Lista abierta de medicamentos tradicional

Lista de medicamentos — Plan de medicamentos de cinco 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.

05375MUMSPABS

Lista abierta de medicamentos tradicional

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

¿Cuál es la diferencia entre los medicamentos de marca y los genéricos?
Un **medicamento de marca** está aprobado por la FDA y generalmente está disponible en una sola compañía. Puede estar protegido por una patente, lo que significa que solo puede ser fabricado o vendido por la empresa que tiene la patente.

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

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

Los medicamentos genéricos están en minúsculas, tipo simple en la lista de medicamentos.
¿Es esta una lista completa de todos los medicamentos cubiertos?
Sí, esta lista incluye todos los medicamentos cubiertos por su plan.

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

¿Cómo puedo encontrar un medicamento en la lista?
Lasalfombras D están organizadas por su clase de drogas, también llamada clase terapéutica.

Veo un nivel al lado de cada medicamento. ¿Qué significan los niveles?
La lista de medicamentos se configura en tres niveles o niveles. Colocamos los medicamentos en diferentes niveles en función de:

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

¿Cómo afectan los niveles a cuánto cuesta un medicamento?
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.

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

- Los medicamentos de Nivel 2 tienen un costo compartido más alto que el Nivel 1. Pueden ser medicamentos de marca preferidos, según lo bien que funcionen y su costo en comparación con otros medicamentos utilizados para el mismo tipo de tratamiento. Algunos son medicamentos genéricos que pueden costar más porque son más nuevos en el mercado.

- Los medicamentos de nivel 3 tienen el costo compartido más alto. A menudo incluyen medicamentos de marca y genéricos no preferidos. Pueden costar más que los medicamentos en niveles inferiores que se usan para tratar la misma afección. El Nivel 3 también puede incluir medicamentos que fueron aprobados recientemente por la FDA o medicamentos especializados que se usan para tratar afecciones de salud graves a largo plazo y que pueden necesitar un manejo especial.

- Los medicamentos de nivel 4 tienen el costo compartido más alto y generalmente incluyen medicamentos de marca especializados y genéricos. Pueden costar más que los medicamentos en niveles inferiores que se usan para tratar la misma afección. El Nivel 4 también puede incluir medicamentos recientemente aprobados por la FDA o medicamentos especializados utilizados para tratar afecciones de salud graves a largo plazo y que pueden necesitar un manejo especial.

- Los medicamentos de nivel 5 tienen el costo compartido más alto. Los medicamentos en este nivel son medicamentos genéricos y de marca especializada no preferidos. El Nivel 5 también puede incluir medicamentos recientemente aprobados por la FDA o medicamentos especializados utilizados para tratar afecciones de salud graves a largo plazo y que pueden necesitar un manejo especial.

¿Cómo sabré si mi medicamento está cubierto y cuánto me costará?
A través de Internet, con la herramienta Precios de medicamentos, puede obtener información sobre la cobertura y los precios de los medicamentos de una serie de farmacias minoristas de su código postal.

Si un medicamento que tomo no está en la lista, ¿cuáles son mis opciones?
Aquí hay cosas en las que pensar:

- Si desea tomar un medicamento que no está en la lista de medicamentos, es posible que tenga que pagar el costo total del mismo.

- Su plan puede cubrir otro medicamento de marca o genérico que funcione igual de bien. Puede buscar actualizaciones recientes sobre medicamentos genéricos en **anthem.com**.

- Hable con un médico o farmacéutico para ver si los medicamentos de venta libre (OTC) son una opción. Los medicamentos de venta libre no están incluidos en la lista de medicamentos.

- Si un medicamento que toma no está cubierto, su médico puede pedirnos que revisemos su cobertura. Este proceso se **denomina aprobación** previa o **autorización previa**. El médico puede comenzar el proceso llamando al número de Servicios para Miembros de Farmacia que figura en su tarjeta de identificación de miembro o descargando un formulario de autorización previa de nuestro sitio web. Si aprobamos la solicitud, la cantidad que pague por el medicamento dependerá del beneficio de su plan.
  Solo usted y su médico pueden decidir qué medicamentos son mejores para usted.

- Si el anticonceptivo que está tomando no está en el formulario, su médico puede comunicarse con nosotros si es médicamente necesario porque los anticonceptivos preferidos son inapropiados para usted, y renunciaremos a su costo compartido.

¿Qué debo buscar en la columna Notas?
Si un medicamento necesita aprobación previa o autorización previa, verá "PA" al lado. Si necesita probar otro medicamento primero, que se llama terapia escalonada, verá "ST" al lado.

¿Quién decide qué medicamentos incluir en la lista?
Los medicamentos en la lista se revisan a través de nuestro proceso de Farmacia y Terapéutica (P&T). En este proceso, un grupo de médicos, farmacéuticos y profesionales de la salud independientes decide qué medicamentos incluimos. El grupo se reúne regularmente para revisar los medicamentos nuevos y existentes. Recomiendan medicamentos en función de su seguridad, qué tan bien funcionan para mejorar la salud y el valor que ofrecen a nuestros miembros.

¿Cambia la lista de medicamentos? ¿Cómo sabré si lo hace?
Los medicamentos en nuestra lista se revisan regularmente. A veces se agregan, quitan o mueven a un nivel diferente. Le enviaremos una carta si un medicamento que toma se elimina de la lista y, en algunos casos, si un medicamento que toma se mueve a un nivel superior. 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. Para acceder a la lista de medicamentos más actualizada, inicie sesión en **anthem.com**.

¿Mi plan cubre medicamentos preventivos?
Cubrimos medicamentos de atención preventiva con costo compartido cero en cumplimiento con la Ley de Cuidado de Salud a Bajo Precio (ACA) cuando se cumplen criterios específicos.

¿Cómo puedo encontrar una farmacia en mi plan?
Vaya a anthem.com para encontrar una farmacia cerca de usted.

Términos clave

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

Los medicamentos de marca están en MAYÚSCULAS, negrita.

Los medicamentos genéricos están en minúsculas, tipo simple.

$0 = medicamentos preventivos. Para algunos miembros, este producto puede estar cubierto al 100% con un costo compartido de $0 con un Receta de su proveedor si se cumplen los criterios especificados.
AL = límites de edad. Algunos medicamentos requieren una autorización previa si su edad no se ajusta a las recomendaciones clínicas, del fabricante del medicamento o de la Administración de Alimentos y Medicamentos (FDA).
BE = exclusión de prestaciones. Este medicamento puede no estar cubierto en función del diseño de su plan. Para saber si su medicamento está cubierto, inicie sesión en el portal del afiliado o utilice la aplicación Sydney para Precios de medicamentos y consulte los documentos de su plan.
DO = optimización de la dosis. Por lo general, esto significa que es posible que tenga que cambiar de tomar un medicamento dos veces al día a tomarlo una vez al día con una concentración más alta.
LD = distribución limitada. Estos medicamentos están disponibles solo a través de ciertas farmacias o mayoristas, dependiendo de lo que decida el fabricante.
PA = autorización previa. Es posible que deba obtener la aprobación de beneficios antes de que se puedan surtir ciertas recetas.
QL = límites de cantidad. Hay límites en la cantidad de medicamento cubierto dentro de un cierto período de tiempo.
SP = medicamentos especializados. Los medicamentos especializados se usan para tratar afecciones difíciles a largo plazo. Es posible que necesite obtener este medicamento a través de una farmacia especializada.
ST = terapia escalonada. Es posible que deba usar otro medicamento recomendado primero antes de que un medicamento recetado esté cubierto.

