>ANTAGONISTAS DEL RECEPTOR-1 DE PROTEASA ACTIVADA (PAR-1)</b>		
ZONTIVITY ORAL TABLET	3	PA; QL
<b>COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
<b>DERIVADOS DE LA TIENOPIRIDINA</b>		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet	1 or 1b*	QL
<b>EXPANSORES PLASMÁTICOS</b>		
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*	
<b>HEMINA</b>		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
<b>INHIBIDORES DE ACTUACIÓN DIRECTA DEL RECEPTOR P2Y12</b>		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	

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<b>INHIBIDORES DE AGREGACIÓN PLAQUETARIA</b>		
dipyridamole oral tablet	1 or 1b*	
<b>INHIBIDORES DE C1</b>		
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
<b>INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLORALES</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
<b>INHIBIDORES DE CALICREÍNA PLASMÁTICA</b>		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
ORLADEYO ORAL CAPSULE	3	PA; LD; QL
<b>INHIBIDORES DE LA FOSFODIESTERASA III</b>		
cilostazol oral tablet	1 or 1b*	
<b>INHIBIDORES DE TIROSINAS-CINASAS (SYK)</b>		
TAVALISSE ORAL TABLET	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA</b>			<b>ALTUVIPIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>AGGRASTAT INTRAVENOUS CONCENTRATE</b>	3		<b>BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%</b>	3		<b>BENEFIX INTRAVENOUS KIT</b>	3	PA; LD; SP
eftifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*		<b>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
tirofiban hcl in nacl intravenous solution	1 or 1b*		<b>CORIFACT INTRAVENOUS KIT</b>	3	PA; LD; SP
<b>PRODUCTOS ANTIHEMOFÍLICOS - ANTICUERPOS MONOCLONALES</b>			<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML</b>	3	PA; LD; SP	<b>ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>PRODUCTOS ANTIHEMOFÍLICOS</b>			<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	2	PA; LD; SP	<b>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>AFSTYLA INTRAVENOUS KIT</b>	3	PA; LD; SP	<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	3	PA; LD; SP
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3	PA; LD; SP	<b>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP			
<b>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KCENTRA INTRAVENOUS KIT	3		TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	3	PA; LD; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	3	PA; LD; SP	WILATE INTRAVENOUS KIT	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	2	PA; LD; SP	XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	LD; SP	PROTAMINA		
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	protamine sulfate intravenous solution	1 or 1b*	
NUWIQ INTRAVENOUS KIT	3	PA; LD; SP	PROTEÍNA C HUMANA		
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
obizur intravenous solution reconstituted	3	PA; LD; SP	PROTEÍNAS PLASMÁTICAS		
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	ALBUKED 25 INTRAVENOUS SOLUTION	3	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	ALBUKED 5 INTRAVENOUS SOLUTION	3	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	ALBUMINEX INTRAVENOUS SOLUTION	3	
			ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
			ALBURX INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
ALBUTEIN INTRAVENOUS SOLUTION	3	
FLEXBUMIN INTRAVENOUS SOLUTION	3	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
PLASBUMIN-25 INTRAVENOUS SOLUTION	3	
PLASBUMIN-5 INTRAVENOUS SOLUTION	3	
PLASMANATE INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	

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<b>AGENTES HEMATOPOYÉTICOS</b>		
<b>*AGENTS FOR SICKLE CELL DISEASE - AUTOLOGOUS GENE THERAPY***</b>		
CASGEVY INTRAVENOUS SUSPENSION	3	
LYFGENIA INTRAVENOUS SUSPENSION	3	
<b>*ERYTHROID MATURATION AGENTS***</b>		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
<b>*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***</b>		
OXBRYTA ORAL TABLET	3	PA; LD; QL; SP
OXBRYTA ORAL TABLET SOLUBLE	3	PA; LD; QL; SP
<b>*SELECTIN BLOCKERS***</b>		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; SP
<b>ÁCIDO FÓLICO/FOLATO</b>		
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
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
yl folic acid oral tablet	1 or 1a*	\$0

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>AGENTES CITOTÓXICOS</b>			<b>YARGESA ORAL CAPSULE</b>	1 or 1b*	PA; LD; QL; SP
<b>DROXIA ORAL CAPSULE</b>	2		<b>AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO)</b>		
<b>SIKLOS ORAL TABLET</b>	3	PA; SP	<b>DOPTELET ORAL TABLET 20 MG</b>	3	PA; LD; QL; SP
<b>AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA)</b>			<b>MULPLETA ORAL TABLET</b>	3	PA; QL; SP
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	3	PA; QL; SP	<b>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE</b>	3	PA; QL; SP	<b>PROMACTA ORAL PACKET 12.5 MG</b>	2	PA; LD; DO; SP
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	3	PA; QL; SP	<b>PROMACTA ORAL PACKET 25 MG</b>	2	PA; LD; QL; SP
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; QL	<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	2	PA; LD; DO; SP
<b>PROCRIT INJECTION SOLUTION</b>	3	PA; QL; SP	<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	2	PA; LD; QL; SP
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	3	PA; QL; SP	<b>AMINOÁCIDOS</b>		
<b>AGENTES PARA LA ENFERMEDAD DE GAUCHER</b>			<b>ENDARI ORAL PACKET</b>	3	PA; LD; SP
<b>CERDELGA ORAL CAPSULE</b>	2	PA; LD; QL; SP	<b>ANTAGONISTA DEL RECEPTOR CXCR4</b>		
<b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</b>	2	PA; LD; SP	<b>MOZOBIL SUBCUTANEOUS SOLUTION</b>	3	PA; LD; SP
<b>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	plerixafor subcutaneous solution	1 or 1b*	PA; LD; SP
miglustat oral capsule	1 or 1b*	PA; LD; QL; SP	<b>COBALAMINAS</b>		
<b>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP	cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
			dodex injection solution	1 or 1a*	
			hydroxocobalamin acetate intramuscular solution	1 or 1b*	
<b>COMBINACIONES DE ÁCIDO FÓLICO/FOLATO</b>			<b>FOLIXATE ORAL TABLET</b>		
			foltabs 800 oral tablet	1 or 1b*	\$0
<b>ERITROPOYETINA</b>			<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML</b>		
				3	PA; QL; SP

Nombre del Medicamento	Nivel	Notas
EPOGEN INJECTION SOLUTION 2000 UNIT/ML	3	PA; QL; SP
<b>FACTOR ESTIMULANTE DE COLONIAS DE GRANULOCITOS Y MACRÓFAGOS (GM-CSF)</b>		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
<b>FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF)</b>		
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
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
<b>HIERRO</b>		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	3	PA; QL; SP

Nombre del Medicamento	Nivel	Notas
FERRLECIT INTRAVENOUS SOLUTION	3	PA; QL; SP
ferumoxytol intravenous solution	3	PA; QL; SP
INFED INJECTION SOLUTION	3	PA; SP
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; QL; SP
VENOFER INTRAVENOUS SOLUTION	3	PA; QL; SP
<b>AGENTES HEMOSTÁTICOS</b>		
<b>AGENTES HEMOSTÁTICOS SISTÉMICOS</b>		
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	
<b>AGENTES HEMOSTÁTICOS TÓPICOS</b>		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GELFILM EXTERNAL FILM	3	

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GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	
GELFOAM SPONGE EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSTAT EXTERNAL PAD	3	
INTERCEED (TC7) EXTERNAL PAD	3	
INTERCEED EXTERNAL PAD	3	
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	

Nombre del Medicamento	Nivel	Notas
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
COMBINACIONES HEMOSTÁTICAS TÓPICAS		
ARTISS EXTERNAL KIT	3	
ARTISS EXTERNAL SOLUTION	3	
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	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>ANTICOLINÉRGICOS NASALES</b>			<b>AGENTES BLOQUEADORES NEUROMUSCULARES - NEUROTOXINAS</b>		
ipratropium bromide nasal solution	1 or 1b*	QL	<b>BOTOX INJECTION SOLUTION RECONSTITUTED</b>	3	PA
<b>ANTIHISTAMÍNICOS ESTEROIDES</b>			<b>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; SP
azelastine-fluticasone nasal suspension	3	QL	<b>MYOBLOC INTRAMUSCULAR SOLUTION</b>	3	PA; SP
<b>ANTIHISTAMÍNICOS NASALES</b>			<b>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
azelastine hcl nasal solution	1 or 1b*	QL	<b>AGENTES PARA LA DISTROFIA MUSCULAR</b>		
olopatadine hcl nasal solution	1 or 1b*	QL	<b>AMONDYS 45 INTRAVENOUS SOLUTION</b>	3	PA; LD
<b>ESTEROIDES NASALES</b>			<b>EXONDYS 51 INTRAVENOUS SOLUTION</b>	3	PA; LD
flunisolide nasal solution 25 mcg/act (0.025%)	3		<b>VILTEPSO INTRAVENOUS SOLUTION</b>	3	PA; LD
mometasone furoate nasal suspension	3	ST; QL	<b>VYONDYS 53 INTRAVENOUS SOLUTION</b>	3	PA; LD
<b>PROPEL MINI NASAL IMPLANT</b>	3		<b>AGENTES PARA LA ESCLEROSIS LATERAL AMIOTRÓFICA (ELA) - MISCELÁNEOS</b>		
<b>PROPEL MINI SDS NASAL IMPLANT</b>	3		<b>RADICAVA ORS ORAL SUSPENSION</b>	3	PA; LD; QL; SP
<b>PROPEL NASAL IMPLANT</b>	3		<b>RADICAVA ORS STARTER KIT ORAL SUSPENSION</b>	3	PA; LD; QL; SP
<b>AGENTES NEUROMUSCULARES</b>			<b>BENZOTIAZOLES</b>		
<b>*ALS AGENT COMBINATIONS***</b>			<b>RILUTEK ORAL TABLET</b>	3	QL; SP
<b>RELYVRIO ORAL PACKET</b>	3	PA; LD; QL; SP	riluzole oral tablet	1 or 1b*	QL; SP
<b>*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS***</b>			<b>RELAJANTES MUSCULARES DESPOLARIZANTES</b>		
<b>SKYCLARYS ORAL CAPSULE</b>	3	PA; LD; QL	<b>ANECTINE INJECTION SOLUTION</b>	3	
<b>*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS***</b>					
<b>DAYBUE ORAL SOLUTION</b>	3	PA; LD; QL			
<b>*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***</b>					
<b>EVRYSDI ORAL SOLUTION RECONSTITUTED</b>	3	PA; LD; QL			

Nombre del Medicamento	Nivel	Notas
QUELICIN INJECTION SOLUTION	3	
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
<b>RELAJANTES MUSCULARES NO DESPOLARIZANTES</b>		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
<b>AGENTES OFTÁLMICOS</b>		
<b>*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS***</b>		
VABYSMO INTRAVITREAL SOLUTION	3	PA; LD; SP
<b>*OPHTHALMIC COMPLEMENT C3 INHIBITORS***</b>		
SYFOVRE INTRAVITREAL SOLUTION	3	PA; LD
<b>*OPHTHALMIC COMPLEMENT C5 INHIBITORS***</b>		
IZERVAY INTRAVITREAL SOLUTION	3	PA; SP
<b>*OPHTHALMIC ECTOPARASITICIDE**</b>		
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL
<b>*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**</b>		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL

Nombre del Medicamento	Nivel	Notas
<b>AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS</b>		
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
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
<b>AGENTES DE TERAPIA FOTODINÁMICA OFTÁLMICA</b>		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; QL; SP
<b>AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS</b>		
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	

Nombre del Medicamento	Nivel	Notas
<b>ANESTÉSICOS LOCALES OFTÁLMICOS</b>		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
IHEEZO OPHTHALMIC GEL	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
<b>ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1)</b>		
XIIDRA OPHTHALMIC SOLUTION	2	QL
<b>ANTAGONISTAS DEL FACTOR DE CRECIMIENTO ENDOTELIAL VASCULAR (VEGF)</b>		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml	3	
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
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	3	LD; SP

Nombre del Medicamento	Nivel	Notas
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	3	LD; SP
<b>ANTIALÉRGICOS OFTÁLMICOS</b>		
azelastine hcl ophthalmic solution	1 or 1b*	QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
<b>ANTIBIÓTICOS OFTÁLMICOS</b>		
AZASITE OPHTHALMIC SOLUTION	3	QL
bacitracin ophthalmic ointment	1 or 1b*	QL
BESIVANCE OPHTHALMIC SUSPENSION	3	QL
CILOXAN OPHTHALMIC OINTMENT	3	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL
erythromycin ophthalmic ointment	3	QL
gatifloxacina ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacina ophthalmic solution 1.5 %	1 or 1b*	QL
MITOSOL OPHTHALMIC KIT	3	
moxifloxacina hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacina hcl ophthalmic solution	1 or 1b*	QL
OCUFLOX OPHTHALMIC SOLUTION	3	QL
ofloxacina ophthalmic solution	1 or 1a*	QL
tobramicina ophthalmic solution	1 or 1a*	QL
TOBREX OPHTHALMIC OINTMENT	3	QL

Nombre del Medicamento	Nivel	Notas
VIGAMOX OPHTHALMIC SOLUTION	3	QL
ZYMAXID OPHTHALMIC SOLUTION	3	QL
<b>ANTIMICÓTICOS OFTÁLMICOS</b>		
NATACYN OPHTHALMIC SUSPENSION	3	QL
<b>ANTISÉPTICOS OFTÁLMICOS</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
<b>ANTIVIRALES OFTÁLMICOS</b>		
trifluridine ophthalmic solution	1 or 1b*	QL
ZIRGAN OPHTHALMIC GEL	3	QL
<b>BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS</b>		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1 or 1b*	QL
<b>BETABLOQUEADORES - OFTÁLMICOS</b>		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</b>	3	QL
<b>COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA</b>		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
<b>COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS</b>		
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
<b>COMBINACIONES DE ESTEROIDES OFTÁLMICOS</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL
<b>MAXITROL OPHTHALMIC OINTMENT</b>	3	QL
<b>MAXITROL OPHTHALMIC SUSPENSION 0.1 %</b>	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

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*		CELLUGEL INTRAOCULAR SOLUTION	3	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL	HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL	HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>TOBRADEX OPTHALMIC OINTMENT</b>	2		HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL	HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>ZYLET OPTHALMIC SUSPENSION</b>	2	QL	PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>COMBINACIONES DE FOTOREFORZADORES OFTÁLMICOS</b>			TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>PHOTREXA-PHOTREXA VISCOS KIT OPTHALMIC SOLUTION PREFILLED SYRINGE</b>	3		TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>COMBINACIONES DE MIDRIÁTICOS CICLOPLÉJICOS</b>			VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>CYCLOMYDRIL OPTHALMIC SOLUTION</b>	3		<b>ESTEROIDES OFTÁLMICOS</b>		
<b>DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS - COMBINACIONES</b>			dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
<b>DISCOVISC INTRAOCULAR SOLUTION</b>	3		<b>DEXTENZA OPTHALMIC INSERT</b>	3	
<b>DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML</b>	3		<b>DEXYCU INTRAOCULAR SUSPENSION</b>	3	
<b>OMIDRIA INTRAOCULAR SOLUTION</b>	3		difluprednate ophthalmic emulsion	1 or 1b*	
<b>VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE</b>	3		<b>DUREZOL OPTHALMIC EMULSION</b>	3	QL
<b>DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS</b>			<b>FLAREX OPTHALMIC SUSPENSION</b>	3	
<b>AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE</b>	3				

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
fluorometholone ophthalmic suspension	1 or 1b*		<b>YUTIQ INTRAVITREAL IMPLANT</b>	3	PA; LD
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	3		<b>FACTORES DE CRECIMIENTO NERVIOSO OFTÁLMICO</b>		
<b>FML LIQUIFILM OPHTHALMIC SUSPENSION</b>	3		<b>OXERVATE OPHTHALMIC SOLUTION</b>	3	PA; LD; QL
<b>ILUVIEN INTRAVITREAL IMPLANT</b>	3	PA; LD; SP	<b>INHIBIDORES DE CINASA OFTÁLMICOS - COMBINACIONES</b>		
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	3	QL	<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	3	QL
<b>LOTEMAX OPHTHALMIC GEL</b>	3	QL	<b>INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS</b>		
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	3	QL	brinzolamide ophthalmic suspension	1 or 1b*	QL
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	3	QL	dorzolamide hcl ophthalmic solution	1 or 1b*	QL
<b>LOTEMAX SM OPHTHALMIC GEL</b>	3	QL	<b>INHIBIDORES OFTÁLMICOS DE LA RHO-CINASA</b>		
loteprednol etabonate ophthalmic gel	1 or 1b*	QL	<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	3	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL	<b>INMUNOMODULADORES OFTÁLMICOS</b>		
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	3		<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	2	QL
<b>OZURDEX INTRAVITREAL IMPLANT</b>	3	PA; LD; SP	<b>RESTASIS OPHTHALMIC EMULSION</b>	1 or 1b*	QL
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	3		<b>VERKAZIA OPHTHALMIC EMULSION</b>	3	PA; QL
prednisolone acetate ophthalmic suspension	1 or 1b*	QL	<b>MIDRIÁTICOS CICLOPLÉJICOS</b>		
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	3	QL	<b>ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %</b>	3	QL
<b>RETISERT INTRAVITREAL IMPLANT</b>	3	PA; LD; SP	<b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %</b>	3	
<b>TRIESENCE INTRAOCULAR SUSPENSION</b>	3		<b>CYCLOGYL OPHTHALMIC SOLUTION 1 %</b>	3	QL
<b>XIPERE INTRAOCULAR SUSPENSION</b>	3	PA; LD			

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
<b>MYDRIACYL OPHTHALMIC SOLUTION</b>	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
<b>MIÓTICOS - ACTUACIÓN DIRECTA</b>		
<b>MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED</b>	3	
<b>MIOSTAT INTRAOCULAR SOLUTION</b>	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
<b>MIÓTICOS - INHIBIDORES DE LA COLINESTERASA</b>		
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	3	
<b>OFTÁLMICOS - AGENTES DE CISTINOSIS</b>		
<b>CYSTADROPS OPHTHALMIC SOLUTION</b>	3	PA; QL
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	3	PA; LD; QL
<b>PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO</b>		
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*	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION</b>	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
<b>FLUORESCITE INTRAVENOUS SOLUTION</b>	3	
<b>FLURA-SAFE OPHTHALMIC SOLUTION</b>	3	
<b>PROSTAGLANDINAS - OFTÁLMICAS</b>		
bimatoprost ophthalmic solution	1 or 1b*	
<b>DURYSTA INTRAOCULAR IMPLANT</b>	3	PA; LD; QL; SP
latanoprost ophthalmic solution	1 or 1b*	QL
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
<b>ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %</b>	3	QL
<b>SOLUCIONES DE IRRIGACIÓN OFTÁLMICA</b>		
<b>BSS INTRAOCULAR SOLUTION</b>	3	
<b>BSS PLUS INTRAOCULAR SOLUTION</b>	3	
<b>SULFONAMIDAS OFTÁLMICAS</b>		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
<b>AGENTES ÓTICOS</b>		
<b>AGENTES ÓTICOS VARIOS</b>		
acetic acid otic solution	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
<b>ANTIINFECCIOSOS ÓTICOS</b>		
CETRAXAL OTIC SOLUTION	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL
<b>COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS</b>		
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
<b>COMBINACIONES DE ANALGÉSICOS ÓTICOS</b>		
PRAMOTIC OTIC LIQUID	3	
<b>ESTEROIDES ÓTICOS</b>		
DERMOTIC OTIC OIL	3	
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL
<b>AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES</b>		
<b>AGENTES ANTIINFECCIOSOS - GARGANTA</b>		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	1 or 1b*	QL
ORAVIG BUCCAL TABLET	3	

Nombre del Medicamento	Nivel	Notas
<b>ANESTÉSICOS TÓPICOS ORALES</b>		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
<b>ANTISÉPTICOS - BOCA/GARGANTA</b>		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
periogard mouth/throat solution	1 or 1a*	QL
<b>ESTEROIDES - BOCA/GARGANTA</b>		
KOURZEQ MOUTH/THROAT PASTE	1 or 1b*	
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
<b>ESTIMULANTES DE SALIVA</b>		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
<b>PRODUCTOS DENTALES - COMBINACIONES</b>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
<b>PRODUCTOS DENTALES CON FLUORURO</b>		
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
<b>AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR</b>		
<b>COMBINACIONES DE RELAJANTES MUSCULARES</b>		
norgesic oral tablet	1 or 1b*	ST; QL
<b>ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG</b>	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
<b>RELAJANTES MUSCULARES CENTRALES</b>		
baclofen oral tablet	1 or 1b*	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
<b>ZANAFLEX ORAL CAPSULE 6 MG</b>	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
<b>AGENTES PARA LA GOTAS</b>		
<b>AGENTES PARA LA GOTAS</b>		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral tablet	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
<b>COMBINACIONES DE AGENTES PARA LA GOTAS</b>		
colchicine-probenecid oral tablet	1 or 1b*	
<b>URICOSÚRICO</b>		
probenecid oral tablet	1 or 1b*	
<b>AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS</b>		
<b>*ANTI-CATAPLECTIC COMBINATIONS***</b>		
XYWAV ORAL SOLUTION	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
*MELANOCORTIN RECEPTOR AGONISTS***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS***		
LYBALVI ORAL TABLET	3	ST; QL
<b>AGENTE PARA LA FIBROMALGIA - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (IRSN)</b>		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL
<b>AGENTES ANTICATAPLÉTICOS</b>		
sodium oxybate oral solution	3	PA; LD; QL
XYREM ORAL SOLUTION	3	PA; LD; QL
<b>AGENTES DE ARN PEQUEÑO DE INTERFERENCIA (SIRNA)</b>		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
ONPATTRO INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
<b>AGENTES DE NEURALGIA POSTHERPÉTICA (PHN)</b>		
GRALISE ORAL TABLET 300 MG, 450 MG, 750 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG, 900 MG	2	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL

Nombre del Medicamento	Nivel	Notas
<b>AGENTES INHIBIDORES DE OLIGONUCLEÓTIDO ANTISENTIDO (ASO)</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
<b>AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA</b>		
teriflunomide oral tablet	1 or 1b*	PA; LD; QL; SP
<b>AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS</b>		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
<b>AGENTES PARA LA ABSTINENCIA DE OPIOIDES</b>		
LUCEMYRA ORAL TABLET	3	QL
<b>AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2</b>		
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; QL; SP
VUMERTY ORAL CAPSULE DELAYED RELEASE	3	PA; LD; QL; SP
<b>AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTICUERPOS MONOCLONALES</b>		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; LD; QL; SP
LEMTRADA INTRAVENOUS SOLUTION	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; LD; QL; SP
<b>AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
<b>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK</b>		
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
<b>AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; LD; QL; SP
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; LD; QL; SP
<b>AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	3	PA; LD; QL; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
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
AGENTES PARA LA ESCLEROSIS MÚLTIPLE		
COPAXONE 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*	QL

Nombre del Medicamento	Nivel	Notas
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 ORAL TABLET 10 MG	3	QL
NAMENDA ORAL TABLET 5 MG	3	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
BENZODIAZEPINAS Y ISRS		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO
BENZODIAZEPINAS Y AGENTES TRICÍCLICOS		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERAS A (ACHE)		
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas	
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; QL; SP	
donepezil hcl oral tablet 5 mg	1 or 1b*	DO	INGREZZA ORAL CAPSULE 40 MG	3	PA; LD; DO; SP	
donepezil hcl oral tablet dispersible	1 or 1b*	QL	INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; LD; QL; SP	
<b>EXELO</b> <b>TRANSDERMAL PATCH 24 HOUR</b>	3	ST; QL	INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LD; QL; SP	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL	tetrabenazine oral tablet	1 or 1b*	PA; LD; QL; SP	
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO	<b>FENOTIAZINAS Y AGENTES TRICÍCLICOS</b>			
galantamine hydrobromide oral solution	1 or 1b*	QL	perphenazine-amitriptyline oral tablet	1 or 1b*		
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL	<b>MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P)</b>			
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO	fingolimod hcl oral capsule	1 or 1b*	PA; QL; SP	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO	GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL; SP	
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL	MAYZENT ORAL TABLET	3	PA; LD; QL; SP	
rivastigmine transdermal patch 24 hour	1 or 1b*	QL	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP	
<b>COMBINACIONES DE AGENTES ANTIDEMENCIA</b>			PONVORY ORAL TABLET	3	PA; LD; QL; SP	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	QL	PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL	ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; LD; QL; SP	
<b>COMBINACIONES DE AGENTES DE LABILIDAD EMOCIONAL</b>			ZEPOSIA ORAL CAPSULE	3	PA; LD; QL; SP	
NUEDEXTA ORAL CAPSULE	3	QL	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	3	PA; LD; QL; SP	
<b>FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO</b>			<b>PRODUCTOS PARA DEJAR DE BEBER ALCOHOL</b>			
AUSTEDO ORAL TABLET	3	PA; QL; SP	acamprosate calcium oral tablet delayed release	1 or 1b*	QL	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP	disulfiram oral tablet	1 or 1b*		

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>PRODUCTOS PARA DEJAR DE FUMAR</b>		
<b>APO-VARENICLINE ORAL TABLET</b>	3	PA; \$0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	\$0
cvs nicotine mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
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 mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	\$0
goodsense nicotine mouth/throat gum	1 or 1b*	\$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	\$0
habitrol transdermal patch 24 hour	1 or 1b*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR</b>	2	\$0
<b>NICORETTE MINI MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE MOUTH/THROAT GUM</b>	2	\$0
<b>NICORETTE MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b>	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
<b>NICOTINE TRANSDERMAL KIT</b>	2	\$0
nicotine transdermal patch 24 hour	1 or 1b*	\$0
<b>NICOTROL INHALATION INHALER</b>	3	PA; \$0; QL
<b>NICOTROL NS NASAL SOLUTION</b>	3	PA; \$0; QL
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	\$0

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
ra mini nicotine mouth/throat lozenge	1 or 1b*	\$0	TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; LD; QL
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	\$0	TRIKAFTA ORAL THERAPY PACK	3	PA; LD; QL
ra nicotine mouth/throat gum	1 or 1b*	\$0	AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA		
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0	OFEV ORAL CAPSULE	3	PA; LD; QL; SP
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0	AGENTES PARA LA FIBROSIS PULMONAR		
sm nicotine mouth/throat gum	1 or 1b*	\$0	pirfenidone oral capsule	1 or 1b*	PA; LD; QL; SP
sm nicotine mouth/throat lozenge	1 or 1b*	\$0	pirfenidone oral tablet 267 mg, 801 mg	1 or 1b*	PA; LD; QL; SP
sm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0	pirfenidone oral tablet 534 mg	1 or 1b*	PA; QL
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0	ENZIMAS HIDROLÍTICAS		
sm nicotine transdermal patch 24 hour	1 or 1b*	\$0	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	LD; QL; SP
thrive mouth/throat gum 2 mg	1 or 1b*	\$0	INHIBIDORES DE LA ALFA-PROTEINASA (HUMANOS)		
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*	\$0; QL	ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; LD; SP
varenicline tartrate oral tablet	1 or 1b*	PA; \$0; QL	GLASSIA INTRAVENOUS SOLUTION	3	PA; LD; SP
varenicline tartrate(continue) oral tablet	1 or 1b*	PA; \$0; QL	PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LD
AGENTES RESPIRATORIOS VARIOS			PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; LD
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS***			ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; LD; SP
BRONCHITOL INHALATION CAPSULE	3	PA; LD; QL; SP	ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	3	PA; SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	3	PA; LD; QL; SP			
AGENTE PARA LA FIBROSIS QUÍSTICA - COMBINACIONES					
ORKAMBI ORAL PACKET	3	PA; LD; QL			
ORKAMBI ORAL TABLET	3	PA; LD; QL			
SYMDEKO ORAL TABLET THERAPY PACK	3	PA; LD; QL			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas			
<b>POTENCIADORES DE CFTR</b>								
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	3	PA; LD; QL	<b>AMEBICIDAS</b>					
KALYDECO ORAL PACKET 5.8 MG	3	PA; QL	<b>AMEBICIDAS</b>					
KALYDECO ORAL TABLET	3	PA; LD; QL	<b>SOLOSEC ORAL PACKET</b>	3	PA; QL			
<b>AGENTES TIROIDEOS</b>								
<b>*ANTITHYROID AGENTS - RADIOPHARMACEUTIC ALS***</b>								
SODIUM IODIDE I-131 ORAL SOLUTION	3		amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*				
<b>AGENTES ANTITIROIDEOS</b>								
methimazole oral tablet	1 or 1a*		<b>ARIKAYCE INHALATION SUSPENSION</b>	3	PA; LD; QL			
propylthiouracil oral tablet	1 or 1b*		<b>BETHKIS INHALATION NEBULIZATION SOLUTION</b>	3	LD; QL; SP			
<b>HORMONAS TIROIDEAS</b>								
euthyrox oral tablet	1 or 1b*		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*				
levo-t oral tablet	1 or 1b*		gentamicin sulfate injection solution	1 or 1b*				
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3		<b>HUMATIN ORAL CAPSULE</b>	3				
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3		neomycin sulfate oral tablet	1 or 1a*				
levothyroxine sodium oral capsule	1 or 1b*		streptomycin sulfate intramuscular solution reconstituted	1 or 1b*				
levothyroxine sodium oral tablet	1 or 1a*		<b>TOBI PODHALER INHALATION CAPSULE</b>	3	LD; QL; SP			
levoxyl oral tablet	1 or 1a*		tobramycin inhalation nebulization solution	1 or 1b*	LD; QL; SP			
liothyronine sodium intravenous solution	1 or 1b*		tobramycin sulfate injection solution	1 or 1b*	QL			
liothyronine sodium oral tablet	1 or 1b*		tobramycin sulfate injection solution reconstituted	1 or 1b*	QL			
np thyroid oral tablet	1 or 1a*		<b>ZEMDRI INTRAVENOUS SOLUTION</b>	3				
THYQUIDITY ORAL SOLUTION	3		<b>ANALGÉSICOS - ANTIINFLAMATORIOS</b>					
TIROSINT-SOL ORAL SOLUTION	3		<b>AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE)</b>					
unithroid oral tablet	1 or 1a*		<b>ANAPROX DS ORAL TABLET</b>	3	QL			
			<b>CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML</b>	3				
			<b>DAYPRO ORAL TABLET</b>	3	QL			

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
<b>FELDENE ORAL CAPSULE</b>	3	QL
flurbiprofen oral tablet	1 or 1b*	QL
ibu oral tablet	1 or 1a*	QL
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
<b>KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML</b>	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
<b>LODINE ORAL TABLET</b>	3	QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
naproxen dr oral tablet delayed release 500 mg	1 or 1b*	
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
<b>NEOPROFEN INTRAVENOUS SOLUTION</b>	3	
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
sulindac oral tablet	1 or 1b*	QL
tolmetin sodium oral capsule	1 or 1b*	QL
tolmetin sodium oral tablet 600 mg	1 or 1b*	QL
<b>AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; QL; SP
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	3	PA; QL; SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; QL; SP
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; QL; SP
<b>ANTIMETABOLITOS ANTIIRREUMÁTICOS</b>		
<b>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</b>	3	PA; QL; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK)</b>			<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	3	SP
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	PA; QL; SP	<b>HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</b>	3	PA; QL; SP
<b>XELJANZ ORAL SOLUTION</b>	3	PA; QL; SP	<b>HUMIRA-PED&lt;40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	3	PA; QL; SP
<b>XELJANZ ORAL TABLET</b>	3	PA; QL; SP	<b>HUMIRA-PED&gt;/=40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	3	PA; QL; SP
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	PA; QL; SP	<b>HUMIRA-PED&gt;/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT</b>	3	PA; QL; SP
<b>ANTITNF ALFA - ANTICUERPOS MONOCLONALES</b>			<b>HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</b>	3	PA; QL; SP
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; QL; SP	<b>HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT</b>	3	PA; QL; SP
adalimumab-adbm subcutaneous prefilled syringe kit	3	PA; QL; SP	<b>SIMPONI ARIA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT</b>	3	PA; QL; SP	<b>BLOQUEADORES DE LA INTERLEUCINA-1 BETA</b>		
<b>CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	3	PA; QL; SP	<b>ILARIS SUBCUTANEOUS SOLUTION</b>	3	PA; LD; QL; SP
<b>CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT</b>	3	PA; QL; SP	<b>BLOQUEADORES DE LA INTERLEUCINA-1</b>		
<b>CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT</b>	3	PA; QL; SP	<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL; SP
<b>HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML</b>	3	PA; QL; SP	<b>COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES</b>		
<b>HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	3	SP	<b>diclofenac-misoprostol oral tablet delayed release</b>	1 or 1b*	QL
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	3	PA; QL; SP			

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>COMPUESTOS DE ORO</b>		
<b>RIDAURA ORAL CAPSULE</b>	2	QL
<b>INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2)</b>		
celecoxib oral capsule	1 or 1b*	ST; QL
<b>INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4)</b>		
<b>OTEZLA ORAL TABLET</b>	3	PA; QL; SP
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	3	PA; QL; SP
<b>INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA</b>		
<b>ARAVA ORAL TABLET</b>	3	QL
leflunomide oral tablet	1 or 1b*	QL
<b>ANALGÉSICOS - NO NARCÓTICOS</b>		
<b>ANALGÉSICOS - OTROS</b>		
acetaminophen intravenous solution 10 mg/ml	1 or 1b*	
<b>ANALGÉSICOS - SEDATIVOS</b>		
bac oral tablet	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
tencon oral tablet 50-325 mg	1 or 1b*	QL
<b>SALICILATOS</b>		
adult aspirin regimen oral tablet delayed release	1 or 1a*	\$0
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

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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
cls aspirin low dose oral tablet delayed release	1 or 1a*	\$0
kp aspirin oral tablet delayed release	1 or 1a*	\$0
mm aspirin oral tablet delayed release	1 or 1a*	\$0
qc aspirin low dose oral tablet chewable	1 or 1a*	\$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	\$0
qc childrens aspirin oral tablet chewable	1 or 1a*	\$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	\$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	\$0
ra aspirin childrens oral tablet chewable	1 or 1a*	\$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	\$0
ra aspirin ec oral tablet delayed release 81 mg	1 or 1a*	\$0
sb childrens aspirin oral tablet chewable	1 or 1a*	\$0
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
st joseph low dose oral tablet chewable	1 or 1a*	\$0
st joseph low dose oral tablet delayed release	1 or 1a*	\$0
<b>ANALGÉSICOS - OPIOIDES</b>		
<b>AGONISTAS OPIÁCEOS PARCIALES</b>		
<b>BELBUCA Buccal Film</b>	3	PA; QL
<b>BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
<b>BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
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
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	LD; QL
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</b>	2	QL
<b>AGONISTAS OPIÁCEOS</b>		
<b>CODEINE SULFATE ORAL TABLET 15 MG, 60 MG</b>	3	QL
codeine sulfate oral tablet 30 mg	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML</b>	3		<b>HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML</b>	3	
<b>DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML</b>	3		hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
<b>DILAUDID ORAL LIQUID</b>	3	QL	<b>INFUMORPH 200 INJECTION SOLUTION</b>	3	
<b>DILAUDID ORAL TABLET</b>	3	QL	<b>INFUMORPH 500 INJECTION SOLUTION</b>	3	
<b>DSUVIA SUBLINGUAL TABLET SUBLINGUAL</b>	3		levorphanol tartrate oral tablet	1 or 1b*	PA; QL
doramorph injection solution	1 or 1b*		meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	
<b>FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML</b>	1 or 1b*		meperidine hcl oral solution	1 or 1b*	QL
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*		meperidine hcl oral tablet 50 mg	1 or 1b*	QL
<b>FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML</b>	3		<b>METHADONE HCL INJECTION SOLUTION</b>	3	PA; QL
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL	methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL	methadone hcl oral concentrate	1 or 1b*	PA; QL
<b>FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3		methadone hcl oral solution	1 or 1b*	PA; QL
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL	methadone hcl oral tablet	1 or 1b*	PA; QL
<b>FENTORA Buccal TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3	PA; QL	methadone hcl oral tablet soluble	1 or 1b*	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL	<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	3	PA; QL
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL	methadose oral tablet soluble	1 or 1b*	PA; QL
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*		<b>METHADOSE SUGAR-FREE ORAL CONCENTRATE</b>	3	PA; QL
hydromorphone hcl oral liquid	1 or 1b*	QL	mitigo injection solution	1 or 1b*	
hydromorphone hcl oral tablet	1 or 1b*	QL	morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
<b>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</b>	3	
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
<b>MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML</b>	3	
morphine sulfate injection solution 50 mg/ml	3	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate oral solution 10 mg/5ml	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
<b>NUCYNTA ORAL TABLET</b>	3	QL
<b>OLINVYK INTRAVENOUS SOLUTION</b>	3	
<b>OXAYDO ORAL TABLET</b>	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrant 10 mg, 20 mg, 40 mg, 80 mg	3	PA; QL
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
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
<b>QDOLO ORAL SOLUTION</b>	3	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT</b>	3	QL
<b>SUFENTANIL CITRATE INTRAVENOUS SOLUTION</b>	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
<b>TRAMADOL HCL ORAL SOLUTION</b>	3	QL
tramadol hcl oral tablet 100 mg, 50 mg	1 or 1b*	QL
<b>ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>COMBINACIONES DE CODEÍNA</b>		
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
<b>COMBINACIONES DE DIHIDROCODEÍNA</b>		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
<b>COMBINACIONES DE HIDROCODONA</b>		
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

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL	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
<b>COMBINACIONES DE OPIÁCEOS</b>					
APADAZ ORAL TABLET	3	QL	testosterone transdermal solution	1 or 1b*	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL	<b>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL	<b>ANESTÉSICOS GENERALES</b>		
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL	<b>ANESTÉSICOS BARBITÚRICOS</b>		
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL	<b>BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG</b>	3	
<b>COMBINACIONES DE TRAMADOL</b>			<b>ANESTÉSICOS VARIOS</b>		
tramadol-acetaminophen oral tablet	1 or 1b*	QL	<b>AMIDATE INTRAVENOUS SOLUTION</b>	3	
<b>ANDRÓGENOS-ANABÓLICOS</b>			<b>ANESTHESIA S/I-40A INTRAVENOUS KIT</b>	3	
<b>ANDRÓGENOS</b>			<b>ANESTHESIA S/I-40H INTRAVENOUS KIT</b>	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL	<b>ANESTHESIA S/I-40S INTRAVENOUS KIT</b>	3	
danazol oral capsule	1 or 1b*	QL	<b>DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML</b>	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1 or 1b*	PA	etomidate intravenous solution	1 or 1b*	
JATENZO ORAL CAPSULE	3	PA; QL	fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
NATESTO NASAL GEL	3	PA; QL	<b>KETALAR INJECTION SOLUTION</b>	3	
TESTOPEL IMPLANT PELLET	3	PA; LD	ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA	propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
testosterone enanthate intramuscular solution	1 or 1b*	PA			