Recursos de farmacia en línea

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

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

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

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

05375MUMSPABS

Lista Tradicional de Medicamentos

Cinco Niveles

Table of Contents

AGENTES ANORRECTALES 3
AGENTES ANSIOLÍTICOS 3
AGENTES ANTIANGINOSOS 4
AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES 4
AGENTES ANTIINFECCIOSOS VARIOS 8
AGENTES ANTIMIASTÉNICOS 10
AGENTES ANTIMICOBACTERIALES 11
AGENTES ANTIPSICÓTICOS/ANTIMANÍACOS 11
AGENTES CARDIOVASCULARES VARIOS 15
AGENTES DE INMUNIZACIÓN PASIVA 17
AGENTES DE INMUNIZACIÓN PASIVA Y TRATAMIENTO 17
AGENTES DERMATOLÓGICOS 19
AGENTES DIARRÉICOS/PROBIÓTICOS 29
AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS 30
AGENTES GASTROINTESTINALES VARIOS 37
AGENTES GENITOURINARIOS VARIOS 40
AGENTES HEMATOLÓGICOS VARIOS 42
AGENTES HEMATOPOYÉTICOS 47
AGENTES HEMOSTÁTICOS 50
AGENTES NASALES - SISTÉMICOS Y TÓPICOS 51
AGENTES NEUROMUSCULARES 51
AGENTES OFTÁLMICOS 52
AGENTES ÓTICOS 59
AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES 60
AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR 61
AGENTES PARA LA GOTA 62
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS 63
AGENTES RESPIRATORIOS VARIOS 69
AGENTES TIROIDEOS 69
AMEBICIDAS 70
AMINOGLUCÓSIDOS 70
ANALGÉSICOS - ANTIINFLAMATORIOS 70
ANALGÉSICOS - NO NARCÓTICOS 76
ANALGÉSICOS - OPIOIDES 77
ANDRÓGENOS-ANABÓLICOS 80
ANESTÉSICOS GENERALES 81
ANESTÉSICOS LOCALES - PARENTERALES 82
ANTIARRÍTMICOS 83
ANTICOAGULANTES 83
ANTICONCEPTIVOS 85
ANTICONVULSIVOS 88
ANTIDEPRESIVOS 93
ANTIDIABÉTICOS 95
ANTÍDOTOS 101
ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS 101
ANTIEMÉTICOS 102
ANTIESPASMÓDICOS URINARIOS 104
ANTIHELMÍNTICOS 104
ANTIHIPERLIPIDÉMICOS 104
ANTIHIPERTENSIVOS 107
ANTIHISTAMÍNICOS 110
ANTIMICÓTICOS 110
ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS 112
ANTIPALÚDICOS 127
ANTIPARKINSONIANOS 127
ANTIPARKINSONIANOS Y AGENTES TERAPÉUTICOS RELACIONADOS 127
ANTISÉPTICOS Y DESINFECTANTES 128
ANTIVIRALES 129

BETABLOQUEADORES 133
BLOQUEADORES DE CANALES DE CALCIO 134
CARDIOTÓNICOS 136
CEFALOSPORINAS 136
CLASES TERAPÉUTICAS VARIAS 138
CLASES VARIADAS 141
CORTICOESTEROIDES 141
DISPOSITIVOS MÉDICOS 143
DISPOSITIVOS Y SUMINISTROS MÉDICOS 158
DIURÉTICOS 158
ESTRÓGENOS 159
EXTRACTOS ALERGÉNICOS/PRODUCTOS BIOLÓGICOS MISCELÁNEOS 160
FLUOROQUINOLONAS 161
HIPNÓTICOS 161
HIPNÓTICOS/SEDANTES/AGENTES PARA TRASTORNOS DEL SUEÑO 161
LAXANTES 163
MACRÓLIDOS 165
MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA 165
MEDICAMENTOS PARA ÚLCERAS 167
MEDICAMENTOS PARA ÚLCERAS/ANTIESPASMÓDICOS/ANTICOLINÉRGICOS 166
MINERALES Y ELECTROLITOS 169
MULTIVITAMINAS 172
NUTRIENTES 178
OXITÓCICOS 179
PENICILINAS 179
PRODUCTOS DE DIAGNÓSTICO 181
PRODUCTOS DIGESTIVOS 185
PRODUCTOS PARA TRATAR LAS MIGRAÑAS 185
PRODUCTOS VAGINALES 187
PROGESTINAS 188
SULFONAMIDAS 188
TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANOREXÍGENOS 188
TETRACICLINAS 192
TOXOIDES 193
VACUNAS 193
VASOPRESORES 196
VITAMINAS 197

Cinco Niveles

CURRENT AS OF 7/1/2025

Nombre del Medicamento	Nivel	Notas
AGENTES ANORRECTALES		
AGENTES VASODILATADORES DE NITRATOS		
nitroglycerin rectal ointment	1 or 1b*	QL
RECTIV RECTAL OINTMENT	3	QL
ANESTÉSICOS/ESTEROIDES RECTALES		
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM	3	
ESTEROIDES INTRARRECTALES		
budesonide rectal foam	1 or 1b*	QL
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	3	QL
ESTEROIDES RECTALES		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	1 or 1b*	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
AGENTES ANSIOLÍTICOS		
AGENTES ANSIOLÍTICOS VARIOS		
BUCAPSOL ORAL CAPSULE 10 MG, 7.5 MG	3	PA; DO
BUCAPSOL ORAL CAPSULE 15 MG	3	PA; QL
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution 25 mg/ml	1 or 1b*	
hydroxyzine hcl intramuscular solution 50 mg/ml	3	
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	
BENZODIAZEPINAS		
alprazolam er oral tablet extended release 24 hour	1 or 1b*	QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour	1 or 1b*	QL
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	ST; QL
oxazepam oral capsule	1 or 1b*	QL
VALIUM ORAL TABLET	3	QL
XANAX ORAL TABLET	3	QL
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
AGENTES ANTIANGINOSOS		
AGENTES ANTIANGINOSOS - OTRO		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG	3	PA; QL
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
NITRATOS		
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	3	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES		
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS**		
OHTUVAYRE INHALATION SUSPENSION	5	PA; LD; QL; SP
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
AGENTES ANTIINFLAMATORIOS		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG1 KAPPA)		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
ANTAGONISTAS DE LA INTERLEUCINA-5 (IGG4 KAPPA)		
CINQAIR INTRAVENOUS SOLUTION	4	PA; LD; SP
ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO		
ACCOLATE ORAL TABLET	3	QL
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
SINGULAIR ORAL PACKET	3	QL
SINGULAIR ORAL TABLET	3	QL
SINGULAIR ORAL TABLET CHEWABLE	3	QL
zafirlukast oral tablet	1 or 1b*	QL
ANTICUERPOS MONOCLONALES ANTI-IGE		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
BETA AGONISTAS		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	QL
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
BROVANA INHALATION NEBULIZATION SOLUTION	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL
XOPENEX HFA INHALATION AEROSOL	3	ST; QL
BRONCODILATADORES - ANTICOLINÉRGICOS		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	ST; QL
ipratropium bromide inhalation solution	1 or 1b*	QL
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
tiotropium bromide monohydrate inhalation capsule	1 or 1b*	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	ST; QL
YUPELRI INHALATION SOLUTION	3	ST; QL
COMBINACIÓN DE ADRENÉRGICOS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	ST; QL
ADVAIR HFA INHALATION AEROSOL	3	ST; QL

Nombre del Medicamento	Nivel	Notas
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
AIRSUPRA INHALATION AEROSOL	3	PA; QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL
BEVESPI AEROSPHERE INHALATION AEROSOL	3	ST; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL
BREYNA INHALATION AEROSOL	1 or 1b*	QL
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
DULERA INHALATION AEROSOL	3	ST; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1 or 1b*	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1 or 1b*	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT INHALATION AEROSOL	3	ST; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL
umeclidinium-vilanterol inhalation aerosol powder breath activated	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
INHALANTES DE ESTEROIDES		
ALVESCO INHALATION AEROSOL SOLUTION	3	ST; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL

Nombre del Medicamento	Nivel	Notas
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	ST; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL
ASMANEX HFA INHALATION AEROSOL	3	ST; QL
budesonide inhalation suspension	1 or 1b*	QL
fluticasone propionate diskus inhalation aerosol powder breath activated	1 or 1b*	QL
fluticasone propionate hfa inhalation aerosol	1 or 1b*	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
PULMICORT INHALATION SUSPENSION	3	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
INHIBIDORES DE LA 5-LIPOOXIGENASA		
zileuton er oral tablet extended release 12 hour	3	PA; QL
ZYFLO ORAL TABLET	3	PA; QL
INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS		
DALIRESP ORAL TABLET	3	QL
roflumilast oral tablet	1 or 1b*	QL
XANTINAS		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral elixir	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL
AGENTES ANTIINFECCIOSOS VARIOS		
BETA-LACTAMASE INHIBITOR - COMBINATIONS*		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	3	
MONOBACTAM COMBINATIONS**		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
URINARY ANTI-INFECTIVES**		
fosfomycin tromethamine oral packet	1 or 1b*	
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*	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1 or 1b*	
nitrofurantoin oral suspension 50 mg/5ml	3	

Nombre del Medicamento	Nivel	Notas
AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
AGENTES ANTIINFECCIOSOS VARIOS		
IMPAVIDO ORAL CAPSULE	3	PA; QL
LIKMEZ ORAL SUSPENSION	3	PA
METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet 125 mg	3	PA
metronidazole oral tablet 250 mg, 500 mg	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	LD
PENTAM INJECTION SOLUTION RECONSTITUTED	5	LD
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	LD
pentamidine isethionate injection solution reconstituted	4	LD
tinidazole oral tablet	1 or 1b*	QL
TRIMETHOPRIM ORAL TABLET	1 or 1a*	