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
propofol-lipuro intravenous emulsion	1 or 1b*	
<b>ANESTÉSICOS VOLÁTILES</b>		
desflurane inhalation solution	1 or 1b*	
<b>FORANE INHALATION SOLUTION</b>	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
<b>SUPRANE INHALATION SOLUTION</b>	3	
terrell inhalation solution	1 or 1b*	
<b>ULTANE INHALATION SOLUTION</b>	3	
<b>ANESTÉSICOS LOCALES - PARENTERALES</b>		
<b>ANESTÉSICOS LOCALES - AMIDAS</b>		
<b>BUPIVACAINE FISIOPHARMA INJECTION SOLUTION</b>	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*	
<b>MARCAINE INJECTION SOLUTION</b>	3	
<b>MARCAINE PRESERVATIVE FREE INJECTION SOLUTION</b>	3	
<b>MONOJECT BONE MARROW BIOPSY INJECTION KIT</b>	3	
<b>NAROPIN INJECTION SOLUTION</b>	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
<b>POSIMIR INJECTION SOLUTION</b>	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
sensorcaine injection solution	1 or 1b*	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
sensorcaine-mpf injection solution	1 or 1b*	
<b>XARACOLL IMPLANT IMPLANT</b>	3	
<b>XYLOCAINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %</b>	3	
<b>ANESTÉSICOS LOCALES - ÉSTERES</b>		
chlorprocaine hcl (pf) injection solution	1 or 1b*	
<b>NESACAINA INJECTION SOLUTION</b>	3	
<b>NESACAINA-MPF INJECTION SOLUTION</b>	3	
<b>ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS</b>		
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, 2 %-1:50000	1 or 1b*	
<b>MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000</b>	3	
<b>MARCAINE/EPINEPHRINE PF INJECTION SOLUTION</b>	3	
<b>ORABLOC INJECTION SOLUTION CARTRIDGE</b>	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
sensorcaine-mpf/epinephrine injection solution 0.5% - 1:200000	3	
<b>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %</b>	3	
<b>XYLOCAINE/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>COMBINACIONES DE ANESTÉSICOS LOCALES</b>		
<b>POINT OF CARE LM-2.5 INJECTION KIT</b>	3	
<b>ANTIARRÍTMICOS</b>		
<b>ANTIARRÍTMICOS DE CLASE I-A</b>		
disopyramide phosphate oral capsule	1 or 1b*	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	2	
<b>NORPACE ORAL CAPSULE</b>	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*	
<b>ANTIARRÍTMICOS DE CLASE I-B</b>		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
<b>LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION</b>	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
<b>ANTIARRÍTMICOS DE CLASE I-C</b>		
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*	
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	
<b>ANTIARRÍTMICOS DE CLASE III</b>		
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
<b>CORVERT INTRAVENOUS SOLUTION</b>	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
<b>MULTAQ ORAL TABLET</b>	3	QL
<b>NEXTERONE INTRAVENOUS SOLUTION</b>	3	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
<b>ANTIARRÍTMICOS VARIOS</b>		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
<b>ANTICOAGULANTES</b>		
<b>AGENTES TIPO HEPARINA SINTÉTICOS</b>		
<b>ARIXTRA SUBCUTANEOUS SOLUTION</b>	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
<b>ANTICOAGULANTES DERIVADOS DE LA CUMARINA</b>		
jantoven oral tablet	1 or 1a*	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
warfarin sodium oral tablet	1 or 1a*		<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>	3	QL
<b>HEPARINA Y AGENTES TIPO HEPARINA</b>					
bd heparin posiflush intravenous solution	1 or 1b*		<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*		<b>INHIBIDORES DE LA TROMBINA - SELECTIVO DIRECTO Y REVERSIBLE</b>		
<b>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%</b>	3		<b>ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%</b>	3	
heparin na (pork) lock flush pf intravenous solution	1 or 1b*		<b>ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML</b>	3	
<b>HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%</b>	3		<b>INHIBIDORES DE LA TROMBINA - TIPO HIRUDINA</b>		
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*		<b>ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*		bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*		bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
<b>HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE</b>	3		<b>INHIBIDORES DIRECTOS DEL FACTOR XA</b>		
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*		<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL
<b>HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML</b>	3		<b>ELIQUIS ORAL TABLET</b>	2	QL
<b>HEPARINAS DE BAJO PESO MOLECULAR</b>			<b>XARELTO ORAL SUSPENSION RECONSTITUTED</b>	2	QL
enoxaparin sodium injection solution 300 mg/3ml	1 or 1b*	QL	<b>XARELTO ORAL TABLET</b>	2	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL	<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL

Nombre del Medicamento	Nivel	Notas
<b>ANTICONCEPTIVOS</b>		
<b>ANTICONCEPTIVOS BIFÁSICOS ORALES</b>		
azurette oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
kariva oral tablet	1 or 1b*	\$0
<b>LO LOESTRIN FE ORAL TABLET</b>	2	\$0
pimtrea oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0
<b>ANTICONCEPTIVOS CONTINUOS ORALES</b>		
amethyst oral tablet	1 or 1b*	\$0
dolishale oral tablet	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0
<b>ANTICONCEPTIVOS DE CICLO EXTENDIDO ORALES</b>		
amethia oral tablet	1 or 1b*	\$0
ashlyna oral tablet	1 or 1b*	\$0
camrese lo oral tablet	1 or 1b*	\$0
camrese oral tablet	1 or 1b*	\$0
daysee oral tablet	1 or 1b*	\$0
iclevia oral tablet	1 or 1b*	\$0
introvale oral tablet	1 or 1b*	\$0
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimiess oral tablet	1 or 1b*	\$0
rivelsa oral tablet	1 or 1b*	\$0
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0

Nombre del Medicamento	Nivel	Notas
<b>ANTICONCEPTIVOS DE COBRE - DIU</b>		
<b>PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE</b>	3	\$0
<b>ANTICONCEPTIVOS DE EMERGENCIA</b>		
aftera oral tablet	1 or 1b*	\$0
afterpill oral tablet	1 or 1b*	\$0
<b>CURAE ORAL TABLET</b>	1 or 1b*	\$0
econtra one-step oral tablet	1 or 1b*	\$0
<b>ELLA ORAL TABLET</b>	3	\$0
<b>HER STYLE ORAL TABLET</b>	1 or 1b*	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	\$0
my choice oral tablet	1 or 1b*	\$0
my way oral tablet	1 or 1b*	\$0
new day oral tablet	1 or 1b*	\$0
opcicon one-step oral tablet	1 or 1b*	\$0
option 2 oral tablet	1 or 1b*	\$0
react oral tablet	1 or 1b*	\$0
take action oral tablet	1 or 1b*	\$0
<b>ANTICONCEPTIVOS DE PROGESTINA - DIU</b>		
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	LD; \$0; SP
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	3	LD; \$0; SP
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	3	LD; \$0; SP
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	LD; \$0; SP
<b>ANTICONCEPTIVOS DE PROGESTINA - IMPLANTES</b>		
<b>NEXPLANON SUBCUTANEOUS IMPLANT</b>	3	LD; \$0; SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES</b>		
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	3	\$0
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$0
<b>ANTICONCEPTIVOS DE PROGESTINA - ORALES</b>		
camila oral tablet	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
errin oral tablet	1 or 1b*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
lyleq oral tablet	1 or 1b*	\$0
lyza oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
<b>SLYND ORAL TABLET</b>	3	\$0
<b>ANTICONCEPTIVOS TRIFÁSICOS ORALES</b>		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
dasetta 7/7/7 oral tablet	1 or 1a*	\$0
empresse-28 oral tablet	1 or 1a*	\$0
leena oral tablet	1 or 1a*	\$0
levonest oral tablet	1 or 1a*	\$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0
nortrel 7/7/7 oral tablet	1 or 1a*	\$0
nylia 7/7/7 oral tablet	1 or 1a*	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-nymyo oral tablet	1 or 1b*	\$0
tri-sprintec oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
velivet oral tablet	1 or 1a*	\$0
<b>COMBINACIONES DE ANTICONCEPTIVOS ORALES</b>		
afirmelle oral tablet	1 or 1a*	\$0
altavera oral tablet	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
apri oral tablet	1 or 1a*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aurovela 1.5/30 oral tablet	1 or 1a*	\$0
aurovela 1/20 oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	\$0
aurovela fe 1/20 oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
balziva oral tablet	1 or 1a*	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
charlotte 24 fe oral tablet chewable	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
cryselle-28 oral tablet	1 or 1a*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
cyred eq oral tablet	1 or 1a*	\$0
dasetta 1/35 oral tablet	1 or 1a*	\$0
delyla oral tablet	1 or 1a*	\$0
drospirene-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
estarrylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina oral tablet	1 or 1a*	\$0
<b>FINZALA ORAL TABLET CHEWABLE</b>	1 or 1a*	\$0
gemmily oral capsule	1 or 1b*	\$0
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey fe 1.5/30 oral tablet	1 or 1a*	\$0
hailey fe 1/20 oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
<b>JOYEUX ORAL TABLET</b>	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kelnor 1/35 oral tablet	1 or 1a*	\$0
kelnor 1/50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
larin 1.5/30 oral tablet	1 or 1a*	\$0
larin 1/20 oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 oral tablet	1 or 1a*	\$0
larin fe 1/20 oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
levonorgest-eth estradiol-iron oral tablet	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
loestrin 1.5/30 (21) oral tablet	1 or 1a*	\$0
loestrin 1/20 (21) oral tablet	1 or 1a*	\$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	\$0
loestrin fe 1/20 oral tablet	1 or 1a*	\$0
loryna oral tablet	1 or 1b*	\$0
low-ogestrel oral tablet	1 or 1a*	\$0
lo-zumandimine oral tablet	1 or 1b*	\$0
lutera oral tablet	1 or 1a*	\$0
marlissa oral tablet	1 or 1a*	\$0
merzee oral capsule	1 or 1b*	\$0
<b>MIBELAS 24 FE ORAL TABLET CHEWABLE</b>	1 or 1a*	\$0
microgestin 1.5/30 oral tablet	1 or 1a*	\$0
microgestin 1/20 oral tablet	1 or 1a*	\$0
microgestin 24 fe oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 oral tablet	1 or 1a*	\$0
microgestin fe 1/20 oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
mono-linyah oral tablet	1 or 1a*	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
nikki oral tablet	1 or 1b*	\$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	\$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	\$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	\$0
norethindrone acet-ethinyl est oral tablet	1 or 1a*	\$0
norethrin-eth estradiol-fe oral tablet chewable	1 or 1b*	\$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nylia 1/35 oral tablet	1 or 1a*	\$0
nymyo oral tablet	1 or 1a*	\$0
ocella oral tablet	1 or 1b*	\$0
philith oral tablet	1 or 1a*	\$0
portia-28 oral tablet	1 or 1a*	\$0
reclipsen oral tablet	1 or 1a*	\$0
sprintec 28 oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 eq oral tablet	1 or 1a*	\$0
taysofy oral capsule	1 or 1b*	\$0
<b>TURQOZ ORAL TABLET</b>	1 or 1a*	\$0
tydemy oral tablet	1 or 1b*	\$0
vestura oral tablet	1 or 1b*	\$0
vienna oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
<b>COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS</b>		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*	\$0
<b>TWIRLA TRANSDERMAL PATCH WEEKLY</b>	3	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
zafemy transdermal patch weekly	1 or 1b*	\$0
<b>COMBINACIONES DE ANTICONCEPTIVOS VAGINALES</b>		
<b>ANNOVERA VAGINAL RING</b>	3	\$0
<b>NUVARING VAGINAL RING</b>	1 or 1b*	\$0; \$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ANTICONVULSIVOS</b>		
<b>ÁCIDO VALPROICO</b>		
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*	
<b>ANTAGONISTAS DE RECEPTORES DE GLUTAMATO AMPA</b>		
<b>FYCOMPA ORAL SUSPENSION</b>	3	QL
<b>FYCOMPA ORAL TABLET</b>	3	QL
<b>ANTICONVULSIVOS - BENZODIAZEPINAS</b>		
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
<b>DIASTAT ACUDIAL RECTAL GEL 10 MG</b>	3	QL
diazepam rectal gel	1 or 1b*	QL
<b>SYMPAZAN ORAL FILM</b>	3	QL
<b>ANTICONVULSIVOS VARIOS</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	3	DO
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	3	QL
<b>BANZEL ORAL SUSPENSION</b>	3	QL
<b>BANZEL ORAL TABLET 200 MG</b>	3	DO
<b>BANZEL ORAL TABLET 400 MG</b>	3	QL
<b>BRIVIACT INTRAVENOUS SOLUTION</b>	3	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>BRIVIACT ORAL SOLUTION</b>	3	QL	lamotrigine oral tablet chewable	1 or 1b*	QL
<b>BRIVIACT ORAL TABLET</b>	3	QL	lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL	lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL	lamotrigine starter kit-blue oral kit	1 or 1b*	QL
carbamazepine oral suspension	1 or 1b*	QL	lamotrigine starter kit-green oral kit	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL	lamotrigine starter kit-orange oral kit	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL	levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	3	PA; LD; DO	<b>LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML</b>	3	
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	3	PA; LD; QL	levetiracetam in nacl intravenous solution 250 mg/50ml	3	
<b>DIACOMIT ORAL PACKET 250 MG</b>	3	PA; LD; DO	levetiracetam intravenous solution	1 or 1b*	
<b>DIACOMIT ORAL PACKET 500 MG</b>	3	PA; LD; QL	levetiracetam oral solution	1 or 1b*	QL
<b>ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL	levetiracetam oral tablet 1000 mg	1 or 1b*	QL
<b>EPIDIOLEX ORAL SOLUTION</b>	3	PA; LD; SP	levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
epitol oral tablet	1 or 1b*	QL	oxcarbazepine oral suspension	1 or 1b*	QL
<b>FINTEPLA ORAL SOLUTION</b>	3	PA; LD; QL	oxcarbazepine oral tablet	1 or 1b*	QL
gabapentin oral capsule	1 or 1b*	DO	<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	3	DO
gabapentin oral solution	1 or 1b*	QL	<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>	3	QL
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL	pregabalin oral capsule	1 or 1b*	QL
lacosamide intravenous solution	1 or 1b*		pregabalin oral solution	1 or 1b*	QL
lacosamide oral solution	1 or 1b*	QL	primidone oral tablet	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL	<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG</b>	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			

Nombre del Medicamento	Nivel	Notas
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG	3	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
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	3	QL
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate 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
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG</b>	1 or 1b*	QL
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG</b>	1 or 1b*	DO
zonisamide oral capsule	1 or 1b*	QL
<b>ZTALMY ORAL SUSPENSION</b>	3	LD; QL
<b>CARBAMATOS</b>		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	3	QL

Nombre del Medicamento	Nivel	Notas
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
<b>XCOPRI ORAL TABLET</b>	3	QL
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	3	QL
<b>HIDANTOÍNA</b>		
<b>CEREBYX INJECTION SOLUTION</b>	3	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	3	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2	
<b>DILANTIN ORAL SUSPENSION</b>	3	
fosphenytoin sodium injection solution	1 or 1b*	
<b>PHENYTEK ORAL CAPSULE</b>	1 or 1b*	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	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*	
<b>MODULADORES DEL ÁCIDO ?-AMINOBUTÍRICO (GABA)</b>		
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; QL; SP
vigabatrin oral tablet	1 or 1b*	LD; QL; SP
vigadrona oral packet	1 or 1b*	LD; QL
<b>VIGADRONE ORAL TABLET</b>	1 or 1b*	LD; QL; SP
<b>SUCCINIMIDAS</b>		
<b>CELONTIN ORAL CAPSULE</b>	3	QL
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
methylsuximide oral capsule	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
<b>ANTIDEPRESIVOS</b>		
<b>AGENTES TRICÍCLICOS</b>		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	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
<b>PAMELOR ORAL CAPSULE 10 MG, 25 MG</b>	3	DO
<b>PAMELOR ORAL CAPSULE 50 MG, 75 MG</b>	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

Nombre del Medicamento	Nivel	Notas
<b>ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS)</b>		
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>		
mirtazapine oral tablet dispersible	1 or 1b*	
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE</b>	3	
<b>ANTAGONISTAS DEL RECEPTOR NMDA</b>		
<b>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	3	PA; LD; QL
<b>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	3	PA; LD; QL
<b>ANTIDEPRESIVOS VARIOS</b>		
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG</b>	3	ST; DO
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG</b>	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
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	3	ST; DO

Nombre del Medicamento	Nivel	Notas
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG</b>	3	ST; QL
<b>INHIBIDORES DE LA MONOAMINO OXIDASA (MAO)</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR</b>	3	QL
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR</b>	3	DO
<b>MARPLAN ORAL TABLET</b>	3	QL
<b>NARDIL ORAL TABLET</b>	3	QL
<b>PARNATE ORAL TABLET</b>	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
<b>INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS)</b>		
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	
<b>PAXIL ORAL SUSPENSION</b>	3	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
<b>MODULADOR DEL RECEPTOR GABA - COMBINACIÓN DE SUPLEMENTOS NUTRICIONALES</b>		
<b>ZULRESSO INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
<b>MODULADORES DE SEROTONINA</b>		
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
<b>TRINTELLIX ORAL TABLET 10 MG, 5 MG</b>	2	DO
<b>TRINTELLIX ORAL TABLET 20 MG</b>	2	QL
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	QL
<b>SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN)</b>		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
duloxetine hcl oral capsule delayed release particles	1 or 1b*	QL
venlafaxine hcl er oral capsule extended release 24 hour	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL
venlafaxine hcl oral tablet	1 or 1b*	QL
<b>ANTIDIABÉTICOS</b>		
<b>*ANTIDIABETIC-ANTI-CD3 ANTIBODIES***</b>		
TZIELD INTRAVENOUS SOLUTION	3	PA; LD
<b>*INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)***</b>		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
<b>AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1)</b>		
OZEMPIK (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL
OZEMPIK (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL
OZEMPIK (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
RYBELSUS ORAL TABLET	2	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL

Nombre del Medicamento	Nivel	Notas
<b>AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA - DERIVADOS DE LA ERGOTAMINA</b>		
CYCLOSET ORAL TABLET	3	QL
<b>ANÁLOGOS DE MEGLITINIDAS</b>		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
<b>ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA</b>		
KORLYM ORAL TABLET	3	PA; LD; QL
<b>ANTIDIABÉTICOS - ANÁLOGOS DE AMILINA</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
<b>BIGUANIDAS</b>		
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
metformin hcl oral tablet 850 mg	1 or 1b*	\$0; QL
RIOMET ORAL SOLUTION	3	PA; QL
<b>COMBINACIONES DE INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 Y BIGUANIDA</b>		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL	INHIBIDOR DE SGLT2 - COMBINACIONES DE INHIBidores DE DPP-4		
COMBINACIONES DE INSULINA Y MIMÉTICOS DE LA INCRETINA					
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL	GLYXAMBI ORAL TABLET	2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL	INHIBidores DE COTRANSportador DE SODIO-GLUCOSA TIPO 2 (SGLT2)		
COMBINACIONES DE SULFONILUREAS-BIGUANIDA					
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL	FARXIGA ORAL TABLET	2	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL	JARDIANC ORAL TABLET	2	ST; QL
COMBINACIONES DE SULFONILUREAS-TIAZOLIDINEDIONAS					
DUETACT ORAL TABLET	3	ST; QL	INHIBidores DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4)		
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL	alogliptin benzoate oral tablet	1 or 1b*	ST; QL
INHIBIDOR DE COTRANSportador DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA					
SYNJARDY ORAL TABLET	2	ST; QL	JANUVIA ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL	INSULINA HUMANA		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL	BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INHIBIDOR DE DPP-4 - COMBINACIÓN DE TIAZOLIDINEDIONAS			FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL	FIASP INJECTION SOLUTION	2	QL
			FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
			FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
			HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
			HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL

Nombre del Medicamento	Nivel	Notas
MYXREDLIN INTRAVENOUS SOLUTION	3	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	2	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
<b>OTROS AGENTES PARA LA DIABETES</b>		
BAQSIMI ONE PACK NASAL POWDER	3	QL
BAQSIMI TWO PACK NASAL POWDER	3	QL
diazoxide oral suspension	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	QL
GLUCAGON EMERGENCY INJECTION KIT	3	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

Nombre del Medicamento	Nivel	Notas
GVOKE KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<b>SULFONILUREAS</b>		
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
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
<b>TIAZOLIDINEDIONAS</b>		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
<b>TIAZOLIDINEDIONAS. COMBINACIONES DE BIGUANIDA</b>		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
<b>ANTIDIARRÉICOS</b>		
<b>AGENTES ANTIPERISTÁLTICOS</b>		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
<b>LOMOTIL ORAL TABLET</b>		
loperamide hcl oral capsule	1 or 1b*	QL
<b>MOTOFEN ORAL TABLET</b>		

Nombre del Medicamento	Nivel	Notas
<b>ANTIDIARRÉICOS - ANTAGONISTAS DE CANALES DE CLORURO</b>		
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
<b>ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS</b>		
<b>ANTÍDOTOS - AGENTES QUELANTES</b>		
deferasirox oral tablet 180 mg	1 or 1b*	PA; LD; SP
<b>ANTÍDOTOS</b>		
<b>CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM</b>	3	
<b>ANTÍDOTOS</b>		
<b>ANTAGONISTAS DE LAS BENZODIAZEPINAS</b>		
flumazenil intravenous solution	1 or 1b*	
<b>ANTAGONISTAS OPIÁCEOS</b>		
<b>KLOXXADO NASAL LIQUID</b>	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	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
<b>OPVEE NASAL SOLUTION</b>	2	QL
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	QL
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE</b>	2	QL
<b>ANTÍDOTOS - AGENTES QUELANTES</b>		
<b>CHEMET ORAL CAPSULE</b>	3	

Nombre del Medicamento	Nivel	Notas
deferasirox granules oral packet	1 or 1b*	PA; LD; SP
deferasirox oral packet	1 or 1b*	PA; LD; SP
deferasirox oral tablet 360 mg, 90 mg	1 or 1b*	PA; LD; SP
deferasirox oral tablet soluble	1 or 1b*	PA; LD; SP
deferiprone oral tablet	1 or 1b*	PA; LD
<b>FERRIPROX ORAL SOLUTION</b>	3	PA; LD
<b>FERRIPROX TWICE-A-DAY ORAL TABLET</b>	3	PA; LD
<b>ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS</b>		
<b>ACETADOTE INTRAVENOUS SOLUTION</b>	3	
acetylcysteine intravenous solution	1 or 1b*	
<b>ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG</b>	3	
<b>BRIDION INTRAVENOUS SOLUTION</b>	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG</b>	3	SP
<b>DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
edetate calcium disodium injection solution	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
methylene blue intravenous solution prefilled syringe	3	
<b>PRAXBIND INTRAVENOUS SOLUTION</b>	3	