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

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

Nombre del Medicamento	Nivel	Notas
GLUCOPÉPTIDOS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN ORAL CAPSULE	3	QL
vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-%	3	QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	QL
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%	3	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	3	QL
vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg	3	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
vancomycin hcl intravenous solution reconstituted 100 gm	1 or 1b*	QL
vancomycin hcl oral capsule	1 or 1b*	QL
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	QL
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1 or 1b*	QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
LINCOSAMIDAS		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
LIPOPÉPTIDOS CÍCLICOS		
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
daptomycin-sodium chloride intravenous solution	3	

Nombre del Medicamento	Nivel	Notas
MONOBACTÁMICOS		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LD; QL; SP
OXAZOLIDONAS		
linezolid in sodium chloride intravenous solution	3	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
POLIMIXINAS		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
AGENTES ANTIMIASTÉNICOS		
AGENTES ANTIMIASTÉNICOS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
FIRDAPSE ORAL TABLET	5	PA; LD; QL
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
neostigmine methylsulfate rfid intravenous solution	3	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION	3	
AGENTES ANTIMICOBACTERIALES		
AGENTES ANTIMICOBACTERIALES		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1 or 1b*	
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		
MUSCARINIC AGENT - COMBINATIONS**		
COBENFY ORAL CAPSULE	3	ST; QL
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	ST; QL
AGENTES ANTIMANÍACOS		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	QL
lithium oral solution	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	QL
ANTIPSORIÁSICOS - VARIOS		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	ST; DO
CAPLYTA ORAL CAPSULE 42 MG	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	AL; QL
GEODON ORAL CAPSULE 20 MG, 40 MG	3	ST; DO

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
GEODON ORAL CAPSULE 60 MG, 80 MG	3	ST; QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	ST; QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	ST; DO
lurasidone hcl oral tablet 120 mg, 80 mg	1 or 1b*	AL; QL
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	1 or 1b*	DO; AL
NUPLAZID ORAL CAPSULE	5	PA; LD; QL; SP
NUPLAZID ORAL TABLET 10 MG	5	PA; LD; QL; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO; AL
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	AL; QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	AL; QL
BENZISOXAZOLES		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	3	ST; QL

Nombre del Medicamento	Nivel	Notas
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	AL; QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	AL; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	AL; QL
RISPERDAL ORAL SOLUTION	3	ST; QL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG	3	ST; QL
risperidone microspheres er intramuscular suspension reconstituted er	1 or 1b*	AL; QL
risperidone oral solution	1 or 1b*	AL; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	AL; QL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	AL; QL
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	AL; QL

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

Nombre del Medicamento	Nivel	Notas
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	AL; QL
BENZODIACEPINAS		
olanzapine intramuscular solution reconstituted	1 or 1b*	AL; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO; AL
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	AL; QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO; AL
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	AL; QL
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	AL; QL
ZYPREXA ORAL TABLET 2.5 MG, 5 MG	3	ST; DO
ZYPREXA ORAL TABLET 20 MG	3	ST; QL
BUTIROFENONAS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	3	AL; QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	AL; QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	AL
haloperidol lactate oral concentrate 2 mg/ml	1 or 1b*	AL; QL
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	AL; QL
DERIVADOS DE LAS QUINOLEÍNAS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL

Nombre del Medicamento	Nivel	Notas
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	AL; QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG	3	ST; QL
aripiprazole oral solution	1 or 1b*	AL; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO; AL
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	AL; QL
aripiprazole oral tablet dispersible	1 or 1b*	AL; QL
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
OPIPZA ORAL FILM 10 MG, 5 MG	3	ST; QL
OPIPZA ORAL FILM 2 MG	3	ST; DO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
DIBENZODIACEPÍNICOS		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO; AL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	AL; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg	1 or 1b*	AL; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	ST; DO
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	3	ST; QL
DIBENZODIAZEPINAS		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	AL; QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO; AL
CLOZARIL ORAL TABLET 100 MG	3	AL; QL
CLOZARIL ORAL TABLET 25 MG	3	DO; AL
VERSACLOZ ORAL SUSPENSION	3	AL; QL
DIBENZOOXEPINO PIRROLES		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	AL; QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO; AL

Nombre del Medicamento	Nivel	Notas
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	ST; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	3	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
DIBENZOXAZEPINAS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	AL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO; AL
loxapine succinate oral capsule 50 mg	1 or 1b*	AL; QL
DIHIDROINDOLONAS		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO; AL
molindone hcl oral tablet 25 mg	1 or 1b*	AL; QL
FENOTIAZINAS		
chlorpromazine hcl injection solution	1 or 1b*	AL
CHLORPROMAZINE HCL ORAL CONCENTRATE	1 or 1b*	AL; QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL
compro rectal suppository	1 or 1b*	AL
fluphenazine decanoate injection solution	1 or 1b*	AL
fluphenazine hcl injection solution	1 or 1b*	AL
fluphenazine hcl oral concentrate	1 or 1b*	AL; QL
fluphenazine hcl oral elixir	1 or 1b*	AL; QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO; AL
fluphenazine hcl oral tablet 10 mg	1 or 1b*	AL; QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	AL; QL
perphenazine oral tablet 2 mg	1 or 1b*	DO; AL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	AL
prochlorperazine maleate oral tablet	1 or 1a*	AL
prochlorperazine rectal suppository	1 or 1b*	AL
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
thioridazine hcl oral tablet 100 mg	1 or 1b*	AL; QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO; AL
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	AL; QL
TIOXANTENOS		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL
AGENTES CARDIOVASCULARES VARIOS		
CARDIAC MYOSIN INHIBITORS**		
CAMZYOS ORAL CAPSULE	5	PA; LD; QL; SP
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS**		
LODOCO ORAL TABLET	3	PA; QL
CARDIOVASCULAR SGLT2 INHIBITORS*		
INPEFA ORAL TABLET	3	PA; QL
PDE INHIBITOR-ENDOTHELIN RECPTOR ANTAGONIST COMBINATIONS**		
OPSYNVI ORAL TABLET	4	PA; LD; QL; SP
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR**		
WINREVAIR SUBCUTANEOUS KIT	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
TRANSTHYRETIN STABILIZERS**		
ATTRUBY ORAL TABLET THERAPY PACK	5	PA; QL
VYNDAMAX ORAL CAPSULE	5	PA; LD; QL; SP
VYNDAQEL ORAL CAPSULE	5	PA; LD; QL; SP
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
VERQUVO ORAL TABLET	3	PA; QL
AGENTES SÉPTICOS - ABLACIÓN		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
COMBINACIÓN DE INHIBIDORES DE NEPRISILINA (ARNI) - ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II		
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL
ENTRESTO ORAL TABLET	3	QL

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

Nombre del Medicamento	Nivel	Notas
COMBINACIONES DE NITRATOS Y VASODILATADORES		
BIDIL ORAL TABLET	3	QL
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1 or 1b*	QL
HIPERTENSIÓN PULMONAR - AGONISTA DEL RECEPTOR DE PROSTACICLINA		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; QL
UPTRAVI ORAL TABLET	5	PA; LD; QL; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	5	PA; LD; QL; SP
HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA		
ambrisentan oral tablet	4	PA; LD; QL; SP
bosentan oral tablet	4	PA; LD; QL; SP
LETAIRIS ORAL TABLET	5	PA; LD; QL; SP
OPSUMIT ORAL TABLET	4	PA; LD; QL; SP
TRACLEER ORAL TABLET	5	PA; LD; QL; SP
TRACLEER ORAL TABLET SOLUBLE	4	PA; LD; QL; SP
HIPERTENSIÓN PULMONAR - ESTIMULADOR DE GUANILATO CICLASA SOLUBLE (SGC)		
ADEMPAS ORAL TABLET	4	PA; LD; QL; SP
HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA		
ADCIRCA ORAL TABLET	5	PA; LD; QL; SP
alyq oral tablet	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
REVATIO INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
REVATIO ORAL TABLET	5	PA; LD; QL; SP
sildenafil citrate intravenous solution	4	PA; LD; QL; SP
sildenafil citrate oral suspension reconstituted	4	PA; LD; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; LD; QL; SP
tadalafil (pah) oral tablet	4	PA; LD; QL; SP
TADLIQ ORAL SUSPENSION	5	PA; LD; QL; SP
INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP)		
avanafil oral tablet	3	PA
CIALIS ORAL TABLET 10 MG, 20 MG	3	PA
CIALIS ORAL TABLET 5 MG	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
STENDRA ORAL TABLET	3	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet	3	PA
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
VIAGRA ORAL TABLET	3	PA
INHIBIDORES DEL NÓDULO SINUSAL		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	3	PA; QL
ivabradine hcl oral tablet	1 or 1b*	PA; QL