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

Nombre del Medicamento	Nivel	Notas
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	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	
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 50 mg	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMÉTICOS VARIOS		
dronabinol oral capsule	1 or 1b*	QL
MARINOL ORAL CAPSULE 2.5 MG	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

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

Nombre del Medicamento	Nivel	Notas
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral solution	1 or 1b*	QL
oxybutynin chloride oral tablet	1 or 1b*	QL
solifenacina succinato oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
trospium chloride oral tablet	1 or 1b*	QL
<b>ANTIESPASMÓDICOS URINARIOS - RELAJANTES MUSCULARES DIRECTOS</b>		
flavoxate hcl oral tablet	1 or 1b*	
<b>ANTIHelmínticos</b>		
<b>ANTIHelmínticos</b>		
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*	PA; QL
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	PA; QL
<b>ANTIHiperlipidémicos</b>		
<b>*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***</b>		
NEXLIZET ORAL TABLET	3	PA; QL

Nombre del Medicamento	Nivel	Notas
<b>*ANGIPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***</b>		
EVKEEZA INTRAVENOUS SOLUTION	3	PA; LD
<b>*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS***</b>		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; QL
<b>ANTIHIPERLIPIDÉMICOS VARIOS</b>		
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	1 or 1b*	PA; QL
<b>COMBINACIÓN DE INHIBidores DE LA HMG COA REDUCTASA- INHIBidores DE ABSORCIÓN INTESTINAL DE COLESTEROL</b>		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
<b>DERIVADOS DEL ÁCIDO FÍBRICO</b>		
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
<b>FENOGLIDE ORAL TABLET</b>	3	ST; QL
<b>FIBRICOR ORAL TABLET</b>	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
<b>LIPOFEN ORAL CAPSULE</b>	3	ST; QL
<b>LOPID ORAL TABLET</b>	3	ST; QL
<b>TRICOR ORAL TABLET</b>	3	ST; QL

Nombre del Medicamento	Nivel	Notas
<b>DERIVADOS DEL ÁCIDO NICOTÍNICO</b>		
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
<b>INHIBidores DE ABSORCIÓN INTESTINAL DE COLESTEROL</b>		
ezetimibe oral tablet	1 or 1b*	ST; QL
<b>INHIBidores DE ADENOSINA TRIFOSFATO-CITRATO LIASA (ACL)</b>		
<b>NEXLETOL ORAL TABLET</b>	3	PA; QL
<b>INHIBidores DE LA HMG COA REDUCTASA</b>		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 40 mg	1 or 1b*	\$0; QL
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL

Nombre del Medicamento	Nivel	Notas
<b>INHIBIDORES DE LA PROTEÍNA DE TRANSFERENCIA DE TRIGLICÉRIDOS MICROSOMALES</b>		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
<b>INHIBIDORES DE PCSK9</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
<b>SECUESTRADORES DEL ÁCIDO BILIAR</b>		
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
<b>COLESTID FLAVORED ORAL GRANULES</b>	3	QL
<b>COLESTID FLAVORED ORAL PACKET</b>	3	QL
<b>COLESTID ORAL GRANULES</b>	3	QL
<b>COLESTID ORAL PACKET</b>	3	QL
<b>COLESTID ORAL TABLET</b>	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
<b>QUESTRAN LIGHT ORAL POWDER</b>	3	QL

Nombre del Medicamento	Nivel	Notas
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL
<b>ANTIHIPERTENSIVOS</b>		
<b>AGENTES PARA FEOCROMOCITOMAS</b>		
DEMSER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
<b>AGONISTAS DE LOS RECEPTORES D1 DE LA DOPAMINA</b>		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	3	
<b>ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II</b>		
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet 100 mg, 50 mg	1 or 1b*	QL
losartan potassium oral tablet 25 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
valsartan oral solution	3	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO

Nombre del Medicamento	Nivel	Notas
<b>ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II- BLOQUEADORES DE CANALES DE CALCIO- DIURÉTICOS TIAZÍDICOS</b>		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL
<b>ANTAGONISTAS DEL RECEPTOR SELECTIVO DE ALDOSTERONA (SARA)</b>		
eplerenone oral tablet	1 or 1b*	
<b>INSPRA ORAL TABLET</b>	3	
<b>ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL</b>		
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</b>	3	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

Nombre del Medicamento	Nivel	Notas
<b>ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA</b>		
<b>CARDURA ORAL TABLET</b>	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
<b>MINIPRESS ORAL CAPSULE</b>	3	
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
<b>ANTIHIPERTENSIVOS VARIOS</b>		
<b>VECAMYL ORAL TABLET</b>	3	
<b>COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO</b>		
amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
amlodipine besylate- valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
<b>COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA</b>		
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
irbesartan- hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO	trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO	<b>INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA</b>		
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL	<b>ACCURETIC ORAL TABLET 10-12.5 MG</b>	3	DO
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO	<b>ACCURETIC ORAL TABLET 20-12.5 MG</b>	3	QL
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO	benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL	captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL
<b>COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS</b>			enalapril-hydrochlorothiazide oral tablet 10-25 mg	1 or 1b*	QL
atenolol-chlorthalidone oral tablet	1 or 1b*	QL	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1 or 1b*	DO
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL	fosinopril sodium-hctz oral tablet 10-12.5 mg	1 or 1b*	DO
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL	fosinopril sodium-hctz oral tablet 20-12.5 mg	1 or 1b*	QL
<b>TENORETIC 100 ORAL TABLET</b>	3	QL	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
<b>TENORETIC 50 ORAL TABLET</b>	3	QL	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
<b>INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO</b>			<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG</b>	3	DO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL	<b>LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG</b>	3	QL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO	quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
<b>PRESTALIA ORAL TABLET 14-10 MG</b>	3	QL	quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
<b>PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG</b>	3	DO	<b>VASERETIC ORAL TABLET</b>	3	QL
			<b>ZESTORETIC ORAL TABLET 10-12.5 MG</b>	3	DO
			<b>ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>INHIBIDORES DE LA ECA</b>		
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*	
<b>EPANED ORAL SOLUTION</b>	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
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG</b>	3	DO
<b>LOTENSIN ORAL TABLET 40 MG</b>	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
<b>QBRELIS ORAL SOLUTION</b>	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
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
<b>INHIBIDORES DIRECTOS DE LA RENINA</b>		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
<b>VASODILATADORES</b>		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
<b>NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%</b>	3	
nitroprusside sodium intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
<b>ANTIHISTAMÍNICOS</b>		
<b>ANTIHISTAMÍNICOS - ETANOLAMINAS</b>		
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
<b>CLEMASTINE FUMARATE ORAL SYRUP</b>	3	ST; QL
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
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	3	ST; QL
<b>ANTIHISTAMÍNICOS - FENOTIAZINA</b>		
<b>PHENERGAN INJECTION SOLUTION</b>	3	
promethazine hcl injection solution	1 or 1a*	

Nombre del Medicamento	Nivel	Notas
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral syrup	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
promethegan rectal suppository	1 or 1b*	QL
<b>ANTIHISTAMÍNICOS - NO SEDANTES</b>		
cetirizine hcl oral solution 1 mg/ml	1 or 1b*	QL
<b>CLARINEX ORAL TABLET</b>	3	ST; QL
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
<b>QUZYTIR INTRAVENOUS SOLUTION</b>	3	
<b>ANTIHISTAMÍNICOS - PIPERIDINAS</b>		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
<b>ANTIMICÓTICOS</b>		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)***		
<b>BREXAFEMME ORAL TABLET</b>	3	PA; QL
*TETRAZOLES***		
<b>VIVJOA ORAL CAPSULE THERAPY PACK</b>	3	PA; QL
<b>ANTIMICÓTICO - INHIBIDORES DE LA SÍNTESIS DEL GLUCANO (EQUINOCANDINAS)</b>		
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	QL
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>ANTIMICÓTICOS</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	3	
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
<b>ANCOBON ORAL CAPSULE</b>	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
<b>IMIDAZOLES</b>		
ketoconazole oral tablet	1 or 1b*	QL
<b>TRIAZOLES</b>		
<b>CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
CRESEMBAL ORAL CAPSULE	3	PA; QL	ALUNBRIG ORAL TABLET	2	PA; LD; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	QL	ALUNBRIG ORAL TABLET THERAPY PACK	2	PA; LD; QL
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL	LORBRENA ORAL TABLET	3	PA; LD; QL; SP
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3		XALKORI ORAL CAPSULE	3	PA; LD; QL; SP
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*		ZYKADIA ORAL TABLET	3	PA; LD; QL; SP
fluconazole oral suspension reconstituted	1 or 1b*	QL	*ANTINEOPLASTIC - ALLOGENEIC CELLULAR IMMUNOTHERAPY***		
fluconazole oral tablet	1 or 1b*	QL	OMISIRGE INTRAVENOUS SUSPENSION	3	
itraconazole oral capsule	1 or 1b*	PA; QL	*ANTINEOPLASTIC - ANTIBODY COMBINATIONS***		
itraconazole oral solution	1 or 1b*	PA; QL	OPDUALAG INTRAVENOUS SOLUTION	3	PA; LD; SP
NOXAFILE ORAL PACKET	3	PA; QL	*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES***		
posaconazole intravenous solution	1 or 1b*		POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
posaconazole oral suspension	1 or 1b*	PA; QL	*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES***		
posaconazole oral tablet delayed release	1 or 1b*	PA; QL	MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
SPORANOX ORAL CAPSULE	3	PA; QL	*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY- DRUG COMPLEX***		
SPORANOX ORAL SOLUTION	3	PA; QL	ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
TOLSURA ORAL CAPSULE	3	PA; QL	*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***		
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL	ARZERRA INTRAVENOUS CONCENTRATE	3	PA; LD; SP
VFEND ORAL TABLET	3	PA; QL			
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL			
voriconazole oral tablet	1 or 1b*	PA; QL			
ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS					
*ANTINEOPLASTIC - ALK INHIBITORS***					
ALECENSA ORAL CAPSULE	2	PA; LD; QL; SP			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
GAZYVA INTRAVENOUS SOLUTION	3	PA; LD; SP	*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***		
RIABNI INTRAVENOUS SOLUTION	3	PA; LD; SP	IMJUDO INTRAVENOUS SOLUTION	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; LD; SP	YERVOY INTRAVENOUS SOLUTION	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; SP	*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***		
TRUXIMA INTRAVENOUS SOLUTION	3	PA; SP	DANYELZA INTRAVENOUS SOLUTION	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY- DRUG COMPLEX***			UNITUXIN INTRAVENOUS SOLUTION	3	LD
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	*ANTINEOPLASTIC - ANTI-HER2 AGENTS***		
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY- DRUG COMPLEX***			HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY- DRUG COMPLEX***			KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; LD; SP	MARGENZA INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***			OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
DARZALEX INTRAVENOUS SOLUTION	3	PA; LD; SP	ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; LD; SP	PERJETA INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***			TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	TUKYSA ORAL TABLET	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
*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; LD
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
IMFINZI INTRAVENOUS SOLUTION	3	PA; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES***		
EMPATICITI 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 TABLET	2	PA; QL; SP

Nombre del Medicamento	Nivel	Notas
ICLUSIG ORAL TABLET	3	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; QL; SP
SCEMBLIX ORAL TABLET	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; LD; QL
CALQUENCE ORAL TABLET	2	PA; LD; QL
IMBRUVICA ORAL CAPSULE	2	PA; LD; QL
IMBRUVICA ORAL SUSPENSION	2	PA; LD; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; LD; QL
JAYPIRCA ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - EGFR INHIBITORS***		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
EXKIVITY ORAL CAPSULE	3	PA; LD; QL
gefitinib oral tablet	1 or 1b*	PA; LD; QL; SP
GILOTrif ORAL TABLET	3	PA; LD; QL
IRESSA ORAL TABLET	3	PA; LD; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
TAGRISSO ORAL TABLET	3	PA; LD; QL; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; LD; SP
VIZIMPRO ORAL TABLET	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS***</b>			<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; LD; QL
<b>WELIREG ORAL TABLET</b>	3	PA; LD; QL	<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	3	PA; LD; QL
<b>*ANTINEOPLASTIC - KRAS INHIBITORS***</b>			<b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL
<b>KRAZATI ORAL TABLET</b>	3	PA; LD; QL	<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; LD; QL
<b>LUMAKRAS ORAL TABLET</b>	3	PA; LD; QL; SP	<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL
<b>*ANTINEOPLASTIC - MET INHIBITORS***</b>			<b>*MYELOPROTECTIVE AGENTS***</b>		
<b>TABRECTA ORAL TABLET</b>	3	PA; QL; SP	<b>COSELA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD
<b>TEPMETKO ORAL TABLET</b>	3	PA; LD; QL	<b>*OTOPROTECTIVE AGENTS***</b>		
<b>*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***</b>			<b>PEDMARK INTRAVENOUS SOLUTION</b>	3	PA; LD
<b>TAZVERIK ORAL TABLET</b>	3	PA; LD; QL	<b>*SELECTIVE ESTROGEN RECEPTOR DEGRADERS***</b>		
<b>*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***</b>			<b>ORSERDU ORAL TABLET</b>	3	PA; LD; QL
<b>RYBREVANT INTRAVENOUS SOLUTION</b>	3	PA; LD; SP	<b>*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX***</b>		
<b>*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***</b>			<b>TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD
<b>AYVAKIT ORAL TABLET</b>	3	PA; LD; QL	<b>AGENTES ALQUILANTES</b>		
<b>*ANTINEOPLASTIC - RET INHIBITORS***</b>			<b>BELRAPZO INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
<b>GAVRETO ORAL CAPSULE</b>	3	PA; LD; QL; SP	bendamustine hcl intravenous solution	3	PA; LD; SP
<b>RETEVMO ORAL CAPSULE</b>	3	PA; LD; QL; SP			
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS***</b>					
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	3	PA; LD; QL			
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; LD; QL			

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD; SP
<b>BENDEKA INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
busulfan intravenous solution	1 or 1b*	SP
<b>BUSULFEX INTRAVENOUS SOLUTION</b>	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
<b>CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
kemoplat intravenous solution	3	SP
<b>MYLERAN ORAL TABLET</b>	2	
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
<b>TEPADINA INJECTION SOLUTION RECONSTITUTED</b>	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
<b>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
vivimusta intravenous solution	3	PA; LD; SP
<b>ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>AGENTES DE LA ENZIMA CARBOXIPEPTIDASA</b>		
<b>VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	LD

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO</b>		
<b>KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG</b>	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	1 or 1b*	
<b>AGENTES PROTECTORES CARDÍACOS</b>		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	SP
<b>AGENTES PROTECTORES DEL TRACTO URINARIO</b>		
<b>ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
mesna intravenous solution	1 or 1b*	PA
<b>MESNEX INTRAVENOUS SOLUTION</b>	3	PA
<b>MESNEX ORAL TABLET</b>	2	PA
<b>AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS</b>		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
<b>ANÁLOGOS DE LHRH</b>		
<b>CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE</b>	3	PA; LD; QL
<b>ELIGARD SUBCUTANEOUS KIT</b>	3	PA; QL; SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
leuprolide acetate (3 month) intramuscular injectable	3	PA; QL; SP
leuprolide acetate injection kit	1 or 1b*	PA; SP
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</b>	3	PA; QL; SP
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</b>	2	QL; SP
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</b>	3	PA; QL; SP
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</b>	2	QL; SP
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>	2	QL; SP
<b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT</b>	2	QL; SP
<b>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	PA; QL; SP
<b>ZOLADEX SUBCUTANEOUS IMPLANT</b>	3	PA; QL; SP
<b>ANTAGONISTA DEL RECEPTOR DE ESTRÓGENO</b>		
<b>FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; SP
<b>ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH)</b>		
<b>FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; QL; SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</b>	3	PA; QL; SP
<b>ORGOVYX ORAL TABLET</b>	3	PA; LD; QL
<b>ANTIANDRÓGENOS</b>		
bicalutamide oral tablet	1 or 1b*	QL
<b>CASODEX ORAL TABLET</b>	3	QL
<b>ERLEADA ORAL TABLET</b>	2	PA; LD; QL; SP
<b>EULEXIN ORAL CAPSULE</b>	3	
nilutamide oral tablet	1 or 1b*	QL
<b>NUBEQA ORAL TABLET</b>	2	PA; LD; QL; SP
<b>XTANDI ORAL CAPSULE</b>	2	PA; LD; QL; SP
<b>XTANDI ORAL TABLET</b>	2	PA; LD; QL; SP
<b>ANTIBIÓTICOS ANTINEOPLÁSICOS</b>		
adriamycin intravenous solution reconstituted 50 mg	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
<b>COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
<b>DAUNORUBICIN HCL INTRAVENOUS SOLUTION</b>	3	SP
<b>DOXIL INTRAVENOUS INJECTABLE</b>	3	PA; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; SP
<b>ELLENCE INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>IDAMYCIN PFS INTRAVENOUS SOLUTION</b>	3	SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
idarubicin hcl intravenous solution	1 or 1b*	SP
<b>JELMYTO SOLUTION RECONSTITUTED</b>	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	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
<b>VALSTAR INTRAVESICAL SOLUTION</b>	3	LD; SP
<b>ANTICUERPO ANTINEOPLÁSICO - COMPLEJOS DE FÁRMACOS</b>		
<b>ELAHERE INTRAVENOUS SOLUTION</b>	3	PA; LD
<b>ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ANTICUERPOS ANTIADRENAL</b>		
<b>LYSODREN ORAL TABLET</b>	2	LD; QL
<b>ANTIESTRÓGENOS</b>		
<b>FARESTON ORAL TABLET</b>	3	QL
<b>SOLTAMOX ORAL SOLUTION</b>	2	\$0
tamoxifen citrate oral tablet	1 or 1b*	\$0
toremifene citrate oral tablet	1 or 1b*	QL
<b>ANTIMETABOLITOS</b>		
<b>ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>ARRANON INTRAVENOUS SOLUTION</b>	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; LD; SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
<b>CLOLAR INTRAVENOUS SOLUTION</b>	3	SP
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	LD; SP
flouxuridine injection solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 25 mg/ml	3	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
<b>FOLOTYN INTRAVENOUS SOLUTION</b>	3	SP
<b>GEMCITABINE HCL INTRAVENOUS SOLUTION</b>	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	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
<b>ONUREG ORAL TABLET</b>	3	PA; LD; QL; SP

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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 1 gm/40ml, 100 mg/4ml	3	PA; SP
pemetrexed intravenous solution 500 mg/20ml	3	PA; LD
<b>PEMFEXY INTRAVENOUS SOLUTION</b>	3	PA; LD
pralatrexate intravenous solution	1 or 1b*	SP
<b>PURIXAN ORAL SUSPENSION</b>	3	PA; LD
<b>TABLOID ORAL TABLET</b>	2	
<b>TREXALL ORAL TABLET</b>	2	ST
<b>VIDAZA INJECTION SUSPENSION RECONSTITUTED</b>	3	PA; LD; SP
<b>XATMEP ORAL SOLUTION</b>	3	PA
<b>ANTINEOPLÁSICOS - AGENTES FOTOACTIVADOS</b>		
<b>PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>UVADEX EXTRACORPOREAL SOLUTION</b>	3	
<b>ANTINEOPLÁSICOS - ANTICUERPO PARA TERAPIA CON RADIOFÁRMACOS</b>		
<b>ZEVALIN Y-90 INTRAVENOUS KIT</b>	3	PA; LD

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ANTINEOPLÁSICOS - COMBINACIONES DE AGENTES HORMONALES Y OTROS RELACIONADOS</b>		
<b>AKEEGA ORAL TABLET</b>	3	PA; QL
<b>ANTINEOPLÁSICOS - ENGRAPADORES DE CÉLULAS T BIESPECÍFICOS</b>		
<b>BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>COLUMVI INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
<b>ELREXFIO SUBCUTANEOUS SOLUTION</b>	3	PA
<b>EPKINLY SUBCUTANEOUS SOLUTION</b>	3	PA; LD
<b>KIMMTRAK INTRAVENOUS SOLUTION</b>	3	PA; LD
<b>LUNSUMIO INTRAVENOUS SOLUTION</b>	3	PA; LD; SP
<b>TALVEY SUBCUTANEOUS SOLUTION</b>	3	PA
<b>TECVAYLI SUBCUTANEOUS SOLUTION</b>	3	PA; LD
<b>ANTINEOPLÁSICOS - INHIBIDORES DE BCL-2</b>		
<b>VENCLEXTA ORAL TABLET</b>	3	PA; LD; QL
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL
<b>ANTINEOPLÁSICOS - INHIBIDORES DE CINASA DEL RECEPTOR DE LA TROPOMIOSINA</b>		
<b>ROZLYTREK ORAL CAPSULE</b>	2	PA; LD; QL; SP
<b>VITRAKVI ORAL CAPSULE</b>	2	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas		
VITRAKVI ORAL SOLUTION	2	PA; LD; QL; SP	ANTINEOPLÁSICOS - INHIBIDORES DE LA HISTONA DESACETILASA				
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA MTOR							
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; SP	BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP		
everolimus oral tablet soluble	1 or 1b*	PA; SP	ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP		
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD	ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP		
temsirolimus intravenous solution	1 or 1b*	PA; SP	romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD; SP		
TORISEL INTRAVENOUS SOLUTION	3	PA; SP	ZOLINZA ORAL CAPSULE	2	PA; QL; SP		
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA BRAF					ANTINEOPLÁSICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; QL; SP	DAURISMO ORAL TABLET	3	PA; LD; QL; SP		
TAFINLAR ORAL CAPSULE	3	PA; LD; QL; SP	ERIVEDGE ORAL CAPSULE	2	PA; LD; QL; SP		
TAFINLAR ORAL TABLET SOLUBLE	3	PA; LD; QL; SP	ODOMZO ORAL CAPSULE	3	PA; LD; QL; SP		
ZELBORAF ORAL TABLET	2	PA; LD; QL; SP	ANTINEOPLÁSICOS - INHIBIDORES DE MEK				
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA DEL FACTOR DE CRECIMIENTO DE FIBROBLASTOS (FCF)					COTELLIC ORAL TABLET	3	PA; LD; QL; SP
BALVERSA ORAL TABLET	3	PA; LD; QL; SP	KOSELUGO ORAL CAPSULE	3	PA; LD; QL		
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL	MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; LD; QL; SP		
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL	MEKINIST ORAL TABLET	3	PA; LD; QL; SP		
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL	MEKTOVI ORAL TABLET	3	PA; LD; QL; SP		
PEMAZYRE ORAL TABLET	3	PA; LD; QL	ANTINEOPLÁSICOS - 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		
			bortezomib intravenous solution	3	PA; SP		

Nombre del Medicamento	Nivel	Notas
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	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
ANTINEOPLÁSICOS - INHIBIDORES MULTICINASAS		
CABOMETYX ORAL TABLET	2	PA; LD; QL; SP
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; LD; QL; SP
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; LD; QL
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; LD; QL
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; LD; QL

Nombre del Medicamento	Nivel	Notas
VANFLYTA ORAL TABLET	3	PA; QL
XOSPATA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INMUNOMODULADORES		
POMALYST ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INTERLEUCINAS		
ELZONRIS INTRAVENOUS SOLUTION	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLÁSICOS VARIOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LD; SP
ALFERON N INJECTION SOLUTION	3	SP
arsenic trioxide intravenous solution	1 or 1b*	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	SP

Nombre del Medicamento	Nivel	Notas
<b>COMBINACIONES DE ANTINEOPLÁSICOS</b>		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	LD; SP
INQOVI ORAL TABLET	3	PA; LD; QL; SP
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
LONSURF ORAL TABLET	3	PA; LD; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD; SP
<b>COMPLEMENTOS DE LA QUIMIOTERAPIA - AGENTES DE HIPERURICEMIA</b>		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>COMPLEMENTOS DE LA QUIMIOTERAPIA - FACTORES DE CRECIMIENTO DE LOS QUERATINOCITOS</b>		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	3	SP

Nombre del Medicamento	Nivel	Notas
<b>ENZIMAS ANTINEOPLÁSICAS</b>		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; LD
ONCASPAR INJECTION SOLUTION	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION	3	PA; LD; SP
<b>ESTRÓGENOS - ANTINEOPLÁSICOS</b>		
EMCYT ORAL CAPSULE	2	PA
<b>IMIDAZOTETRAZINA</b>		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP
<b>INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS</b>		
abiraterone acetate oral tablet	1 or 1b*	PA; LD; QL; SP
YONSA ORAL TABLET	2	PA; LD; QL; SP
<b>INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 1 (IDH1)</b>		
REZLIDHIA ORAL CAPSULE	3	PA; LD; QL
TIBSOVO ORAL TABLET	3	PA; LD; QL
<b>INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 2 (IDH2)</b>		
IDHIFA ORAL TABLET	3	PA; LD; QL; SP
<b>INHIBIDORES DE LA AROMATASA</b>		
anastrozole oral tablet	1 or 1b*	\$0; 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

Nombre del Medicamento	Nivel	Notas
<b>INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS</b>		
INREBIC ORAL CAPSULE	3	PA; LD; QL; SP
JAKAFI ORAL TABLET	2	PA; LD; QL; SP
OJJAARA ORAL TABLET	3	PA; QL
VONJO ORAL CAPSULE	3	PA; LD; QL
<b>INHIBIDORES DE LA FOSFOINOSITIDA-3-QUINASAS (PI3K)</b>		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
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
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; LD; QL; SP
<b>INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP)</b>		
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
<b>INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK)</b>		
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

Nombre del Medicamento	Nivel	Notas
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
<b>INHIBIDORES DE LA TOPOISOMERASA I</b>		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE	3	LD; SP
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
<b>INHIBIDORES DEL VEGF</b>		
AVASTIN INTRAVENOUS SOLUTION	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; LD; SP
INLYTA ORAL TABLET	2	PA; LD; QL; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP	JEVTANA INTRAVENOUS SOLUTION	3	PA; LD; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP	paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP	<b>PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	PA; LD; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP	vinblastine sulfate intravenous solution	1 or 1b*	SP
MVASI INTRAVENOUS SOLUTION	3	PA; LD; SP	vincristine sulfate intravenous solution	1 or 1b*	SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LD; SP	vinorelbine tartrate intravenous solution	1 or 1b*	SP
<b>INHIBIDORES MIÓTICOS</b>			<b>MOSTAZAS DE NITRÓGENO</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; SP	cyclophosphamide injection solution reconstituted	1 or 1b*	SP
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	3	PA; SP	<b>CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML</b>	3	SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	3	PA; SP	<b>CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML</b>	3	
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	SP	cyclophosphamide intravenous solution 500 mg/ml	3	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	cyclophosphamide oral capsule	1 or 1b*	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP	<b>CYCLOPHOSPHAMIDE ORAL TABLET</b>	3	
etoposide oral capsule	1 or 1b*	SP	<b>EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	LD; SP
HALAVEN INTRAVENOUS SOLUTION	3	PA; SP	<b>IFEX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
IXEMpra KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP	ifosfamide intravenous solution	1 or 1b*	SP
			ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
			<b>IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM</b>	3	SP

Nombre del Medicamento	Nivel	Notas
LEUKERAN ORAL TABLET	2	
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
<b>NITROSOUREA</b>		
carmustine intravenous solution reconstituted 100 mg	1 or 1b*	SP
carmustine intravenous solution reconstituted 300 mg, 50 mg	3	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA; SP
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>PROGESTINAS - ANTINEOPLÁSICOS</b>		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
<b>RADIOFÁRMACOS ANTINEOPLÁSICOS</b>		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	3	PA; LD
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	3	PA; LD
LUTATHERA INTRAVENOUS SOLUTION	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION	3	PA; LD
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA; LD
<b>RETINIODES</b>		
tretinoin oral capsule	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
TETRAHIDROISOQUINOLINAS		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
<b>ANTIPALÚDICOS</b>		
<b>ANTIPALÚDICOS</b>		
ARAKODA ORAL TABLET	3	QL
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
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
<b>COMBINACIONES DE ANTIPALÚDICOS</b>		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	

Nombre del Medicamento	Nivel	Notas
<b>ANTIPARKINSONIANOS Y AGENTES TERAPÉUTICOS RELACIONADOS</b>		
<b>ANTAGONISTA DEL RECEPTOR DE ADENOSINA</b>		
<b>NOURIANZ ORAL TABLET</b>	3	PA; LD; QL; SP
<b>ANTICOLINÉRGICOS ANTIPARKINSONIANOS</b>		
trihexyphenidyl hcl oral tablet 2 mg	1 or 1a*	
<b>COMBINACIONES DE LEVODOPA</b>		
carbidopa-levodopa oral tablet dispersible 10-100 mg	1 or 1b*	
<b>ANTIPARKINSONIANOS</b>		
<b>ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; LD; QL; SP
apomorphine hcl subcutaneous solution cartridge	1 or 1b*	PA; LD; QL; SP
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG</b>	3	QL
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	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*	
<b>ANTICOLINÉRGICOS ANTIPARKINSONIANOS</b>		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	

Nombre del Medicamento	Nivel	Notas
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet 5 mg	1 or 1a*	
<b>COMBINACIONES DE LEVODOPA</b>		
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 25-100 mg, 25-250 mg	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*	
<b>DHIVY ORAL TABLET 25-100 MG</b>	3	
<b>DUOPA ENTERAL SUSPENSION</b>	3	PA; LD; SP
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	3	QL
<b>SINEMET ORAL TABLET 10-100 MG, 25-100 MG</b>	3	
<b>STALEVO 100 ORAL TABLET</b>	3	
<b>STALEVO 125 ORAL TABLET</b>	3	
<b>STALEVO 150 ORAL TABLET</b>	3	
<b>STALEVO 200 ORAL TABLET</b>	3	
<b>STALEVO 50 ORAL TABLET</b>	3	
<b>STALEVO 75 ORAL TABLET</b>	3	
<b>DOPAMINÉRGICOS ANTIPARKINSONIANOS</b>		
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*	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
bromocriptine mesylate oral tablet	1 or 1b*		entacapone oral tablet	1 or 1b*	QL
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG</b>	3	PA; QL	<b>ONGENTYS ORAL CAPSULE</b>	3	PA; QL
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG</b>	3	PA; DO	<b>INHIBIDORES DE LA DESCARBOXILASA</b>		
<b>INBRIJA INHALATION CAPSULE</b>	3	PA; LD; QL	carbidopa oral tablet	1 or 1b*	
<b>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG</b>	3	PA; DO	<b>LODOSYN ORAL TABLET</b>	3	
<b>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG</b>	3	PA; QL	<b>ANTISÉPTICOS Y DESINFECTANTES</b>		
<b>PARLODEL ORAL CAPSULE</b>	3		<b>ANTISÉPTICOS DE CLORO</b>		
<b>PARLODEL ORAL TABLET</b>	3		<b>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION</b>	3	
<b>INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS</b>			<b>ANTISÉPTICOS DE YODO</b>		
<b>TASMAR ORAL TABLET 100 MG</b>	3	PA; QL	<b>LUGOLS STRONG IODINE EXTERNAL SOLUTION</b>	3	
tolcapone oral tablet	1 or 1b*	PA; QL	<b>ANTISÉPTICOS Y DESINFECTANTES</b>		
<b>INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA</b>			formaldehyde external solution 10 %	1 or 1b*	
<b>AZILECT ORAL TABLET</b>	3	QL	<b>ANTIVIRALES</b>		
rasagiline mesylate oral tablet	1 or 1b*	QL	<b>*ANTIRETROVIRALS - CAPSID INHIBITORS***</b>		
selegiline hcl oral capsule	1 or 1b*		<b>SUNLENCA ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL
selegiline hcl oral tablet	1 or 1b*		<b>SUNLENCA SUBCUTANEOUS SOLUTION</b>	3	PA; LD; QL
<b>XADAGO ORAL TABLET</b>	3	PA; QL	<b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***</b>		
<b>ZELAPAR ORAL TABLET DISPERSIBLE</b>	3	PA; QL	<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; QL
<b>INHIBIDORES COMT PERIFÉRICOS</b>			<b>*ANTIVIRAL COMBINATIONS***</b>		
<b>COMTAN ORAL TABLET</b>	3	QL	<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK</b>	3	QL
			<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>*MISC. ANTIVIRALS***</b>		
LAGEVRIA ORAL CAPSULE	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
TPOXX INTRAVENOUS SOLUTION	3	
TPOXX ORAL CAPSULE	3	
<b>AGENTES DEL CITOMEGALOVIRUS (CMV)</b>		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	SP
LIVTENCITY ORAL TABLET	3	PA; LD; QL
PREVYMIS INTRAVENOUS SOLUTION	3	PA; QL; SP
PREVYMIS ORAL TABLET	3	PA; QL; SP
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
<b>AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA</b>		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet	1 or 1b*	QL
<b>AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA</b>		
famciclovir oral tablet	1 or 1b*	QL
<b>AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS</b>		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
<b>AGENTES PARA LA HEPATITIS B</b>		
adefovir dipivoxil oral tablet	1 or 1b*	QL; SP
BARACLUDE ORAL SOLUTION	2	QL
entecavir oral tablet	1 or 1b*	QL
lamivudine oral tablet 100 mg	1 or 1b*	QL
VEMLIDY ORAL TABLET	3	QL; SP
<b>AGENTES PARA LA HEPATITIS C - COMBINACIONES</b>		
EPCLUSA ORAL PACKET	3	PA; QL; SP
EPCLUSA ORAL TABLET	3	PA; QL; SP
HARVONI ORAL PACKET	3	PA; QL; SP
HARVONI ORAL TABLET	3	PA; QL; SP
VOSEVI ORAL TABLET	3	PA; QL; SP
<b>AGENTES PARA LA HEPATITIS C</b>		
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
ribavirin oral tablet 200 mg	1 or 1b*	QL; SP
<b>AGENTES PARA LA INFLUENZA</b>		
rimantadine hcl oral tablet	1 or 1b*	
<b>ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA)</b>		
maraviroc oral tablet	1 or 1b*	QL
<b>SELZENTRY ORAL SOLUTION</b>	3	QL
<b>ANTIRRETROVIRALES - INHIBIDOR POSUNIÓN DIRIGIDO A CD4</b>		
<b>TROGARZO INTRAVENOUS SOLUTION</b>	3	PA; LD; QL
<b>ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	2	PA; LD; QL
<b>ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA</b>		
<b>APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE</b>	3	LD; QL
<b>ISENTRESS HD ORAL TABLET</b>	3	QL
<b>ISENTRESS ORAL PACKET</b>	3	QL
<b>ISENTRESS ORAL TABLET</b>	3	QL
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	3	QL
<b>TIVICAY ORAL TABLET 50 MG</b>	3	QL
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	3	QL
<b>ANTIRRETROVIRALES - INHIBIDORES DE LA PROTEASA</b>		
<b>APTIVUS ORAL CAPSULE</b>	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
darunavir oral tablet	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
<b>NORVIR ORAL PACKET</b>	3	QL
<b>PREZISTA ORAL SUSPENSION</b>	2	QL
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	2	QL
<b>REYATAZ ORAL PACKET</b>	2	QL
ritonavir oral tablet	1 or 1b*	QL
<b>VIRACEPT ORAL TABLET</b>	2	QL
<b>ANTIRRETROVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS</b>		
<b>EDURANT ORAL TABLET</b>	2	PA; QL
efavirenz oral tablet	1 or 1b*	QL
etravirine oral tablet	1 or 1b*	PA; QL
<b>INTELENCE ORAL TABLET 25 MG</b>	2	PA; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
<b>PIFELTRO ORAL TABLET</b>	3	QL
<b>ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS</b>		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	\$0; QL
<b>VIREAD ORAL POWDER</b>	2	QL
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	2	QL
<b>ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS</b>		
emtricitabine oral capsule	1 or 1b*	\$0; QL
<b>EMTRIVA ORAL SOLUTION</b>	2	QL
lamivudine oral solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL
<b>ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS</b>		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
<b>ANTIRRETRÓVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-TIMIDINAS</b>		
<b>RETROVIR INTRAVENOUS SOLUTION</b>	2	
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
<b>ANTIRRETRÓVIRALES COMPLEMENTARIOS</b>		
<b>TYBOST ORAL TABLET</b>	3	QL
<b>COMBINACIONES DE ANTIRRETRÓVIRALES</b>		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
<b>BIKTARVY ORAL TABLET</b>	2	QL
<b>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE</b>	3	PA; LD; QL
<b>CIMDUO ORAL TABLET</b>	3	QL
<b>DELSTRIGO ORAL TABLET</b>	3	QL
<b>DESCOVY ORAL TABLET 120-15 MG</b>	2	QL
<b>DESCOVY ORAL TABLET 200-25 MG</b>	2	\$0; QL
<b>DOVATO ORAL TABLET</b>	2	QL
efavirenz-emtricitab-tenofo df oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL
<b>EVOTAZ ORAL TABLET</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>GENVOYA ORAL TABLET</b>	2	QL
<b>JULUCA ORAL TABLET</b>	3	PA; QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
lopinavir-ritonavir oral tablet	1 or 1b*	QL
<b>ODEFSEY ORAL TABLET</b>	2	QL
<b>STRIBILD ORAL TABLET</b>	2	QL
<b>SYMTUZA ORAL TABLET</b>	2	QL
<b>TRIUMEQ ORAL TABLET</b>	2	QL
<b>TRIUMEQ PD ORAL TABLET SOLUBLE</b>	2	QL
<b>INHIBIDORES DE ENDONUCLEASAS PA</b>		
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>	3	QL
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>	3	QL
<b>INHIBIDORES DE LA NEURAMINIDASA</b>		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
<b>RAPIVAB INTRAVENOUS SOLUTION</b>	3	
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	2	QL
<b>TAMIFLU ORAL CAPSULE</b>	3	QL
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	3	QL

Nombre del Medicamento	Nivel	Notas
<b>BETABLOQUEADORES</b>		
<b>BETABLOQUEADORES CARDIOSELECTIVOS</b>		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
<b>BREVIBLOC IN NACL INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML</b>	3	
<b>BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC PREMIXED INTRAVENOUS SOLUTION</b>	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
<b>ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML</b>	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
<b>KAPSPARCO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	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*	
<b>BETABLOQUEADORES NO SELECTIVOS</b>		
<b>HEMANGEOL ORAL SOLUTION</b>	3	
<b>INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	QL

Nombre del Medicamento	Nivel	Notas
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*	
<b>SOTALOL HCL INTRAVENOUS SOLUTION</b>	3	
sotalol hcl oral tablet	1 or 1b*	QL
<b>SOTYLIZE ORAL SOLUTION</b>	3	
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 5 mg	1 or 1b*	DO
<b>BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA</b>		
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
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

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>LABETALOL HCL- DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%</b>	3		diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
<b>LABETALOL HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%</b>	3		diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
<b>BLOQUEADORES DE CANALES DE CALCIO</b>			diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
<b>BLOQUEADORES DE CANALES DE CALCIO</b>			diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL	diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO	diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
<b>CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%</b>	3		diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
<b>CARDIZEM ORAL TABLET 120 MG</b>	3	QL	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
<b>CARDIZEM ORAL TABLET 30 MG, 60 MG</b>	3	DO	diltiazem hcl intravenous solution	1 or 1b*	
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO	<b>DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1 or 1b*	QL	diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
<b>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML</b>	3		diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
<b>CONJUPRI ORAL TABLET 2.5 MG</b>	3	ST; DO	dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
<b>CONJUPRI ORAL TABLET 5 MG</b>	3	ST; QL	dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO	felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL	felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
			isradipine oral capsule 2.5 mg	1 or 1b*	DO
			isradipine oral capsule 5 mg	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>KATERZIA ORAL SUSPENSION</b>	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
<b>NICARDIPIINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%</b>	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
<b>NORLIQVA ORAL SOLUTION</b>	3	PA; QL
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	3	QL
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG</b>	3	DO
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG</b>	3	QL
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG</b>	3	DO

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG</b>	3	QL
taztia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	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
<b>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG</b>	3	DO