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

Nombre del Medicamento	Nivel	Notas
PROSTAGLANDINAS - AGENTES PARA LA IMPOTENCIA		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA
EDEX INTRACAVERNOSAL KIT	3	PA
VASODILATADORES DE LA PROSTAGLANDINA		
alprostadil injection solution	1 or 1b*	
AURLUMYN INTRAVENOUS SOLUTION	5	
epoprostenol sodium intravenous solution reconstituted	4	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; LD; QL; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; LD; QL; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; LD; QL; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	5	PA; LD; SP
PROSTIN VR INJECTION SOLUTION	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA; LD; SP
treprostinil injection solution	4	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; LD; QL; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; LD; QL; SP
TYVASO INHALATION SOLUTION	5	PA; LD; QL; SP
TYVASO REFILL KIT INHALATION SOLUTION	5	PA; LD; QL; SP
TYVASO STARTER KIT INHALATION SOLUTION	5	PA; LD; QL; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION	5	PA; LD; QL; SP
YUTREPIA INHALATION CAPSULE	5	PA; QL
AGENTES DE INMUNIZACIÓN PASIVA Y TRATAMIENTO		
SUEROS INMUNOLÓGICOS		
GAMMAGARD INJECTION SOLUTION 20 GM/200ML	5	PA; LD; SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	5	LD; QL; SP
AGENTES DE INMUNIZACIÓN PASIVA		
AGENTES DE INMUNIZACIÓN PASIVA - COMBINACIONES		
HYQVIA SUBCUTANEOUS KIT	5	PA; LD; SP
ANTICUERPOS MONOCLONALES ANTIVIRALES		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	PA; LD; $0; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PEMGARDA INTRAVENOUS SOLUTION	3	
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; LD; SP
ANTICUERPOS MONOCLONALES BACTERIANOS		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
ANTITOXINAS - CONTRAVENENOS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
SUEROS INMUNOLÓGICOS		
ALYGLO INTRAVENOUS SOLUTION	5	PA; LD
ASCENIV INTRAVENOUS SOLUTION	5	PA; LD; SP
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVIGAM INTRAVENOUS SOLUTION	5	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	3	

Nombre del Medicamento	Nivel	Notas
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LD; SP
CUVITRU SUBCUTANEOUS SOLUTION	5	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION	5	LD; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	5	PA; LD; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 30 GM/300ML, 5 GM/50ML	5	PA; LD; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION	4	PA; LD; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	5	LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	5	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	5	LD; SP
HYPERRAB INJECTION SOLUTION	5	LD; SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	LD; QL; SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	5	LD; SP
KEDRAB INJECTION SOLUTION	5	LD; SP
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	5	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	4	PA; LD; SP
PANZYGA INTRAVENOUS SOLUTION	5	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	LD; QL; SP
VARIZIG INTRAMUSCULAR SOLUTION	3	LD
WINRHO SDF INJECTION SOLUTION	5	LD; QL; SP

Nombre del Medicamento	Nivel	Notas
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; LD; SP
AGENTES DERMATOLÓGICOS		
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LITFULO ORAL CAPSULE	3	PA; QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO ORAL TABLET	5	PA; LD; QL; SP
OPZELURA EXTERNAL CREAM	3	PA; QL
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	5	PA; LD; QL; SP
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; LD; QL
MICROTUBULE INHIBITORS - TOPICAL		
KLISYRI (250 MG) EXTERNAL OINTMENT	3	ST; QL
KLISYRI (350 MG) EXTERNAL OINTMENT	3	ST; QL
AGENTES ALQUILANTES TÓPICOS		
VALCHLOR EXTERNAL GEL	3	PA; LD; QL
AGENTES ANTIINFLAMATORIOS - TÓPICOS		
diclofenac epolamine external patch	3	ST; QL
diclofenac sodium external gel 1 %	1 or 1b*	BE; QL
diclofenac sodium external solution	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FLECTOR EXTERNAL PATCH	3	ST; QL
LICART EXTERNAL PATCH 24 HOUR	3	ST; QL
PENNSAID EXTERNAL SOLUTION	3	ST; QL
AGENTES DE MÁXIMO FRUNCIMIENTO (LÍNEAS GLABELARES)		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
AGENTES DE TERAPIA FOTODINÁMICA TÓPICOS		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
AGENTES PARA ARRUGAS FACIALES - RETINOIDES		
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
AGENTES PARA ROSÁCEA		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate external gel	1 or 1b*	QL
doxycycline oral capsule delayed release	3	ST; QL
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FINACEA EXTERNAL FOAM	2	QL
ivermectin external cream	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
METROCREAM EXTERNAL CREAM	3	ST; QL
METROGEL EXTERNAL GEL	3	ST; QL
METROLOTION EXTERNAL LOTION	3	ST; QL
metronidazole external cream	1 or 1b*	QL
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
NORITATE EXTERNAL CREAM	3	ST; QL
ORACEA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
AGENTES PARA VERRUGAS GENITALES EXTERNAS Y ANALES		
VEREGEN EXTERNAL OINTMENT	3	ST; QL
AGENTES QUEROTOLÍTICOS/ANTIMICÓTICOS		
CONDYLOX EXTERNAL GEL	3	ST; QL
podofilox external gel	1 or 1b*	QL
podofilox external solution	1 or 1b*	QL
YCANTH EXTERNAL SOLUTION	3	PA; QL
AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS TÓPICOS		
bexarotene external gel	1 or 1b*	PA; LD; QL; SP
TARGRETIN EXTERNAL GEL	3	PA; LD; QL; SP
ANESTÉSICOS LOCALES TÓPICOS		
dyclopro external solution	3	
glydo external prefilled syringe	1 or 1b*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
lidocaine external ointment 5 %	1 or 1b*	QL
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDODERM EXTERNAL PATCH	3	PA; QL
TRIDACAINE II EXTERNAL PATCH	1 or 1b*	PA; QL
TRIDACAINE III EXTERNAL PATCH	1 or 1b*	PA; QL
ZTLIDO EXTERNAL PATCH	3	PA; QL
ANTIBIÓTICOS PARA EL ACNÉ		
ACZONE EXTERNAL GEL	3	ST; QL
AMZEEQ EXTERNAL FOAM	3	ST; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
CLINDACIN EXTERNAL FOAM	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
CLINDAGEL EXTERNAL GEL	3	ST; QL
clindamycin phos (once-daily) external gel	1 or 1b*	QL
clindamycin phos (twice-daily) external gel	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel	3	ST; QL
ery external pad	1 or 1b*	QL
ERYGEL EXTERNAL GEL	3	QL

Nombre del Medicamento	Nivel	Notas
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ANTIBIÓTICOS TÓPICOS		
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin calcium external cream	3	ST; QL
mupirocin external ointment	1 or 1b*	QL
ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS		
fluorouracil external cream 5 %	1 or 1b*	AL; QL
fluorouracil external solution	1 or 1b*	AL; QL
TOLAK EXTERNAL CREAM	3	ST; QL
ANTIMICÓTICOS - COMBINACIONES TÓPICAS		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
FUNGIMEZ EXTERNAL SOLUTION	3	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
VUSION EXTERNAL OINTMENT	3	QL
ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS		
clotrimazole external cream	1 or 1b*	QL
econazole nitrate external cream	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ECOZA EXTERNAL FOAM	3	ST; QL
ERTACZO EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL SOLUTION	3	ST; QL
JUBLIA EXTERNAL SOLUTION	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
ketodan external foam	3	QL
luliconazole external cream	1 or 1b*	ST; QL
LUZU EXTERNAL CREAM	3	ST; QL
oxiconazole nitrate external cream	3	ST; QL
OXISTAT EXTERNAL LOTION	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
ANTIMICÓTICOS RELACIONADOS CON EL OXABOROL TÓPICOS		
tavaborole external solution	1 or 1b*	ST; QL
ANTIMICÓTICOS TÓPICOS		
ciclodan external solution	1 or 1b*	QL
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
KLAYESTA EXTERNAL POWDER	1 or 1b*	QL
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel 2 %	1 or 1b*	ST; QL
NAFTIN EXTERNAL GEL 2 %	3	ST; QL

Nombre del Medicamento	Nivel	Notas
nyamyc external powder	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
nystop external powder	1 or 1b*	QL
ANTINEOPLÁSICO O LESIONES PREMALIGNAS - FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDES (AINE) TÓPICOS		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
ANTIPRURIGINOSOS - SISTÉMICOS		
acitretin oral capsule	1 or 1b*	QL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	5	PA; LD; QL; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	5	PA; QL; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; LD; QL; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	5	PA; QL; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
COSENTYX INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
methoxsalen rapid oral capsule	1 or 1b*	LD; SP
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
SOTYKTU ORAL TABLET	5	PA; LD; QL; SP
SPEVIGO INTRAVENOUS SOLUTION	5	PA; LD; QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; LD; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; LD; QL; SP
ustekinumab subcutaneous solution	5	PA; LD; QL; SP
ustekinumab subcutaneous solution prefilled syringe	5	PA; LD; QL; SP
ustekinumab-aekn subcutaneous solution prefilled syringe	5	PA; QL; SP
ustekinumab-ttwe subcutaneous solution prefilled syringe	5	PA; QL; SP
WEZLANA SUBCUTANEOUS SOLUTION	5	PA; QL; SP
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
YESINTEK SUBCUTANEOUS SOLUTION	5	PA; QL; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ANTIPRURIGINOSOS - TÓPICOS		
doxepin hcl external cream	1 or 1b*	PA; QL
PRUDOXIN EXTERNAL CREAM	3	PA; QL
ZONALON EXTERNAL CREAM	3	PA; QL
ANTIPSORIÁSICOS		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	3	ST; QL
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
SORILUX EXTERNAL FOAM	3	ST; QL
tazarotene external cream	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
TAZORAC EXTERNAL CREAM	3	ST; QL
TAZORAC EXTERNAL GEL	3	QL
VECTICAL EXTERNAL OINTMENT	3	ST; QL
VTAMA 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 CREAM	3	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	QL
APÓSITOS PARA HERIDAS		
FILSUVEZ EXTERNAL GEL	5	PA; LD
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	

Nombre del Medicamento	Nivel	Notas
COMBINACIONES ANESTÉSICAS TÓPICAS		
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
COMBINACIONES DE ANTIBIÓTICOS TÓPICOS CON ESTEROIDES		
NEO-SYNALAR EXTERNAL CREAM	3	
COMBINACIONES DE DESPIGMENTACIÓN		
TRI-LUMA EXTERNAL CREAM	3	
COMBINACIONES DE ESTEROIDES - ANESTÉSICOS LOCALES		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
COMBINACIONES DE ESTEROIDES TÓPICOS		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	QL
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
WYNZORA EXTERNAL CREAM	3	ST; QL
COMBINACIONES PARA EL ACNÉ		
ACANYA EXTERNAL GEL	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
BENZAMYCIN EXTERNAL GEL	3	ST; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
CABTREO EXTERNAL GEL	3	ST; QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL
EPIDUO EXTERNAL GEL	3	ST; QL
EPIDUO FORTE EXTERNAL GEL	3	ST; QL
neuac external gel	1 or 1b*	QL
ONEXTON EXTERNAL GEL	3	ST; QL
TWYNEO EXTERNAL CREAM	3	ST; QL
ZIANA EXTERNAL GEL	3	ST; QL
COMBINACIONES TÓPICAS DE ANTIVIRALES		
XERESE EXTERNAL CREAM	3	PA; QL
CORTICOESTEROIDES - TÓPICOS		
ALA SCALP EXTERNAL LOTION	3	ST; QL
ala-cort external cream 1 %	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external cream	3	QL
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL
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

Nombre del Medicamento	Nivel	Notas
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone valerate external cream	1 or 1b*	QL
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
BRYHALI EXTERNAL LOTION	3	ST; QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream 0.025 %	3	ST; QL
clobetasol propionate external cream 0.05 %	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
CLOBEX EXTERNAL LOTION	3	ST; QL
CLOBEX EXTERNAL SHAMPOO	3	ST; QL
CLOBEX SPRAY EXTERNAL LIQUID	3	ST; QL
clocortolone pivalate external cream	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
clodan external shampoo	1 or 1b*	QL
CLODERM EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL TAPE	3	ST; QL
DERMA-SMOOTHE/FS BODY EXTERNAL OIL	3	ST; QL
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL	3	ST; QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL
DESOWEN EXTERNAL CREAM	3	ST; QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
DIPROLENE EXTERNAL OINTMENT	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	QL
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
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
halcinonide external solution	3	ST; QL
halobetasol propionate external cream	1 or 1b*	QL
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL
halobetasol propionate external ointment	1 or 1b*	QL
HALOG EXTERNAL CREAM	3	ST; QL
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 %	3	ST; QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 2.5 %	1 or 1a*	QL
hydrocortisone external solution 2.5 %	3	ST; QL
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
IMPOYZ EXTERNAL CREAM	3	ST; QL
LEXETTE EXTERNAL FOAM	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
mometasone furoate external cream	1 or 1b*	QL
mometasone furoate external ointment	1 or 1b*	QL
mometasone furoate external solution	1 or 1b*	QL
SERNIVO EXTERNAL EMULSION	3	ST; QL
SYNALAR EXTERNAL CREAM	3	ST; QL
SYNALAR EXTERNAL OINTMENT	3	ST; QL
TEXACORT EXTERNAL SOLUTION	3	ST; QL
TOPICORT EXTERNAL OINTMENT	3	ST; QL
TOPICORT SPRAY EXTERNAL LIQUID	3	ST; QL
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
triderm external cream 0.5 %	1 or 1a*	QL
ULTRAVATE EXTERNAL LOTION	3	ST; QL
VANOS EXTERNAL CREAM	3	ST; QL
CUIDADO DE HERIDAS - AGENTES PARA EL FACTOR DE CRECIMIENTO		
REGRANEX EXTERNAL GEL	3	QL

Nombre del Medicamento	Nivel	Notas
DERMATITIS ATÓPICA - ANTICUERPOS MONOCLONALES		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; LD; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
ENZIMAS TÓPICAS		
NEXOBRID EXTERNAL GEL	3	PA; LD; QL
SANTYL EXTERNAL OINTMENT	3	PA; QL
ESCABICIDAS Y PEDICULICIDAS		
crotan external lotion	1 or 1b*	QL
ELIMITE EXTERNAL CREAM	3	QL
malathion external lotion	1 or 1b*	QL
NATROBA EXTERNAL SUSPENSION	3	QL
OVIDE EXTERNAL LOTION	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
IMIDAZOQUINOLINAMINAS INMUNOMODULADORAS TÓPICAS		
imiquimod external cream	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
INHIBIDORES DE LA 5-ALFA REDUCTASA TIPO II		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) TÓPICOS		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
ZORYVE EXTERNAL CREAM	3	PA; QL
ZORYVE EXTERNAL FOAM	3	PA; QL
INMUNODEPRESORES MACRÓLIDOS - TÓPICOS		
ELIDEL EXTERNAL CREAM	3	ST; QL
HYFTOR EXTERNAL GEL	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
LINIMENTOS		
TURPENTINE EXTERNAL SPIRIT	3	
PRODUCTOS ANTISEBORREICOS		
selenium sulfide external lotion	1 or 1a*	QL
PRODUCTOS DE ALQUITRÁN		
coal tar external solution	1 or 1b*	
PRODUCTOS DE QUEMA		
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	

Nombre del Medicamento	Nivel	Notas
SULFAMYLON EXTERNAL CREAM	3	
PRODUCTOS DE QUERATOSIS SEBORREICA		
ESKATA EXTERNAL SOLUTION	3	
PRODUCTOS DERMATOLÓGICOS VARIOS		
ILIDERM EXTERNAL EMULSION	3	
PRODUCTOS PARA EL ACNÉ		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	PA
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
ADAPALENE EXTERNAL SOLUTION	3	ST; QL
AKLIEF EXTERNAL CREAM	3	ST; QL
ALTRENO EXTERNAL LOTION	3	ST; QL
amnesteem oral capsule 10 mg, 20 mg, 40 mg	2	PA
AMNESTEEM ORAL CAPSULE 30 MG	2	PA
ARAZLO EXTERNAL LOTION	3	ST; QL
ATRALIN EXTERNAL GEL	3	ST; QL
AZELEX EXTERNAL CREAM	3	ST; QL
claravis oral capsule	2	PA
DIFFERIN EXTERNAL CREAM	3	ST; QL
DIFFERIN EXTERNAL GEL 0.3 %	3	ST; QL
DIFFERIN EXTERNAL LOTION	3	ST; QL
EPSOLAY EXTERNAL CREAM	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FABIOR EXTERNAL FOAM	3	ST; QL
isotretinoin oral capsule	2	PA
RETIN-A EXTERNAL CREAM	3	ST; QL
RETIN-A EXTERNAL GEL	3	ST; QL
RETIN-A MICRO EXTERNAL GEL	3	ST; QL
RETIN-A MICRO PUMP EXTERNAL GEL	3	ST; QL
TAZAROTENE EXTERNAL FOAM	3	ST; QL
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL
tretinoin microsphere external gel 0.08 %	3	ST; QL
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL
tretinoin microsphere pump external gel 0.08 %	3	ST; QL
WINLEVI EXTERNAL CREAM	3	ST; QL
zenatane oral capsule	2	PA
PRODUCTOS PARA EL TRATAMIENTO DE CICATRICES		
COPASIL EXTERNAL GEL	3	
PRODUCTOS TÓPICOS VARIOS		
QBREXZA EXTERNAL PAD	3	PA; QL
SOFDRA EXTERNAL GEL	3	PA; QL
PROSTAGLANDINAS - TÓPICAS		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
REEMPLAZOS DE TEJIDO		
AMNIOTEXT EXTERNAL SHEET	3	