Nombre del Medicamento	Nivel	Notas
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
<b>CARDIOTÓNICOS</b>		
<b>*INOTROPES***</b>		
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	1 or 1b*	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML	3	
DOPAMINE IN D5W 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*	
<b>GLUCÓSIDOS CARDÍACOS</b>		
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	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
<b>CEFALOSPORINAS</b>		
<b>*CEPHALOSPORINS - SIDEROPHORES***</b>		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Nombre del Medicamento	Nivel	Notas
CEFALOSPORINAS - 1. <sup>a</sup> 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, 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*	
CEFALOSPORINAS - 2. <sup>a</sup> GENERACIÓN		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted 250 mg/5ml	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>CEFOXITIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</b>	3		<b>CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</b>	3	QL
cefprozil oral suspension reconstituted	1 or 1b*		tazicef injection solution reconstituted 1 gm	1 or 1b*	
cefprozil oral tablet	1 or 1b*		<b>TAZICEF INTRAVENOUS SOLUTION</b>	3	
cefuroxime axetil oral tablet	1 or 1b*		tazicef intravenous solution reconstituted	1 or 1b*	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*		<b>CEFALOSPORINAS - 4.<sup>a</sup> GENERACIÓN</b>		
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*		cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
<b>CEFALOSPORINAS - 3.<sup>a</sup> GENERACIÓN</b>			<b>CEFEPIME HCL INTRAVENOUS SOLUTION</b>	3	
cefdinir oral capsule	1 or 1b*		<b>CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM</b>	3	
cefdinir oral suspension reconstituted	1 or 1b*		cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
cefixime oral capsule	1 or 1b*		<b>CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)</b>	3	
cefixime oral suspension reconstituted	1 or 1b*		<b>CEFALOSPORINAS - 5.<sup>a</sup> GENERACIÓN</b>		
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3		<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*		<b>COMBINACIONES DE CEFALOSPORINAS</b>		
cefpodoxime proxetil oral tablet	1 or 1b*		<b>AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*		<b>ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
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			
<b>CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</b>	3	QL			
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL			

Nombre del Medicamento	Nivel	Notas
<b>CLASES TERAPÉUTICAS VARIAS</b>		
<b>*FARNESYLTRANSFER ASE INHIBITORS***</b>		
ZOKINVY ORAL CAPSULE	3	PA; LD; QL; SP
<b>*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS***</b>		
RYSTIGGO SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
VYVGART INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
<b>*ROCK INHIBITORS***</b>		
REZUROCK ORAL TABLET	3	PA; LD; QL
<b>*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS***</b>		
SAPHNELO INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
<b>*UREMIC PRURITUS AGENTS***</b>		
KORSUVA INTRAVENOUS SOLUTION	3	PA
<b>AGENTE DEL SÍNDROME DELTA DE LA FOSFOINOSITIDA 3 QUINASA ACTIVADA</b>		
JOENJA ORAL TABLET	3	PA; LD; QL
<b>AGENTES LIBERADORES DE POTASIO</b>		
LOKELMA ORAL PACKET	3	QL
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	QL
<b>AGENTES PARA LA ESCLEROSIS</b>		
ASCLERA INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
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	
<b>AGENTES QUELANTES</b>		
DEPEN TITRATABS ORAL TABLET	3	PA; QL; SP
penicillamine oral tablet	1 or 1b*	PA; QL; SP
trientine hcl oral capsule 250 mg	1 or 1b*	PA; QL; SP
<b>ANÁLOGOS DE LA CICLOSPORINA</b>		
cyclosporine modified oral capsule 25 mg	1 or 1b*	
<b>ANÁLOGOS DE LA PURINA</b>		
azasan oral tablet	1 or 1b*	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
<b>ANTICUERPOS MONOCLONALES</b>		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>INMUNODEPRESORES DE LA INMUNOGLOBULINA</b>			<b>PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION</b>	3	
<b>ATGAM INTRAVENOUS INJECTABLE</b>	3	SP	<b>PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION</b>	3	
<b>THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP	<b>PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION</b>	3	
<b>INMUNODEPRESORES MACRÓLIDOS</b>			<b>PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION</b>	3	
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG, 5 MG</b>	3		<b>PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION</b>	3	
<b>ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3		<b>PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION</b>	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*		<b>PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION</b>	3	
<b>PROGRAF INTRAVENOUS SOLUTION</b>	2	SP	<b>PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION</b>	3	
<b>PROGRAF ORAL PACKET</b>	3		<b>CLASES VARIADAS</b>		
<b>RAPAMUNE ORAL SOLUTION</b>	3		<b>*ALLOGENEIC THYMUS TISSUE***</b>		
<b>RAPAMUNE ORAL TABLET</b>	3		<b>RETHYMIC INTRAMUSCULAR IMPLANT</b>	3	
sirolimus oral solution	1 or 1b*		<b>*IMMUNOMODULATOR S - COMBINATIONS***</b>		
sirolimus oral tablet	1 or 1b*		<b>VYVGART HYTRULO SUBCUTANEOUS SOLUTION</b>	3	PA; LD; QL; SP
tacrolimus oral capsule	1 or 1b*		<b>*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB***</b>		
<b>ZORTRESS ORAL TABLET</b>	3		<b>VIJOICE ORAL TABLET THERAPY PACK</b>	3	PA; LD; QL; SP
<b>INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS</b>			<b>AGENTE VOLUMÉTRICO DE INCONTINENCIA FECAL - COMBINACIONES</b>		
<b>REVLIMID ORAL CAPSULE 10 MG</b>	2	PA; LD; QL; SP	<b>SOLESTA INJECTION GEL</b>	3	LD; SP
<b>PROSTAGLANDINAS</b>					
<b>PROSTIN VR INJECTION SOLUTION</b>	3				
<b>SOLUCIONES DE TRATAMIENTO DE REEMPLAZO RENAL CONTINUO (CRRT)</b>					
<b>PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION</b>	3				

Nombre del Medicamento	Nivel	Notas
<b>ANÁLOGOS DE LA CICLOSPORINA</b>		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule 100 mg, 50 mg	1 or 1b*	
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
<b>LUPKYNIS ORAL CAPSULE</b>	3	PA; LD; QL
<b>SANDIMMUNE ORAL SOLUTION</b>	3	
<b>ANTAGONISTAS DE LA INTERLEUCINA-6 (IL-6)</b>		
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ANTILEPROSOS</b>		
<b>THALOMID ORAL CAPSULE</b>	2	PA; LD; QL; SP
<b>BLOQUEADORES SELECTIVOS DE COESTIMULACIÓN DE CÉLULAS T</b>		
<b>NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>ENZIMAS</b>		
<b>AMPHADASE INJECTION SOLUTION</b>	3	
<b>HYLENEX INJECTION SOLUTION</b>	3	
<b>XIAFLEX INJECTION SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA</b>		
<b>CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP

Nombre del Medicamento	Nivel	Notas
<b>CELLCEPT ORAL CAPSULE</b>	3	
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>CELLCEPT ORAL TABLET</b>	3	
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
<b>INHIBIDORES ESPECÍFICOS DEL ESTIMULADOR DE LINFOCITOS B (BLYS)</b>		
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; QL; SP
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; QL; SP
<b>INMUNODEPRESORES MACRÓLIDOS</b>		
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG</b>	3	
<b>INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS</b>		
lenalidomide oral capsule	1 or 1b*	PA; LD; QL; SP
<b>REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	2	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>SOLUCIONES DE IRRIGACIÓN</b>					
argyle sterile water irrigation solution	1 or 1b*		<b>DEXAMETHASONE SODIUM PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
lactated ringers irrigation solution	1 or 1b*		dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
physiolyte irrigation solution	1 or 1b*		<b>DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 4 MG/ML</b>	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*		<b>HEMADY ORAL TABLET</b>	3	PA; QL
ringers irrigation irrigation solution	1 or 1b*		<b>HEXATRIONE INTRA-ARTICULAR SUSPENSION</b>	3	
sterile water for irrigation irrigation solution	1 or 1b*		hidex 6-day oral tablet therapy pack	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*		hydrocortisone oral tablet	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*		<b>KENALOG INJECTION SUSPENSION</b>	3	
<b>CORTICOESTEROIDES</b>					
<b>COMBINACIONES DE ESTEROIDES</b>					
CELESTONE SOLUSPAN INJECTION SUSPENSION	3		<b>KENALOG-80 INJECTION SUSPENSION</b>	3	
<b>GLUCOCORTICOIDES</b>					
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA	<b>MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG</b>	3	
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL	<b>MEDROL ORAL TABLET 2 MG</b>	2	
budesonide oral capsule delayed release particles	1 or 1b*	QL	<b>MEDROL ORAL TABLET THERAPY PACK</b>	3	
<b>CORTEF ORAL TABLET</b>	3		methylprednisolone oral tablet	1 or 1a*	
<b>DEPO-MEDROL INJECTION SUSPENSION</b>	3		methylprednisolone oral tablet therapy pack	1 or 1a*	
<b>DEXABLISS ORAL TABLET THERAPY PACK</b>	3		methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	2		<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG</b>	3	QL
dexamethasone oral elixir	1 or 1a*		<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG</b>	3	DO
dexamethasone oral solution	1 or 1a*		<b>PEDIAPRED ORAL SOLUTION</b>	3	
dexamethasone oral tablet	1 or 1a*		prednisolone oral solution	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*		prednisolone oral tablet	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*				

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED</b>	3	
<b>SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED</b>	3	
<b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG</b>	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*	
<b>TARPEYO ORAL CAPSULE DELAYED RELEASE</b>	3	PA; LD; QL
<b>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	PA; QL
<b>ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER</b>	3	PA; LD; QL
<b>MINERALCORTICOIDES</b>		
fludrocortisone acetate oral tablet	1 or 1b*	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>DISPOSITIVOS MÉDICOS</b>		
<b>AGUJAS Y JERINGAS</b>		
<b>1ST TIER UNIFINE PENTIPS</b>	3	ST; QL
<b>1ST TIER UNIFINE PENTIPS PLUS</b>	3	ST; QL
<b>ABOUTTIME PEN NEEDLE</b>	3	ST; QL
<b>ADVOCATE INSULIN PEN NEEDLES</b>	3	ST; QL
<b>ADVOCATE INSULIN SYRINGE</b>	3	ST; QL
aq insulin syringe	3	ST; QL
aqinject pen needle	3	ST; QL
<b>ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	3	ST; QL
<b>ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM</b>	3	ST; QL
aum insulin safety pen needle	3	ST; QL
<b>AUM MINI INSULIN PEN NEEDLE</b>	3	ST; QL
aum pen needle	3	ST; QL
<b>AUM READYGARD DUO PEN NEEDLE</b>	3	ST; QL
<b>AUM SAFETY PEN NEEDLE</b>	3	ST; QL
<b>AURORA PEN NEEDLES</b>	3	ST; QL
<b>BD AUTOSHIELD DUO</b>	2	QL
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML</b>	2	QL
<b>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</b>	2	QL
<b>BD INSULIN SYRINGE HALF-UNIT</b>	2	QL
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	2	QL
<b>BD INSULIN SYRINGE U/F</b>	2	QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL	CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	3	ST; QL
BD INSULIN SYRINGE U-500	2	QL	CLICKFINE PEN NEEDLES	3	ST; 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	COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
BD PEN NEEDLE MICRO U/F	2	QL	COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
BD PEN NEEDLE MINI U/F	2	QL	COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
BD PEN NEEDLE NANO 2ND GEN	2	QL	COMFORT EZ PEN NEEDLES	3	ST; QL
BD PEN NEEDLE NANO U/F	2	QL	COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM	3	ST; QL
BD PEN NEEDLE SHORT U/F	2	QL	COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	3	QL
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	QL	COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL	COMFORT TOUCH INSULIN PEN NEED	3	ST; QL
BD VEO INSULIN SYRINGE U/F	2	QL	DIATHRIVE PEN NEEDLE	3	ST; QL
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	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" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL	DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL	DROPLET MICRON	3	QL
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G 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	3	ST; QL			
CARETOUCH PEN NEEDLES	3	ST; QL			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
DROPLET 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
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL	EMBRACE PEN NEEDLES	3	ST; QL
DROPSAFE SAFETY SYRINGE/NEEDLE	3	ST; QL	EQI 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
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL	FIFTY50 PEN NEEDLES	3	ST; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL	FIFTY50 SUPERIOR COMFORT SYR	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	GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL
easy comfort insulin syringe 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml	3	ST; QL	GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL
EASY COMFORT PEN NEEDLES	3	ST; QL	GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
EASY GLIDE PEN NEEDLES	3	ST; QL	GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL	GLOBAL INSULIN SYRINGES	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL	GLUCOPRO INSULIN SYRINGE	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL	GNP CLICKFINE PEN NEEDLES	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL			
EASY TOUCH PEN NEEDLES	3	ST; QL			
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL			

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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	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 28GX1/2"	3	ST; QL	insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL
GNP INSULIN SYRINGES 29GX1/2"	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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL	INSUPEN PEN NEEDLES	3	ST; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL	INSUPEN SENSITIVE	3	ST; QL
GNP ULTICARE PEN NEEDLES	3	ST; QL	INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; QL	KINRAY INSULIN SYRINGE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL	KMART VALU INSULIN SYRINGE 29G	3	ST; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL	KMART VALU INSULIN SYRINGE 30G	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL	KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL	KROGER PEN NEEDLES	3	ST; QL
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL	LEADER INSULIN SYRINGE	3	ST; QL
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL	LEADER UNIFINE PENTIPS	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL	LEADER UNIFINE PENTIPS PLUS	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL	LITETOUGH INSULIN SYRINGE	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			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
LITETOUCH PEN NEEDLES	3	ST; QL	PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL	PEN NEEDLES	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL	PEN NEEDLES 5/16" 31G X 8 MM	3	ST; QL
MARATHON MEDICAL PENTIPS	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
MAXICOMFORT II PEN NEEDLE	3	ST; QL	pip pen needles 31g x 5mm	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL	pip pen needles 32g x 4mm	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL	PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL	PREFERRED PLUS INSULIN SYRINGE	3	ST; QL
MEDIC INSULIN SYRINGE	3	ST; QL	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	3	ST; QL
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM	3	ST; QL	PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
MEIJER PEN NEEDLES	3	ST; QL	PREVENT SAFETY PEN NEEDLES	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL	PRO COMFORT INSULIN SYRINGE	3	ST; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; QL	PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL
MM PEN NEEDLES	3	ST; QL	PRODIGY INSULIN SYRINGE	3	ST; QL
MONOJECT INSULIN SYRINGE	3	ST; QL	PURE COMFORT PEN NEEDLE	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML	3	ST; QL	pure comfort safety pen needle	3	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	PX EXTRA SHORT PEN NEEDLES	3	ST; QL
NOVOFINE AUTOCOVER PEN NEEDLE	3	ST; QL	PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL	PX MINI PEN NEEDLES	3	ST; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; QL	PX PEN NEEDLE	3	ST; QL
			QC PEN NEEDLES	3	ST; QL
			QC UNIFINE PENTIPS	3	ST; QL
			RA INSULIN SYRINGE	3	ST; QL
			RA PEN NEEDLES	3	ST; QL
			raya sure pen needle	3	ST; QL
			REALITY INSULIN SYRINGE	3	ST; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>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</b>	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
<b>RELION MINI PEN NEEDLES</b>	3	ST; QL	<b>TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	3	ST; QL
<b>RELION PEN NEEDLES</b>	3	ST; QL	<b>TRUE COMFORT PEN NEEDLES</b>	3	ST; QL
<b>RELION SHORT PEN NEEDLES</b>	3	ST; QL	<b>TRUE COMFORT PRO INSULIN SYR</b>	3	ST; QL
safety pen needles	3	ST; QL	<b>TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 6 MM</b>	3	ST; QL
<b>SB INSULIN SYRINGE</b>	3	ST; QL	<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b>	3	ST; QL
<b>SECURESAFE INSULIN SYRINGE</b>	3	ST; QL	<b>TRUEPLUS INSULIN SYRINGE</b>	3	ST; QL
<b>SECURESAFE SAFETY PEN NEEDLES</b>	3	ST; QL	<b>TRUEPLUS PEN NEEDLES</b>	3	ST; QL
<b>SURE COMFORT INSULIN SYRINGE</b>	3	ST; QL	<b>ULTICARE INSULIN SAFETY SYR</b>	3	ST; QL
<b>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</b>	3	ST; QL	<b>ULTICARE INSULIN SYR 1/2 UNIT</b>	3	ST; QL
sure comfort pen needles 31g x 6 mm	3	ST; QL	<b>ULTICARE INSULIN SYRINGE</b>	3	ST; QL
<b>TECHLITE 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" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 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</b>	3	ST; QL	<b>ULTICARE MICRO PEN NEEDLES</b>	3	ST; QL
<b>TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM</b>	3	ST; QL	<b>ULTICARE MINI PEN NEEDLES</b>	3	ST; QL
<b>TODAYS HEALTH PEN NEEDLES</b>	3	ST; QL	<b>ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM</b>	3	ST; QL
<b>TODAYS HEALTH SHORT PEN NEEDLE</b>	3	ST; QL	<b>ULTICARE SHORT PEN NEEDLES</b>	3	ST; QL
<b>TOPCARE CLICKFINE PEN NEEDLES</b>	3	ST; QL	<b>ULTIGUARD SAFEPACK PEN NEEDLE</b>	3	ST; QL
<b>TOPCARE ULTRA COMFORT INS SYR</b>	3	ST; QL	<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b>	3	ST; QL
			<b>ULTILET PEN NEEDLE</b>	3	ST; QL
			<b>ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	3	ST; QL
			<b>ULTRA FLO INSULIN PEN NEEDLES</b>	3	ST; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL	VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	3	QL
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 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	VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL	VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL
ULTRACARE INSULIN SYRINGE	3	ST; QL	VERIFINE PLUS PEN NEEDLE	3	ST; QL
ULTRACARE PEN NEEDLES	3	ST; QL	VP INSULIN SYRINGE	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL	WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL	ZEVRX INSULIN SYRINGE	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL	ZEVRX PEN NEEDLES	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL	<b>DENTÍFRICOS</b>		
ULTRA-THIN II PEN NEEDLES	3	ST; QL	MI PASTE DENTAL PASTE	3	
UNIFINE PENTIPS	3	ST; QL	MI PASTE PLUS DENTAL PASTE	3	
UNIFINE PENTIPS PLUS	3	ST; QL	<b>PRODUCTOS DE DESENSIBILIZACIÓN DENTAL</b>		
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL	REMESENSE DENTAL	3	
UNIFINE ULTRA PEN NEEDLE	3	ST; QL	SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA		
VALUE HEALTH INSULIN SYRINGE	3	ST; QL	ACCU-CHEK FASTCLIX LANCETS	2	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	ACCU-CHEK SAFE-T PRO LANCETS	2	QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL	ACCU-CHEK SOFTCLIX LANCETS	2	QL
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL	ACTI-LANCE 28G	2	QL

Nombre del Medicamento	Nivel	Notas
ADVOCATE SAFETY LANCETS 26G	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 HAEMOLANCE PLUS HIGH	2	QL
ASSURE HAEMOLANCE PLUS LOW	2	QL
ASSURE HAEMOLANCE PLUS MICRO	2	QL
ASSURE HAEMOLANCE PLUS NORMAL	2	QL
ASSURE HAEMOLANCE PLUS PED	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
CARETOUCH TWIST LANCETS 28G	2	QL

Nombre del Medicamento	Nivel	Notas
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE COMFORT EZ	2	
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
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
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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 TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	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
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINE 30	2	QL
FINGERSTIX LANCETS	2	QL
FORA LANCETS	2	QL
FREESTYLE LANCETS	2	QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	2	QL

Nombre del Medicamento	Nivel	Notas
GENTLE-LET GP LANCETS	2	QL
GENTLE-LET LANCETS	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
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

Nombre del Medicamento	Nivel	Notas
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
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 28G	2	QL
LANCETS THIN	2	QL
LANCETS ULTRA THIN	2	QL

Nombre del Medicamento	Nivel	Notas
LANCETS ULTRA THIN 30G	2	QL
LIBERTY MEDICAL 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
MEDICHOICE SAFETY LANCET NORM	2	QL
MEDLANCE EXTRA 21G	2	QL
MEDLANCE LITE 25G	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LANCETS	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
MEDLANCE 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