Nombre del Medicamento	Nivel	Notas
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
CYGNUS DUAL EXTERNAL SHEET	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
RETINOIDES ANTINEOPLÁSICOS - TÓPICOS		
PANRETIN EXTERNAL GEL	3	LD; SP
AGENTES DIARRÉICOS/PROBIÓTICOS		
AGENTES ANTIDIARRÉICOS VARIOS		
relibiotic oral capsule	3	
AGENTES ANTIPERISTÁLTICOS		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
LOMOTIL ORAL TABLET	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
loperamide hcl oral capsule	1 or 1b*	QL
MOTOFEN ORAL TABLET	3	
ANTIDIARRÉICOS - ANTAGONISTAS DE CANALES DE CLORURO		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS		
ALPHA-MANNOSIDOSIS TREATMENT - AGENTS**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR**		
XPHOZAH ORAL TABLET	3	PA; QL
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	5	PA; QL
CRENESSITY ORAL SOLUTION	5	PA; QL
CORTISOL SYNTHESIS INHIBITORS**		
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LD; QL
RECORLEV ORAL TABLET	5	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; QL
LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD
NATRIURETIC PEPTIDES**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS**		
VEOZAH ORAL TABLET	3	PA; QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS**		
KERENDIA ORAL TABLET	3	PA; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ABORTIFACIENTES - ANTAGONISTAS DE RECEPTORES DE PROGESTERONA		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet 200 mg	1 or 1b*	
AGENTES CALCIOMIMÉTICOS		
cinacalcet hcl oral tablet	4	PA; LD; QL
PARSABIV INTRAVENOUS SOLUTION	5	PA; LD
SENSIPAR ORAL TABLET	5	PA; LD; QL
AGENTES DE SOMATOSTATINA		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LD; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; LD; SP
octreotide acetate intramuscular kit	4	PA; LD; QL; SP
octreotide acetate subcutaneous solution prefilled syringe	4	PA; LD; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; LD; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA; LD; QL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
AGENTES PARA LA HIPOFOSFATASIA (HPP)		
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LD
AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA		
cabergoline oral tablet	1 or 1b*	QL
ANÁLOGOS DE LEPTINA		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL
ANTAGONISTAS DEL GNRH/LHRH		
cetrorelix acetate subcutaneous kit	4	PA; LD; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	5	PA; LD; SP
fyremadel subcutaneous solution prefilled syringe	4	PA; LD; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
ORILISSA ORAL TABLET	2	PA; QL
ANTAGONISTAS DEL RECEPTOR DE LA HORMONA DE CRECIMIENTO		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
ANTAGONISTAS SELECTIVOS DE RECEPTORES DE VASOPRESINA V2		
JYNARQUE ORAL TABLET	5	PA; LD; QL
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LD; QL
SAMSCA ORAL TABLET	3	PA; LD; QL; SP
tolvaptan oral tablet	4	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
tolvaptan oral tablet therapy pack	4	PA; LD; QL
BISFOSFONATOS		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	QL
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1 or 1b*	QL
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	4	LD
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	4	LD; SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	LD; SP
RECLAST INTRAVENOUS SOLUTION	5	PA; LD; 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; LD; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	4	PA; LD; SP
zoledronic acid intravenous solution 5 mg/100ml	4	PA; LD; QL; SP
CALCITONINAS		
calcitonin (salmon) injection solution	4	LD

Nombre del Medicamento	Nivel	Notas
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIACALCIN INJECTION SOLUTION	5	LD
CORTICOTROPINA		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	4	PA; SP
ACTHAR INJECTION GEL	4	PA; LD; SP
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	5	PA; SP
CORTROPHIN INJECTION GEL	4	PA; LD; SP
DEFICIENCIA DE ESFINGOMIELINASA ÁCIDA (ASMD): AGENTES		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
DEFICIENCIA DE LA LIPASA ÁCIDA LISOSÓMICA (LIPA) - AGENTES		
KANUMA INTRAVENOUS SOLUTION	3	PA; LD; SP
ENFERMEDAD DE FABRY - AGENTES		
ELFABRIO INTRAVENOUS SOLUTION	5	PA; LD; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
GALAFOLD ORAL CAPSULE	5	PA; LD; QL
ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	5	PA; LD; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; LD; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LD; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	5	PA; LD; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD; SP
ESTIMULANTES DE OVULACIÓN - SINTÉTICOS		
CLOMID ORAL TABLET	1 or 1b*	PA
clomiphene citrate oral tablet	1 or 1b*	PA
FACTORES DE CRECIMIENTO DE TIPO INSULINA (SOMATOMEDINAS)		
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LD
HORMONA LIBERADORA DE HORMONA DE CRECIMIENTO (GHRH)		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
HORMONA PARATIROIDEA Y DERIVADOS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL; SP
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	4	PA; QL; SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA; LD; QL; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LD; QL; SP
HORMONAS DEL CRECIMIENTO		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; LD; QL; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LD; QL; SP
HUMATROPE INJECTION CARTRIDGE	4	PA; LD; QL; SP
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LD; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LD; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; LD; QL; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LD; QL; SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
INHIBIDORES DE ESCLEROSIS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
INHIBIDORES DE LA GLÁNDULA PITUITARIA DE LHRH/ANÁLOGOS AGONISTAS DE LA GNRH		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; LD; QL
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA; LD; QL
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; LD; QL
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	5	PA; LD; QL
SUPPRELIN LA SUBCUTANEOUS KIT	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
SYNAREL NASAL SOLUTION	5	PA; LD; QL; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; LD; QL
INHIBIDORES DEL LIGANDO RANK (RANKL)		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM)		
EVISTA ORAL TABLET	3	$0; QL
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	$0; QL
MUCOPOLISACARIDOSIS I (MPS I) - AGENTES		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; LD; SP
MUCOPOLISACARIDOSIS II (MPS II) - AGENTES		
ELAPRASE INTRAVENOUS SOLUTION	5	PA; LD; SP
MUCOPOLISACARIDOSIS IV (MPS IV) - AGENTES		
VIMIZIM INTRAVENOUS SOLUTION	5	PA; LD; SP
MUCOPOLISACARIDOSIS VI (MPS VI) - AGENTES		
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
MUCOPOLISACARIDOSIS VII (MPS VII) - AGENTES		
MEPSEVII INTRAVENOUS SOLUTION	5	PA; LD
REFORZADOR DE LA CARNITINA - AGENTES		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
TRASTORNOS EN EL CICLO DE LA UREA - AGENTES		
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LD; QL; SP
BUPHENYL ORAL TABLET	3	PA; LD; QL; SP
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	5	PA; LD; QL
PHEBURANE ORAL PELLET	5	PA; LD; QL; SP
RAVICTI ORAL LIQUID	3	PA; LD; QL; SP
sod benz-sod phenylacet intravenous solution	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
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
TRATAMIENTO CON FENILBUTAZONAS - AGENTES		
JAVYGTOR ORAL PACKET	4	PA; LD
JAVYGTOR ORAL TABLET	4	PA; LD
KUVAN ORAL PACKET	5	PA; LD; SP
KUVAN ORAL TABLET	5	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	5	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; LD; QL; SP
sapropterin dihydrochloride oral packet	4	PA; LD; SP
sapropterin dihydrochloride oral tablet	4	PA; LD; SP
TRATAMIENTO DE LA ACIDURIA ORÓTICA HEREDITARIA - AGENTES		
XURIDEN ORAL PACKET	3	PA; LD; QL
TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES		
CARBAGLU ORAL TABLET SOLUBLE	5	PA; LD
carglumic acid oral tablet soluble	4	PA; LD
TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER	3	LD

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
TRATAMIENTO DE LA INMUNODEFICIENCIA COMBINADA GRAVE (IDCG) POR DÉFICIT DE ADENOSINA DESAMINASA - AGENTES		
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; LD
TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	PA; LD; SP
nitisinone oral capsule 20 mg	4	PA; LD
NITYR ORAL TABLET	5	PA; LD
ORFADIN ORAL CAPSULE	5	PA; LD
ORFADIN ORAL SUSPENSION	5	PA; LD
TRATAMIENTO DEL HIPERPARATIROIDISMO - ANÁLOGOS DE VITAMINA D		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	PA; QL
ROCALTROL ORAL CAPSULE	3	PA
ROCALTROL ORAL SOLUTION	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA

Nombre del Medicamento	Nivel	Notas
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
TRATAMIENTO DEL RAQUITISMO HIPOFOSFATÉMICO LIGADO AL CROMOSOMA X - AGENTES		
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
TRATAMIENTO PARA LA DEFICIENCIA DE LA ALFA-GLUCOSIDASA ÁCIDA (GAA) - AGENTES		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
OPFOLDA ORAL CAPSULE	5	PA; LD; QL; SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
VASOPRESINA		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	LD
DDAVP ORAL TABLET	3	LD; QL
DDAVP PF INJECTION SOLUTION	3	LD
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	LD
desmopressin acetate oral tablet	1 or 1b*	LD; QL
desmopressin acetate pf injection solution	1 or 1b*	LD
desmopressin acetate spray nasal solution	1 or 1b*	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