Nombre del Medicamento	Nivel	Notas
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
MPD SAFETY LANCET 21G	2	QL
MPD SAFETY LANCET 23G	2	QL
MPD SAFETY LANCET 28G	2	QL
MPD SAFETY LANCET 30G	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
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
pro comfort safety lancets 30g	2	QL
<b>PRODIGY LANCETS 28G</b>	2	QL
<b>PRODIGY SAFETY LANCETS 26G</b>	2	QL
<b>PRODIGY TWIST TOP LANCETS 28G</b>	2	QL
<b>PSS SELECT GP LANCETS</b>	2	QL
<b>PSS SELECT SAFETY LANCETS</b>	2	QL
<b>PURE COMFORT LANCETS 30G</b>	2	QL
<b>PX LANCETS MICROTHIN 33G</b>	2	QL
<b>PX LANCETS ULTRA THIN 28G</b>	2	QL
<b>QC LANCETS SUPER THIN 30G</b>	2	QL
<b>QC LANCETS ULTRA THIN</b>	2	QL
<b>QC UNILET LANCETS 28G</b>	2	QL
<b>QC UNILET LANCETS MICRO THIN</b>	2	QL
<b>RA E-ZJECT LANCETS 28G</b>	2	QL
<b>RA E-ZJECT LANCETS THIN 26G</b>	2	QL
<b>RA E-ZJECT LANCETS THIN 28G</b>	2	QL
<b>RA E-ZJECT LANCETS ULTRA THIN</b>	2	QL
<b>READYLANCE SAFETY LANCETS</b>	2	QL
<b>REALITY LANCETS</b>	2	QL
<b>REALITY TRIGGER LANCETS</b>	2	QL
<b>RELION LANCETS MICRO-THIN 33G</b>	2	QL
<b>RELION LANCETS THIN 26G</b>	2	QL
<b>RELION LANCETS ULTRA-THIN 30G</b>	2	QL
<b>RELION ULTRA THIN LANCETS 30G</b>	2	QL
<b>RELION ULTRA THIN PLUS LANCETS</b>	2	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>REXALL LANCETS ULTRA THIN 30G</b>	2	QL
<b>RIGHTEST GL300 LANCETS</b>	2	QL
<b>SAFE-T-LANCE</b>	2	QL
<b>SAFE-T-LANCE PLUS</b>	2	QL
<b>SAFETY LANCET 30G/PRESSURE ACT</b>	2	QL
<b>SAFETY LANCETS</b>	2	QL
<b>SAFETY LANCETS 21G</b>	2	QL
<b>SAFETY LANCETS 23G</b>	2	QL
<b>SAFETY LANCETS 28G</b>	2	QL
saps health plus lancets	2	QL
<b>SAPS HEALTH TWIST TOP LANCETS</b>	2	QL
<b>SAPS TWIST TOP LANCETS</b>	2	QL
<b>SAPSCARE TWIST TOP LANCETS</b>	2	QL
<b>SB LANCETS THIN</b>	2	QL
<b>SB LANCETS ULTRA THIN</b>	2	QL
<b>SINGLE-LET</b>	2	QL
<b>SM LANCETS 33G</b>	2	QL
<b>SMART SENSE COLOR LANCETS 33G</b>	2	QL
<b>SMART SENSE STANDARD LANCETS</b>	2	QL
<b>SMART SENSE SUPER THIN LANCETS</b>	2	QL
<b>SMART SENSE THIN LANCETS 26G</b>	2	QL
<b>SOLUS V2 LANCETS 28G</b>	2	QL
<b>SOLUS V2 TWIST LANCETS 30G</b>	2	QL
<b>STERILANCE TL</b>	2	QL
<b>SUPER THIN LANCETS</b>	2	QL
<b>SURE COMFORT LANCETS 18G</b>	2	QL
<b>SURE COMFORT LANCETS 21G</b>	2	QL
<b>SURE COMFORT LANCETS 23G</b>	2	QL
<b>SURE COMFORT LANCETS 28G</b>	2	QL
<b>SURE COMFORT LANCETS 30G</b>	2	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
SURELITE LANCETS	2	QL
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 30G	2	QL
TGT LANCET MICRO THIN 33G	2	QL
TGT LANCET THIN 26G	2	QL
TGT LANCET ULTRA THIN 30G	2	QL
THINLETS GP LANCETS	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
twist top lancets 30g	2	QL
ULTILET CLASSIC LANCETS	2	QL
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL
ULTRA THIN LANCETS 31G	2	QL
ULTRA-CARE LANCETS 30G	2	QL
ULTRA-THIN II AUTO LANCET	2	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
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

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
VERIFINE SAFE LANCET MINI 21G	2	QL	BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	QL
VERIFINE SAFE LANCET MINI 23G	2	QL	CAREFINE PEN NEEDLES 32G X 6 MM	3	ST; QL
VERIFINE SAFE LANCET MINI 28G	2	QL	CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	3	ST; QL
VERIFINE SAFE LANCET MINI 30G	2	QL	COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
VERIFINE UNIVERSAL LANCETS 28G	2	QL	DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
VERIFINE UNIVERSAL LANCETS 30G	2	QL	EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	3	ST; QL
VERIFINE UNIVERSAL LANCETS 33G	2	QL	GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	3	ST; QL
VIVAGUARD LANCETS	2	QL	GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML	3	ST; QL
WALGREENS LANCETS	2	QL	GNP INSULIN SYRINGES	3	
WALGREENS LANCETS MICRO THIN	2	QL	INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	3	ST; QL
WALGREENS LANCETS SUPER THIN	2	QL	TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	3	ST; QL
WALGREENS THIN LANCETS	2	QL	ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	3	ST; QL
WALGREENS ULTRA THIN LANCETS	2	QL	CAPUCHONES CERVICALES		
ZEVRX TWIST TOP LANCETS 30G	2	QL	FEMCAP VAGINAL DEVICE	2	\$0
SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA			DIAFRAGMAS		
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	PA; QL	CAYA VAGINAL DIAPHRAGM	2	\$0
OMNIPOD 5 G6 POD (GEN 5)	2	PA; QL	OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	\$0
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL	WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL	WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
OMNIPOD DASH PDM (GEN 4) KIT	2	PA; QL			
OMNIPOD DASH PODS (GEN 4)	2	PA; QL			
DISPOSITIVOS Y SUMINISTROS MÉDICOS					
AGUJAS Y JERINGAS					
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	2	QL			

Nombre del Medicamento	Nivel	Notas
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
PRESERVATIVOS (FEMENINOS)		
FC2 FEMALE CONDOM	2	\$0; QL
PRESERVATIVOS (MASCULINOS)		
aimsco lubricated	2	\$0
condoms	2	\$0
DUREX EXTRA SENSITIVE THIN DEVICE	2	\$0
DUREX REALFEEL DEVICE	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 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

Nombre del Medicamento	Nivel	Notas
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
TRUSTEX COLOR CONDOMS + LUBE	2	\$0
TRUSTEX LUB/RIBBED/STUDDED	2	\$0
TRUSTEX LUB/SPERMICIDE EX ST	2	\$0
TRUSTEX LUB/SPERMICIDE XL	2	\$0
TRUSTEX LUBRICATED	2	\$0
TRUSTEX LUBRICATED EX LARGE	2	\$0
TRUSTEX LUBRICATED EXTRA ST	2	\$0
TRUSTEX LUBRICATED/SPERMIC IDE	2	\$0
TRUSTEX NATURAL CONDOMS + LUBE	2	\$0
TRUSTEX NON-LUBRICATED	2	\$0
TRUSTEX RIA LUB/SPERMICIDE	2	\$0
TRUSTEX RIA LUBRICATED	2	\$0
TRUSTEX RIA NON-LUBRICATED	2	\$0
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	\$0
SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA		
AGAMATRIX ULTRA-THIN LANCETS	2	QL
EASY TOUCH LANCETS 26G	2	QL
LITE TOUCH LANCETS	2	QL
PRECISION THINS GP LANCETS	2	QL

Nombre del Medicamento	Nivel	Notas
SMARTEST LANCETS 28G	2	QL
<b>DIURÉTICOS</b>		
<b>COMBINACIONES DE DIURÉTICOS</b>		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
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*	
<b>DIURÉTICOS AHORRADORES DE POTASIO</b>		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
<b>DIURÉTICOS DEL ASA</b>		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	
EDECRIN ORAL TABLET	3	
ethacrynat sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	PA; QL
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*	

Nombre del Medicamento	Nivel	Notas
LASIX ORAL TABLET	3	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torsemide oral tablet	1 or 1b*	
<b>DIURÉTICOS OSMÓTICOS</b>		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 20 %	1 or 1b*	
<b>DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS</b>		
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	
<b>INHIBIDORES DE LA ANHIDRASA CARBÓNICA</b>		
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	1 or 1b*	PA; LD; QL
methazolamide oral tablet	1 or 1b*	
<b>ESTRÓGENOS</b>		
<b>*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***</b>		
MYFEMBREE ORAL TABLET	3	PA; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL	estradiol transdermal gel	1 or 1b*	QL
ESTRÓGENO - COMBINACIÓN DE MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS			estradiol transdermal patch twice weekly	1 or 1b*	QL
DUAVEE ORAL TABLET	3	PA; QL	estradiol transdermal patch weekly	1 or 1b*	QL
ESTRÓGENO Y PROGESTINA			estradiol valerate intramuscular oil	1 or 1b*	
ACTIVELLA ORAL TABLET 1-0.5 MG	3		EVAMIST TRANSDERMAL SOLUTION	2	QL
amabelz oral tablet 0.5-0.1 mg	1 or 1b*		lyllana transdermal patch twice weekly	1 or 1b*	QL
ANGELIQ ORAL TABLET	3		MENEST ORAL TABLET	2	
BIJUVA ORAL CAPSULE	2	QL	MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL	PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL	PREMARIN ORAL TABLET	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*		EXTRACTOS ALERGÉNICOS/PRODUCtos BIOLÓGICOS MISCELÁNEOS		
fyavolv oral tablet	1 or 1b*		EXTRACTOS ALERGÉNICOS		
jinteli oral tablet	1 or 1b*		PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
mimvey oral tablet	1 or 1b*		PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
norethindrone-eth estradiol oral tablet	1 or 1b*		PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
PREMPHASE ORAL TABLET	2		PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
PREMPRO ORAL TABLET	2		PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
ESTRÓGENOS			PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL	PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
DELESTROGEN INTRAMUSCULAR OIL	3		PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; LD; QL; SP
DEPO-ESTRADOL INTRAMUSCULAR OIL	3		PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; LD; QL; SP
dotti transdermal patch twice weekly	1 or 1b*	QL	PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
estradiol oral tablet	1 or 1b*				

Nombre del Medicamento	Nivel	Notas
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; LD; QL; SP
PALFORZIA INITIAL ESCALATION ORAL	3	PA; LD; 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*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
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/SEDANTE S/AGENTES PARA TRASTORNOS DEL SUEÑO		
AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO		
HETLIOZ LQ ORAL SUSPENSION	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
ramelteon oral tablet	1 or 1b*	QL
tasimelteon oral capsule	1 or 1b*	PA; LD; QL
<b>ANTAGONISTAS DEL RECEPTOR DE LA OREXINA</b>		
BELSOMRA ORAL TABLET	3	ST; QL
<b>HIPNÓTICOS - AGENTES TRICÍCLICOS</b>		
doxepin hcl oral tablet	1 or 1b*	ST; QL
<b>HIPNÓTICOS BARBITÚRICOS</b>		
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	
<b>HIPNÓTICOS DE LA BENZODIAZEPINA</b>		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	3	
DORAL ORAL TABLET	3	ST; QL
estazolam oral tablet	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	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
quazepam oral tablet	1 or 1b*	QL
<b>RESTORIL ORAL CAPSULE</b>	3	ST; QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
<b>SEDATIVOS AGONISTAS DEL RECEPTOR ADRENÉRGICO ALFA 2 SELECTIVO</b>		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
<b>DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML</b>	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
<b>DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION</b>	3	
<b>IGALMI SUBLINGUAL FILM</b>	3	PA; QL
<b>PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML</b>	3	
<b>HIPNÓTICOS</b>		
<b>MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA</b>		
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</b>	3	ST; QL
eszopiclone oral tablet	1 or 1b*	QL
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>LAXANTES</b>		
<b>COMBINACIONES DE LAXANTES</b>		
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED</b>	1 or 1a*	\$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	\$0; QL
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*	\$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
<b>PEG-PREP ORAL KIT</b>	3	QL
<b>LAXANTES ESTIMULANTES</b>		
alophen oral tablet delayed release	1 or 1a*	\$0
bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
bisacodyl oral tablet delayed release	1 or 1a*	\$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
eq gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql laxative oral tablet delayed release	1 or 1a*	\$0
ex-lax ultra oral tablet delayed release	1 or 1a*	\$0
ft laxative oral tablet delayed release	1 or 1a*	\$0
gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	\$0
kp bisacodyl oral tablet delayed release	1 or 1a*	\$0
laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
qc laxative oral tablet delayed release	1 or 1a*	\$0
ra laxative oral tablet delayed release	1 or 1a*	\$0
ra womens laxative oral tablet delayed release	1 or 1a*	\$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	\$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	\$0
sm gentle laxative oral tablet delayed release	1 or 1a*	\$0
womans laxative oral tablet delayed release	1 or 1a*	\$0
womens laxative oral tablet delayed release	1 or 1a*	\$0
<b>LAXANTES LUBRICANTES</b>		
mineral oil heavy oral oil	1 or 1b*	
<b>LAXANTES SALINOS</b>		
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
<b>FRESKARO MAGNESIUM CITRATE ORAL SOLUTION</b>	1 or 1a*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
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
<b>ONELAX MAGNESIUM CITRATE ORAL SOLUTION</b>	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 magnesium citrate oral solution	1 or 1a*	\$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
<b>LAXANTES VARIOS</b>		
clearlax oral powder	1 or 1b*	\$0
constulose oral solution	1 or 1b*	
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
gavilax oral powder	1 or 1b*	\$0
gentlelax oral powder	1 or 1b*	\$0
glycolax oral powder	1 or 1b*	\$0
gnp clearlax oral packet	1 or 1b*	\$0
gnp clearlax oral powder	1 or 1b*	\$0
goodsense clearlax oral powder	1 or 1b*	\$0
healthylax oral packet	1 or 1b*	\$0
hm clearlax oral powder	1 or 1b*	\$0
kls laxaclear oral powder	1 or 1b*	\$0
<b>KRISTALOSE ORAL PACKET</b>	<b>3</b>	
<b>LACTULOSE ORAL PACKET</b>	<b>3</b>	
lactulose oral solution 10 gm/15ml	1 or 1b*	
mm clearlax oral powder	1 or 1b*	\$0
peg 3350 oral packet	1 or 1b*	\$0
peg 3350 oral powder	1 or 1b*	\$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	\$0
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
qc natura-lax oral powder	1 or 1b*	\$0
ra laxative oral powder	1 or 1b*	\$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	\$0
sm clearlax oral powder	1 or 1b*	\$0
smooth lax oral packet	1 or 1b*	\$0
smooth lax oral powder	1 or 1b*	\$0
<b>MACRÓLIDOS</b>		
<b>AZITROMICINA</b>		
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*	
<b>ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED</b>	<b>3</b>	
<b>ZITHROMAX ORAL PACKET</b>	<b>3</b>	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	<b>3</b>	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	<b>3</b>	
<b>ZITHROMAX TRI-PAK ORAL TABLET</b>	<b>3</b>	
<b>ZITHROMAX Z-PAK ORAL TABLET</b>	<b>3</b>	
<b>CLARITROMICINA</b>		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
<b>ERITROMICINAS</b>		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	<b>3</b>	
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
<b>FIDAXOMICINA</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	<b>3</b>	QL
<b>DIFICID ORAL TABLET</b>	<b>3</b>	QL

Nombre del Medicamento	Nivel	Notas
<b>MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA</b>		
<b>ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS</b>		
<b>BROMFED DM ORAL SYRUP 2-30-10 MG/5ML</b>	1 or 1b*	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
<b>ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS</b>		
<b>CAPCOF ORAL SYRUP</b>	3	
<b>MAR-COF BP ORAL LIQUID</b>	3	
<b>MAXI-TUSS CD ORAL LIQUID</b>	2	
<b>POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML</b>	2	
promethazine vc/codeine oral syrup	1 or 1b*	QL
<b>PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML</b>	3	PA
<b>RYDEX ORAL LIQUID</b>	2	
<b>ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS</b>		
promethazine-dm oral syrup	1 or 1a*	QL
<b>ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS</b>		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
<b>TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	
<b>ANTITUSIVOS - EXPECTORANTES - DESCONGESTIVOS</b>		
<b>CODITUSSIN DAC ORAL LIQUID</b>	3	
<b>TUSNEL C ORAL SYRUP</b>	2	PA

Nombre del Medicamento	Nivel	Notas
<b>ANTITUSIVOS - EXPECTORANTES</b>		
<b>CODITUSSIN AC ORAL LIQUID</b>	3	
g tussin ac oral solution	1 or 1a*	
guaifenesin ac oral syrup	1 or 1a*	
guaifenesin-codeine oral solution 100-10 mg/5ml	1 or 1a*	
<b>MAR-COF CG EXPECTORANT ORAL LIQUID</b>	2	
maxi-tuss ac oral solution	1 or 1a*	
<b>NINJACOF-XG ORAL LIQUID</b>	3	
<b>ANTITUSIVOS - NO NARCÓTICOS</b>		
benzonatate oral capsule	1 or 1b*	
<b>ANTITUSIVOS - OPIOIDES</b>		
<b>HYCODAN ORAL SOLUTION</b>	3	QL
<b>HYCODAN ORAL TABLET</b>	3	PA
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA
hydromet oral solution	1 or 1a*	QL
<b>DESCONGESTIVO Y ANTIHISTAMÍNICO</b>		
<b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	ST; QL
promethazine vc oral syrup	1 or 1b*	QL
<b>INHALANTES RESPIRATORIOS VARIOS</b>		
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %</b>	3	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %</b>	1 or 1b*	
<b>PULMOSAL INHALATION NEBULIZATION SOLUTION</b>	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
<b>MUCOLÍTICOS</b>		
acetylcysteine inhalation solution	1 or 1b*	
<b>MEDICAMENTOS PARA ÚLCERAS/ANTIESPASMÓDICOS/ANTICOLINÉGICOS</b>		
<b>AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO</b>		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL
bismuth/metronidaz/tetracycl in oral capsule	1 or 1b*	ST; QL
<b>HELIDAC THERAPY ORAL</b>	3	ST; QL
<b>PYLERA ORAL CAPSULE</b>	3	ST; QL
<b>ANTIESPASMÓDICOS</b>		
<b>BENTYL INTRAMUSCULAR SOLUTION</b>	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*	
<b>ANTIULCEROSOS VARIOS</b>		
<b>CARAFATE ORAL SUSPENSION</b>	3	
<b>CARAFATE ORAL TABLET</b>	3	
sucralfate oral suspension	1 or 1b*	
<b>MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS</b>		
<b>CYTOTEC ORAL TABLET</b>	3	
misoprostol oral tablet	1 or 1a*	

Nombre del Medicamento	Nivel	Notas
<b>MEDICAMENTOS PARA ÚLCERAS</b>		
<b>AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON INHIBIDORES DE LA BOMBA DE PROTONES</b>		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL
<b>OMECLAMOX-PAK ORAL</b>	3	ST; QL
<b>TALICIA ORAL CAPSULE DELAYED RELEASE</b>	3	ST; QL
<b>ALCALOIDES DE LA BELLADONA</b>		
<b>ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML</b>	3	
<b>ATROPINE SULFATE INTRAVENOUS SOLUTION</b>	3	
<b>ANTAGONISTAS H2</b>		
cimetidine oral tablet	1 or 1b*	QL
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL
<b>PEPCID ORAL TABLET</b>	3	QL
<b>ANTICOLINÉRGICOS NASALES CUATERNARIOS</b>		
<b>CUVPOSA ORAL SOLUTION</b>	3	
<b>GLYCATE ORAL TABLET</b>	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA	pantoprazole sodium oral tablet delayed release	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*		PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3		rabeprazole sodium oral tablet delayed release	1 or 1b*	
GLYRX-PF INJECTION SOLUTION	3		MINERALES Y ELECTROLITOS		
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	3		BICARBONATOS		
methscopolamine bromide oral tablet	1 or 1b*		SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
ROBINUL ORAL TABLET	3		sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
ROBINUL-FORTE ORAL TABLET	3		sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
ANTIULCEROSOS VARIOS			THAM INTRAVENOUS SOLUTION	3	
sucralfate oral tablet	1 or 1b*		CALCIO		
COMBINACIONES DE ANTICOLINÉRGICOS			CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
chlordiazepoxide-clidinium oral capsule	1 or 1b*		COMBINACIONES DE CALCIO		
LIBRAX ORAL CAPSULE	3		CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
INHIBIDORES DE LA BOMBA DE PROTONES			COMBINACIONES DE FLUORURO		
esomeprazole magnesium oral capsule delayed release 20 mg	1 or 1b*	QL	FLORIVA ORAL LIQUID	3	
esomeprazole magnesium oral capsule delayed release 40 mg	1 or 1b*		COMBINACIONES DE OLIGOELEMENTOS		
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*		MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION	3	
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	QL	MULTRY'S INTRAVENOUS SOLUTION	3	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3		THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
omeprazole oral capsule delayed release	1 or 1b*		TRALEMENT INTRAVENOUS SOLUTION	3	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*				