Nombre del Medicamento	Nivel	Notas
vasopressin +rfid intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	3	
AGENTES GASTROINTESTINALES VARIOS		
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA ORAL TABLET	5	PA; LD; QL; SP
IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
IBSRELA ORAL TABLET	3	ST; QL
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA; LD; QL
BYLVAY ORAL CAPSULE	5	PA; LD; QL
LIVMARLI ORAL SOLUTION	5	PA; LD; QL
LIVMARLI ORAL TABLET	5	PA; QL
***LIVE FECAL MICROBIOTA (HUMAN)**		
REBYOTA RECTAL SUSPENSION	5	PA; LD; QL
VOWST ORAL CAPSULE	5	PA; LD; QL
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS		
IQIRVO ORAL TABLET	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
LIVDELZI ORAL CAPSULE	5	PA; LD; QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
VELSIPITY ORAL TABLET	5	PA; LD; QL; SP
ACIDULANTES INTESTINALES		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution 10 gm/15ml	1 or 1b*	
ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES		
AMITIZA ORAL CAPSULE	3	ST; QL
lubiprostone oral capsule	1 or 1b*	QL
AGENTES AGLUTINANTES DEL FOSFATO		
AURYXIA ORAL TABLET	3	ST; QL
calcium acetate (phos binder) oral capsule	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL
ferric citrate oral tablet	1 or 1b*	QL
FOSRENOL ORAL PACKET	3	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
RENVELA ORAL PACKET	3	ST; QL
RENVELA ORAL TABLET	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL

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

Nombre del Medicamento	Nivel	Notas
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
AGENTES ANTIALERGÉNICOS GASTROINTESTINALES		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
AGENTES CIC - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C)		
TRULANCE ORAL TABLET	3	ST; QL
AGENTES DE ANOMALÍAS EN LA SÍNTESIS DE ÁCIDOS BILIARES		
CHOLBAM ORAL CAPSULE	3	PA; LD; QL
AGENTES PARA EL IBS - AGONISTAS DEL RECEPTOR OPIOIDE MU		
VIBERZI ORAL TABLET	3	PA; QL
AGENTES PARA EL IBS - ANTAGONISTAS DEL RECEPTOR SELECTIVO 5-HT3		
alosetron hcl oral tablet	1 or 1b*	PA; QL
LOTRONEX ORAL TABLET	3	PA; QL
AGENTES PARA EL SÍNDROME DEL INTESTINO IRRITABLE (IBS) - AGONISTAS DE LA ENZIMA GUANILATO CICLASA C (GC-C)		
LINZESS ORAL CAPSULE	2	QL
AGENTES PARA LA INFLAMACIÓN INTESTINAL		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	QL

Nombre del Medicamento	Nivel	Notas
AZULFIDINE ORAL TABLET	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
CANASA RECTAL SUPPOSITORY	3	QL
COLAZAL ORAL CAPSULE	3	QL
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
LIALDA ORAL TABLET DELAYED RELEASE	3	ST; QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
mesalamine oral capsule delayed release	1 or 1b*	QL
mesalamine oral tablet delayed release	1 or 1b*	QL
mesalamine rectal enema	1 or 1b*	QL
mesalamine rectal suppository	1 or 1b*	QL
mesalamine-cleanser rectal kit	1 or 1b*	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	ST; QL
ROWASA RECTAL KIT	3	QL
SFROWASA RECTAL ENEMA	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
AGENTES SOLUBILIZANTES DE CÁLCULOS BILIARES		
CHENODAL ORAL TABLET	3	PA; LD; QL
CTEXLI ORAL TABLET	3	PA; LD; QL
RELTONE ORAL CAPSULE	3	PA
URSO FORTE ORAL TABLET	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
AGONISTAS DEL RECEPTOR X FARNESOIDE (FXR)		
OCALIVA ORAL TABLET	5	PA; LD; QL; SP
ANÁLOGOS DEL PÉPTIDO SIMILAR AL GLUCAGÓN TIPO 2 (GLP-2)		
GATTEX SUBCUTANEOUS KIT	3	PA; LD; SP
ANTAGONISTAS DE LA INTERLEUCINA		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL; SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
OMVOH INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
OTULFI INTRAVENOUS SOLUTION	5	PA; QL; SP
PYZCHIVA INTRAVENOUS SOLUTION	5	PA; QL; SP
SELARSDI INTRAVENOUS SOLUTION	4	PA; QL; SP
SKYRIZI INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
STELARA INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
STEQEYMA INTRAVENOUS SOLUTION	5	PA; QL; SP
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
TREMFYA INTRAVENOUS SOLUTION	4	PA; QL; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA; QL; SP
ustekinumab intravenous solution	5	PA; LD; QL; SP
ustekinumab-ttwe intravenous solution	5	PA; QL; SP
WEZLANA INTRAVENOUS SOLUTION	5	PA; QL; SP
YESINTEK INTRAVENOUS SOLUTION	5	PA; QL; SP
ANTAGONISTAS DEL RECEPTOR 5-HT4		
MOTEGRITY ORAL TABLET	3	ST; QL
prucalopride succinate oral tablet	3	ST; QL
ANTAGONISTAS DEL RECEPTOR DE LAS INTEGRINAS		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
ANTAGONISTAS DEL RECEPTOR OPIOIDE PERIFÉRICO		
alvimopan oral capsule	1 or 1b*	
MOVANTIK ORAL TABLET	2	QL
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
BLOQUEADORES ALFA DEL FACTOR DE NECROSIS TUMORAL		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; LD; QL; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
ESTIMULANTES GASTROINTESTINALES		
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	QL
REGLAN ORAL TABLET	3	QL
INHIBIDORES DE LA TRIPTÓFANO HIDROXILASA		
XERMELO ORAL TABLET	5	PA; LD; QL
AGENTES GENITOURINARIOS VARIOS		
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI ORAL TABLET	5	PA; LD; QL; SP
IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST		
VANRAFIA ORAL TABLET	5	PA; QL
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
OXLUMO SUBCUTANEOUS SOLUTION	5	PA; LD

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
AGENTES ANTIINFECCIOSOS - IRRIGANTES GENITOURINARIOS		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
AGENTES PARA CÁLCULOS URINARIOS		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; LD; QL
THIOLA ORAL TABLET	3	PA; LD; QL
tiopronin oral tablet	1 or 1b*	PA; LD; QL
tiopronin oral tablet delayed release	1 or 1b*	PA; LD; QL
VENXXIVA ORAL TABLET DELAYED RELEASE	1 or 1b*	PA; LD; QL
AGENTES PARA LA CISTINOSIS		
CYSTAGON ORAL CAPSULE	5	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LD
PROCYSBI ORAL PACKET	5	PA; LD
AGENTES PARA LA CISTITIS INTERSTICIAL		
ELMIRON ORAL CAPSULE	3	QL
RIMSO-50 INTRAVESICAL SOLUTION	3	
ANTAGONISTAS DE ADRENORECEPTORES ALFA 1		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
RAPAFLO ORAL CAPSULE	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
CITRATOS		
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
COMBINACIONES DE AGENTES PARA LA HIPERTROFIA PROSTÁTICA		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
ENTADFI ORAL CAPSULE	3	PA; QL
JALYN ORAL CAPSULE	3	QL
FOSFATOS		
K-PHOS NO 2 ORAL TABLET	3	
INHIBIDORES DE LA 5-ALFA REDUCTASA		
AVODART ORAL CAPSULE	3	QL
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL
IRRIGANTES GENITOURINARIOS		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
glycine urologic irrigation solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
AGENTES HEMATOLÓGICOS VARIOS		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA		
adzynma intravenous kit	5	PA; LD
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA**		
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA; LD
ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA**		
QFITLIA SUBCUTANEOUS SOLUTION	5	PA
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COMPLEMENT C1 INHIBITORS**		
ENJAYMO INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
COMPLEMENT C3 INHIBITORS**		
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA; LD; QL
COMPLEMENT C5 INHIBITORS**		
BKEMV INTRAVENOUS SOLUTION	5	PA; QL; SP