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
<b>ELECTROLITOS PARENTERALES</b>			<b>ELECTROLITOS Y DEXTROSA</b>		
<b>ISOLYTE-S INTRAVENOUS SOLUTION</b>	3		<b>DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION</b>	3	
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>	3		dextrose in lactated ringers intravenous solution	1 or 1b*	
<b>KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%</b>	1 or 1b*		<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %</b>	3	
kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*		dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
<b>KCL (0.298%) IN NACL INTRAVENOUS SOLUTION</b>	1 or 1b*		dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
lactated ringers intravenous solution	1 or 1b*		<b>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %</b>	3	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*		<b>IONOSOL-MB IN D5W INTRAVENOUS SOLUTION</b>	3	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*		<b>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-R INTRAVENOUS SOLUTION</b>	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*	
<b>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION</b>	3		<b>KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%</b>	3	
<b>PLASMA-LYTE 148 INTRAVENOUS SOLUTION</b>	3		<b>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</b>	3	
<b>PLASMA-LYTE A INTRAVENOUS SOLUTION</b>	3		<b>NORMOSOL-M IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%</b>	3		<b>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION</b>	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3				
ringers intravenous solution	1 or 1b*				
<b>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</b>	3				

Nombre del Medicamento	Nivel	Notas
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
<b>FLUORURO</b>		
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
<b>FOSFATO</b>		
<b>GLYCOPHOS INTRAVENOUS SOLUTION</b>	3	
<b>K-PHOS ORAL TABLET</b>	2	
<b>K-PHOS-NEUTRAL ORAL TABLET</b>	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*	
<b>POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML</b>	3	
potassium phosphates(66 meq k) intravenous solution	3	
<b>POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION</b>	3	
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
<b>MAGNESIO</b>		
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%</b>	3	
<b>MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</b>	3	

Nombre del Medicamento	Nivel	Notas
<b>MANGANESO</b>		
manganese chloride intravenous solution	1 or 1b*	
<b>OLIGOELEMENTOS</b>		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	3	
<b>SELENIUS ACID INTRAVENOUS SOLUTION</b>	3	
<b>POTASIO</b>		
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*	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ</b>	3	
<b>POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</b>	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*	
<b>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML</b>	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
<b>SODIO</b>		
aquastat intravenous solution	1 or 1b*	
<b>AQUASTAT SFR INTRAVENOUS SOLUTION</b>	1 or 1b*	
bd posiflush 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*	
<b>ZINC</b>		
<b>GALZIN ORAL CAPSULE</b>	3	
zinc chloride intravenous solution	3	
zinc sulfate intravenous solution	1 or 1b*	
<b>MULTIVITAMINAS</b>		
<b>MULTIVITAMINAS</b>		
anti-oxidant oral tablet	1 or 1b*	\$0
daily multiple vitamins oral tablet	2	\$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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>DAVIMET-M ORAL TABLET CHEWABLE</b>	3	
<b>ESTROFACTORS ORAL TABLET</b>	2	\$0
gnp essential one daily oral tablet	1 or 1b*	\$0
healthy hair/skin/nails oral tablet	1 or 1b*	\$0
<b>HIGH POTENCY MULTIVITAMIN ORAL TABLET</b>	2	\$0
<b>INFUVITE ADULT INTRAVENOUS INJECTABLE</b>	3	
multi vitamin oral tablet	2	\$0
<b>MULTI VITAMIN W/D-3 ORAL TABLET</b>	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
<b>MULTIVITAMIN ORAL TABLET</b>	2	\$0
multi-vitamin oral tablet	1 or 1b*	\$0
<b>NEOMULTIVITE ORAL TABLET</b>	2	\$0
novite oral capsule	1 or 1b*	
<b>OMNICAP ORAL TABLET</b>	2	\$0
once daily oral tablet	1 or 1b*	\$0
one daily essential oral tablet	2	\$0
one daily multivitamin adult oral tablet	1 or 1b*	\$0
one daily oral tablet	1 or 1b*	\$0
<b>ONE VITE DAILY MULTIVITAMIN ORAL TABLET</b>	2	\$0
<b>ONE-A-DAY ESSENTIAL ORAL TABLET</b>	2	\$0
<b>ONE-A-DAY MENS ORAL TABLET</b>	2	\$0
one-daily multi vitamins oral tablet	1 or 1b*	\$0

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
one-daily multi-vitamin oral tablet	1 or 1b*	\$0
qc essentials oral tablet	1 or 1b*	\$0
<b>QUINTABS ORAL TABLET</b>	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
<b>THERA ORAL TABLET</b>	2	\$0
thera-tabs oral tablet	1 or 1b*	\$0
<b>THEREMS ORAL TABLET</b>	2	\$0
tm-daily vite oral tablet	2	\$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	\$0
vitalee oral tablet	1 or 1b*	\$0
<b>VITLIPID N ADULT INTRAVENOUS EMULSION</b>	3	
<b>VITAMINAS CON LIPOTRÓPICOS</b>		
<b>ACTIFLOVIT EAR HEALTH ORAL TABLET</b>	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
<b>COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE</b>	2	\$0
cvs balanced b50 oral tablet	1 or 1b*	\$0
cvs inner ear plus oral tablet	1 or 1b*	\$0
ear health formula oral tablet	1 or 1b*	\$0
ear health plus oral tablet	1 or 1b*	\$0
lipo flavonoid plus oral tablet	1 or 1b*	\$0
lipoflavovit oral tablet	1 or 1b*	\$0
<b>LIPOTRIAD ORAL TABLET</b>	2	\$0

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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
b-complex-c oral tablet	1 or 1b*	\$0
better b complex oral tablet	1 or 1b*	\$0
big 100 (biotin) oral tablet	1 or 1b*	\$0
big 100 oral tablet	1 or 1b*	\$0
complex b-100 oral tablet extended release	1 or 1b*	\$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	\$0
cvs b complex plus c oral tablet	1 or 1b*	\$0
cvs super b complex/c oral tablet	1 or 1b*	\$0
dalyvite 800 oral tablet	1 or 1b*	\$0
endur-b oral tablet extended release	1 or 1b*	\$0
eql b complex 50 oral tablet	1 or 1b*	\$0
eql b-100 complex oral tablet extended release	1 or 1b*	\$0
eql super b complex/vitamin c oral tablet	1 or 1b*	\$0
<b>FULL SPECTRUM B/VITAMIN C ORAL TABLET</b>	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
<b>NEPHRO-VITE ORAL TABLET</b>	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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
<b>SM B-COMPLEX/VITAMIN C ORAL TABLET</b>	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 + c complex oral tablet	1 or 1b*	\$0
vitamin b complex 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
<b>VITAMINAS MÚLTIPLES CON HIERRO</b>		
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
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
<b>TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET</b>	<b>2</b>	<b>\$0</b>
<b>VITAMINAS MÚLTIPLES CON MINERALES Y CALCIO-ÁCIDO FÓLICO</b>		
<b>FOLGARD OS ORAL TABLET</b>	<b>3</b>	
<b>VITAMINAS MÚLTIPLES CON MINERALES Y FLUORURO-HIERRO-ÁCIDO FÓLICO</b>		
<b>QUFLORA FE ORAL TABLET CHEWABLE</b>	<b>3</b>	
<b>VITAMINAS MÚLTIPLES CON MINERALES</b>		
<b>LIVITA ADULTS ORAL LIQUID</b>	<b>3</b>	
<b>MENATROL ORAL CAPSULE</b>	<b>3</b>	
<b>VITAMINAS PEDIÁTRICAS</b>		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
<b>FLORIVA ORAL TABLET CHEWABLE</b>	<b>3</b>	
<b>FLORIVA PLUS ORAL SOLUTION</b>	<b>3</b>	
<b>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</b>	<b>3</b>	
<b>LIVITA CHILDREN ORAL LIQUID</b>	<b>3</b>	

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

Nombre del Medicamento	Nivel	Notas
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	
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
DUET DHA 400 ORAL	3	ST; 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
inatal gt oral tablet	1 or 1b*	QL
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL

Nombre del Medicamento	Nivel	Notas
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
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; 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
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL

Nombre del Medicamento	Nivel	Notas
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	3	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
PRENATAL COMPLETE ORAL TABLET	2	ST; \$0; QL

Nombre del Medicamento	Nivel	Notas
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
PRENATE PIXIE ORAL CAPSULE	3	ST; QL

Nombre del Medicamento	Nivel	Notas
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
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL

Nombre del Medicamento	Nivel	Notas
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	ST; QL
WESTAB PLUS ORAL TABLET	2	QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
ZALVIT ORAL TABLET	3	ST; QL
ZIPHEX ORAL TABLET	3	ST; QL

Nombre del Medicamento	Nivel	Notas
<b>NUTRIENTES</b>		
<b>AMINOÁCIDOS SIMPLES</b>		
ELCYS INTRAVENOUS SOLUTION	3	
<b>CARBOHIDRATOS</b>		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
<b>COMBINACIONES DE LIPOPOTRÓPICOS</b>		
LECITHIN ORAL GRANULES	3	
<b>LÍPIDOS</b>		
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	
<b>MEZCLAS DE AMINOÁCIDOS</b>		
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	

Nombre del Medicamento	Nivel	Notas
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	
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	

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3		ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
PROTEÍNA-CARBOHIDRATO-LÍPIDO CON COMBINACIONES DE ELECTROLITOS			ampicillin sodium intravenous solution reconstituted	1 or 1b*	
KABIVEN INTRAVENOUS EMULSION	3		<b>COMBINACIONES DE PENICILINA</b>		
PERIKABIVEN INTRAVENOUS EMULSION	3		amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
<b>OXITÓCICOS</b>			amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
<b>ABORTIFACIENTES/MA DURACIÓN CERVICAL - PROSTAGLANDINAS</b>			amoxicillin-pot clavulanate oral tablet	1 or 1b*	
carboprost tromethamine intramuscular solution	1 or 1b*		amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
<b>CERVIDIL VAGINAL INSERT</b>	3		ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
<b>HEMABATE INTRAMUSCULAR SOLUTION</b>	3		ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
<b>PREPIDIL VAGINAL GEL</b>	3		<b>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>OXITÓCICOS</b>			<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/SML</b>	2	
methergine oral tablet	1 or 1b*		<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	3	
methylergonovine maleate injection solution	1 or 1b*		<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</b>	3	
methylergonovine maleate oral tablet	1 or 1b*		<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	3	
oxytocin injection solution	1 or 1b*		piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
<b>PITOCIN INJECTION SOLUTION</b>	3		<b>UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</b>	3	
<b>PENICILINAS</b>			<b>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM</b>	3	
<b>AMINOOPENICILINAS</b>					
amoxicillin oral capsule	1 or 1a*				
amoxicillin oral suspension reconstituted	1 or 1a*				
amoxicillin oral tablet	1 or 1a*				
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*				
ampicillin oral capsule 500 mg	1 or 1a*				

Nombre del Medicamento	Nivel	Notas
ZOSYN INTRAVENOUS SOLUTION	3	
<b>PENICILINAS NATURALES</b>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	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*	
pizerpen injection solution reconstituted	1 or 1b*	
<b>PENICILINAS RESISTENTES A LA PENICILINASA</b>		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	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	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
<b>PRODUCTOS BIOLÓGICOS VARIOS</b>		
<b>EXTRACTOS ALERGÉNICOS MIXTOS</b>		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
<b>EXTRACTOS ALERGÉNICOS</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
<b>PRODUCTOS DE DIAGNÓSTICO</b>		
<b>ANÁLISIS DE DIAGNÓSTICO</b>		
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
FREESTYLE INSULINX TEST IN VITRO STRIP	2	QL
FREESTYLE LITE TEST IN VITRO STRIP	2	QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	QL
FREESTYLE TEST IN VITRO STRIP	2	QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH VERIO IN VITRO STRIP	2	QL
<b>PRODUCTOS DIGESTIVOS</b>		
<b>ENZIMAS DIGESTIVAS</b>		
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
PERTZYME ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
VIOKACE ORAL TABLET	2	QL	zolmitriptan nasal solution 5 mg	1 or 1b*	ST; 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	zolmitriptan oral tablet	1 or 1b*	QL
<b>PRODUCTOS PARA TRATAR LAS MIGRAÑAS</b>			zolmitriptan oral tablet dispersible	1 or 1b*	QL
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***			<b>ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP)</b>		
NURTEC ORAL TABLET DISPERSIBLE	2	QL	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
QULIPTA ORAL TABLET	2	QL	EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
UBRELVY ORAL TABLET	2	QL	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
<b>AGONISTAS SELECTIVOS DE SEROTONINA 5-HT(1)</b>			EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
almotriptan malate oral tablet	1 or 1b*	QL	<b>COMBINACIONES DE ERGOTAMINA</b>		
eletriptan hydrobromide oral tablet	1 or 1b*	QL	ergotamine-caffeine oral tablet	1 or 1b*	
fravatriptan succinate oral tablet	1 or 1b*	ST; QL	migergot rectal suppository	1 or 1b*	
naratriptan hcl oral tablet	1 or 1b*	QL	<b>PRODUCTOS PARA TRATAR LAS MIGRAÑAS</b>		
rizatriptan benzoate oral tablet	1 or 1b*	QL	dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL	<b>PRODUCTOS VAGINALES</b>		
sumatriptan nasal solution	1 or 1b*	QL	*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
sumatriptan succinate oral tablet	1 or 1b*	QL	PHEXXI VAGINAL GEL	3	
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL	ANTIINFECCIOSOS Vaginales		
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL	CLEOCIN VAGINAL CREAM	3	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL	CLEOCIN VAGINAL SUPPOSITORY	2	

Nombre del Medicamento	Nivel	Notas
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
VANDAZOLE VAGINAL GEL	1 or 1b*	
XACIATO VAGINAL GEL	3	PA; QL
<b>ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL</b>		
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
<b>ESPERMICIDAS</b>		
ENCARE VAGINAL SUPPOSITORY	2	\$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	\$0
TODAY SPONGE VAGINAL	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	\$0
<b>ESTRÓGENOS VAGINALES</b>		
estradiol vaginal cream	1 or 1b*	QL
estradiol vaginal tablet	1 or 1b*	QL
PREMARIN VAGINAL CREAM	2	QL
yuvafem vaginal tablet	1 or 1b*	QL
<b>PRODUCTOS VAGINALES VARIOS</b>		
INTRAROSA VAGINAL INSERT	3	ST; QL

Nombre del Medicamento	Nivel	Notas
<b>PROGESTINAS VAGINALES</b>		
CRINONE VAGINAL GEL 4 %	3	SP
CRINONE VAGINAL GEL 8 %	3	PA; QL; SP
ENDOMETRIN VAGINAL INSERT	3	PA
<b>PROGESTINAS</b>		
<b>PROGESTINAS</b>		
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
PROVERA ORAL TABLET	3	QL
<b>SULFONAMIDAS</b>		
<b>SULFONAMIDAS</b>		
sulfadiazine oral tablet	1 or 1b*	
<b>TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANOREXÍGENOS</b>		
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b>		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***</b>		
WAKIX ORAL TABLET 17.8 MG	3	PA; LD; QL; SP
WAKIX ORAL TABLET 4.45 MG	3	PA; LD; DO; SP
<b>*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS***</b>		
IMCIVREE SUBCUTANEOUS SOLUTION	3	PA; LD; BE; QL

Nombre del Medicamento	Nivel	Notas
<b>AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA</b>		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1 or 1b*	PA; DO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
<b>AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS</b>		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA; DO
guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg	1 or 1b*	PA; QL
<b>ANALÉPTICOS</b>		
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
<b>DOPRAM INTRAVENOUS SOLUTION</b>	3	
<b>ANFETAMINAS</b>		
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg	1 or 1b*	PA

Nombre del Medicamento	Nivel	Notas
lisdexamfetamine dimesylate oral capsule 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
procentra oral solution	1 or 1b*	PA; QL
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	2	PA; QL
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG</b>	2	PA; QL
zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
<b>ANOREXÍGENOS NO ANFETAMÍNICOS</b>		
<b>ADIPEX-P ORAL TABLET</b>	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
<b>LOMAIR A ORAL TABLET</b>	3	PA; BE; QL
<b>PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>ANTIOBÉSICOS - AGONISTAS DEL RECEPTOR DE GLP-1</b>		
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; BE; QL
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	2	PA; BE; QL
<b>ESTIMULANTES VARIOS</b>		
armodafinil oral tablet	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
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
<b>INHIBIDORES DE LA LIPASA</b>		
orlistat oral capsule	1 or 1b*	PA; BE; QL
<b>MEZCLAS DE ANFETAMINAS</b>		
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

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
amphet-dextroamphet 3-beader oral capsule extended release 24 hour	1 or 1b*	PA; QL
<b>TETRACICLINAS</b>		
<b>*GLYCYLCYCLINES***</b>		
<b>TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>AMINOMETICICLINAS</b>		
<b>NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>NUZYRA ORAL TABLET 150 MG</b>	3	PA; QL
<b>FLUOROCICLINAS</b>		
<b>XERAVA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>TETRACICLINAS</b>		
demeclocycline hcl oral tablet	1 or 1b*	
doxy 100 intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL

<b>Nombre del Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
<b>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
monodoxine nl oral capsule 100 mg	1 or 1b*	QL
targadox oral tablet	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	
<b>TOXOIDES</b>		
<b>COMBINACIONES DE TOXOIDES</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	3	\$0
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	3	\$0
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	3	\$0

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0	BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0	HIBERIX INJECTION SOLUTION RECONSTITUTED	3	\$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	\$0	MENACTRA INTRAMUSCULAR SOLUTION	3	\$0
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	\$0	MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0
VAXELIS INTRAMUSCULAR SUSPENSION	3		MENVEO INTRAMUSCULAR SOLUTION	3	\$0
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
<b>VACUNAS</b>			PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0
COMBINACIONES DE VACUNAS VIRALES			PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0	PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	\$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0	PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0	TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0	TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
<b>VACUNAS BACTERIANAS</b>			TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0	VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3	\$0	VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2		FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0
<b>VACUNAS VIRALES</b>					
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0; QL	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	\$0	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL	FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL	FLUMIST QUADRIVALENT NASAL SUSPENSION	2	\$0; QL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; \$0; QL	FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
COMIRNATY INTRAMUSCULAR SUSPENSION	2	\$0	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3		GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	\$0	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	\$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0; QL	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	\$0
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL			

Nombre del Medicamento	Nivel	Notas	Nombre del Medicamento	Nivel	Notas
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3		SPIKEVAX INTRAMUSCULAR SUSPENSION	2	\$0
IPOP INJECTION INJECTABLE	3	\$0	SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3		STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	\$0	TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	2	\$0	VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	\$0
novavax covid-19 vaccine intramuscular suspension	2	\$0	VARIVAX SUBCUTANEOUS INJECTABLE	3	\$0
PFIZER COVID-19 VAC- TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	2	\$0	YF-VAX SUBCUTANEOUS INJECTABLE	3	
pfiizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	2	\$0	<b>VASOPRESORES</b>		
PREHEVBRIOD INTRAMUSCULAR SUSPENSION	3	\$0	<b>AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA</b>		
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3		AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	2	QL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	\$0	epinephrine (anaphylaxis) injection solution	1 or 1b*	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0	epinephrine injection solution auto-injector	1 or 1b*	QL
ROTARIX ORAL SUSPENSION	3	\$0	EPINEPHRINESNAP INJECTION KIT	3	
ROTATEQ ORAL SOLUTION	3	\$0	<b>HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES</b>		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0	droxidopa oral capsule	1 or 1b*	PA; LD; QL; SP
			<b>VASOPRESORES</b>		
			AKOVAZ INTRAVENOUS SOLUTION	3	
			AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

Nombre del Medicamento	Nivel	Notas
BIORPHEN INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
epinephrine injection solution 1 mg/ml, 10 mg/10ml	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
IMMPHENITIV INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
VITAMINAS		
VITAMINA A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	

Nombre del Medicamento	Nivel	Notas
<b>VITAMINA B</b>		
thiamine hcl injection solution	1 or 1b*	
<b>VITAMINA C</b>		
ASCOR INTRAVENOUS SOLUTION	3	
<b>VITAMINA D</b>		
DRISDOL ORAL CAPSULE	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
<b>VITAMINA K</b>		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	



La mayoría de los planes incluyen nuestro práctico programa de envío a domicilio sin costos adicionales para el afiliado. Puedes obtener más información en [empireblue.com](http://empireblue.com) o llamando al 866-297-0984.

## **Para obtener información sobre tu beneficio de farmacia, inicia sesión en [empireblue.com](http://empireblue.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 para Afiliados que aparece en tu tarjeta de identificación.

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

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



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Rev. 1/19

# Get help in your language

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

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

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

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

## Tagalog

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

## Russian

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

## Arabic

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

## Armenian

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

## Farsi

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

## French

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

#### Japanese

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

#### Haitian

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

#### Italian

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

#### Polish

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

#### Punjabi

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

#### Navajo

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

#### **It's important we treat you fairly**

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