Nombre del Medicamento	Nivel	Notas
EPYSQLI INTRAVENOUS SOLUTION	5	PA; QL; SP
PIASKY INJECTION SOLUTION	5	PA; LD; QL; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	5	PA; LD; QL; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	5	PA; LD; QL; SP
VEOPOZ INJECTION SOLUTION	5	PA; LD; QL
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
COMPLEMENT C5A INHIBITORS**		
gohibic intravenous solution	3	
COMPLEMENT C5A RECEPTOR INHIBITORS**		
TAVNEOS ORAL CAPSULE	5	PA; LD; QL
COMPLEMENT FACTOR B INHIBITORS**		
FABHALTA ORAL CAPSULE	5	PA; LD; QL
COMPLEMENT FACTOR D INHIBITORS**		
VOYDEYA ORAL TABLET	5	PA; LD; QL
VOYDEYA ORAL TABLET THERAPY PACK	5	PA; LD; QL
PYRUVATE KINASE ACTIVATORS**		
PYRUKYND ORAL TABLET	5	PA; LD; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; LD; QL
THROMBOLYTIC AGENT - MISC**		
DEFITELIO INTRAVENOUS SOLUTION	5	LD

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ACTIVADORES DEL PLASMINÓGENO TISULAR		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
TNKASE INTRAVENOUS KIT	3	
AGENTES ANTI FACTOR VON WILLEBRAND		
CABLIVI INJECTION KIT	5	PA; LD
AGENTES DE QUINAZOLINA		
AGRYLIN ORAL CAPSULE	3	QL
anagrelide hcl oral capsule	1 or 1b*	QL
AGENTES HEMORREOLÓGICOS		
pentoxifylline er oral tablet extended release	1 or 1b*	
ANTAGONISTAS DE LOS RECEPTORES B2 DE LA BRADICININA		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
icatibant acetate subcutaneous solution prefilled syringe	4	PA; LD; QL; SP
sajazir subcutaneous solution prefilled syringe	4	PA; LD; QL
ANTAGONISTAS DEL RECEPTOR-1 DE PROTEASA ACTIVADA (PAR-1)		
ZONTIVITY ORAL TABLET	3	PA; QL

Nombre del Medicamento	Nivel	Notas
COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
DERIVADOS DE LA CICLO-PENTIL-TRIAZOLO-PIRIMIDINA (CPTP)		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
ticagrelor oral tablet	1 or 1b*	QL
DERIVADOS DE LA TIENOPIRIDINA		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
EFFIENT ORAL TABLET	3	QL
PLAVIX ORAL TABLET 75 MG	3	QL
prasugrel hcl oral tablet	1 or 1b*	QL
EXPANSORES PLASMÁTICOS		
hetastarch-nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
HEMINA		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	LD

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

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE AGREGACIÓN PLAQUETARIA		
dipyridamole oral tablet	1 or 1b*	
INHIBIDORES DE C1		
BERINERT INTRAVENOUS KIT	5	PA; LD; QL; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
INHIBIDORES DE CALICREÍNA PLASMÁTICA - ANTICUERPOS MONOCLONALES		
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
INHIBIDORES DE CALICREÍNA PLASMÁTICA		
KALBITOR SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
ORLADEYO ORAL CAPSULE	5	PA; LD; QL
INHIBIDORES DE LA FOSFODIESTERASA III		
cilostazol oral tablet	1 or 1b*	
INHIBIDORES DE TIROSINAS-CINASAS (SYK)		
TAVALISSE ORAL TABLET	5	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DEL RECEPTOR DE LA GLICOPROTEÍNA IIB/IIIA		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
tirofiban hcl in nacl intravenous solution	1 or 1b*	
PRODUCTOS ANTIHEMOFÍLICOS - ANTICUERPOS MONOCLONALES		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; LD; SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP
PRODUCTOS ANTIHEMOFÍLICOS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
AFSTYLA INTRAVENOUS KIT	5	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	5	PA; LD; SP

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

Nombre del Medicamento	Nivel	Notas
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	5	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
BENEFIX INTRAVENOUS KIT	5	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
CORIFACT INTRAVENOUS KIT	5	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	5	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	5	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	5	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP

Nombre del Medicamento	Nivel	Notas
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	5	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	5	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	5	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	5	PA; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	5	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	5	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
NUWIQ INTRAVENOUS KIT	5	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
obizur intravenous solution reconstituted	5	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	5	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	5	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	5	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
WILATE INTRAVENOUS KIT	5	PA; LD; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	5	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	5	PA; LD; SP

Nombre del Medicamento	Nivel	Notas
PROTAMINA		
protamine sulfate intravenous solution	1 or 1b*	
PROTEÍNA C HUMANA		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	5	LD; SP
PROTEÍNAS PLASMÁTICAS		
ALBUKED 25 INTRAVENOUS SOLUTION	3	
ALBUKED 5 INTRAVENOUS SOLUTION	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION	3	
FLEXBUMIN INTRAVENOUS SOLUTION	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
AGENTES HEMATOPOYÉTICOS		
ERYTHROID MATURATION AGENTS		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
VAFSEO ORAL TABLET	5	PA; LD; QL
SELECTIN BLOCKERS		
ADAKVEO INTRAVENOUS SOLUTION	5	PA; LD; SP
ÁCIDO FÓLICO/FOLATO		
cvs folic acid oral tablet 800 mcg	1 or 1a*	$0
fa-8 oral capsule	1 or 1b*	$0
folate oral tablet	1 or 1a*	$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	$0
ft folic acid oral tablet	1 or 1a*	$0
gnp folic acid oral tablet	1 or 1a*	$0
kp folic acid oral tablet 800 mcg	1 or 1a*	$0
qc folic acid oral tablet	1 or 1a*	$0
ra folic acid oral tablet	1 or 1a*	$0

Nombre del Medicamento	Nivel	Notas
true folic acid oral tablet 400 mcg	1 or 1a*	$0
yl folic acid oral tablet	1 or 1a*	$0
AGENTES CITOTÓXICOS		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; LD; SP
XROMI ORAL SOLUTION	5	PA
AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA)		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LD; QL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	5	PA; LD; QL; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
PROCRIT INJECTION SOLUTION	4	PA; LD; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; LD; QL; SP
AGENTES PARA LA ENFERMEDAD DE GAUCHER		
CERDELGA ORAL CAPSULE	2	PA; LD; QL; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
miglustat oral capsule	2	PA; LD; QL; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
YARGESA ORAL CAPSULE	2	PA; LD; QL; SP
ZAVESCA ORAL CAPSULE	5	PA; LD; QL
AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO)		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; LD; DO; SP
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; LD; QL; SP
DOPTELET ORAL TABLET 20 MG	5	PA; LD; QL; SP
eltrombopag olamine oral packet 12.5 mg	4	PA; LD; DO; SP
eltrombopag olamine oral packet 25 mg	4	PA; LD; QL; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; LD; DO; SP
eltrombopag olamine oral tablet 50 mg, 75 mg	4	PA; LD; QL; SP
MULPLETA ORAL TABLET	5	PA; LD; QL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
PROMACTA ORAL PACKET 12.5 MG	5	PA; LD; DO; SP
PROMACTA ORAL PACKET 25 MG	5	PA; LD; QL; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; LD; QL; SP
AMINOÁCIDOS		
ENDARI ORAL PACKET	5	PA; LD; SP
l-glutamine oral packet	4	PA; LD; SP

Nombre del Medicamento	Nivel	Notas
ANTAGONISTA DEL RECEPTOR CXCR4		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION	5	PA; LD; SP
plerixafor subcutaneous solution	4	PA; LD; SP
XOLREMDI ORAL CAPSULE	5	PA; LD; QL
COBALAMINAS		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
cyanocobalamin nasal solution	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
NASCOBAL NASAL SOLUTION	3	
COMBINACIONES DE ÁCIDO FÓLICO/FOLATO		
foltabs 800 oral tablet	1 or 1b*	$0
COMBINACIONES DE HIERRO		
NIFEREX ORAL TABLET	3	
FACTOR ESTIMULANTE DE COLONIAS DE GRANULOCITOS Y MACRÓFAGOS (GM-CSF)		
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; LD; SP
FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF)		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	5	PA; LD; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; LD; QL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; LD; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
NIVESTYM INJECTION SOLUTION	5	PA; LD; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE	5	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL

Nombre del Medicamento	Nivel	Notas
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
HIERRO		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
FERRLECIT INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
ferumoxytol intravenous solution	4	PA; LD; QL; SP
INFED INJECTION SOLUTION	5	PA; LD; SP
INJECTAFER INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
MONOFERRIC INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
na ferric gluc cplx in sucrose intravenous solution	4	PA; LD; QL; SP
VENOFER INTRAVENOUS SOLUTION	5	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
AGENTES HEMOSTÁTICOS		
AGENTES HEMOSTÁTICOS SISTÉMICOS		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
AGENTES HEMOSTÁTICOS TÓPICOS		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GELFILM EXTERNAL FILM	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	

Nombre del Medicamento	Nivel	Notas
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	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
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	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
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	
NUMBRINO NASAL SOLUTION	3	
ANTICOLINÉRGICOS NASALES		
ipratropium bromide nasal solution	1 or 1b*	QL
ANTIHISTAMÍNICOS ESTEROIDES		
azelastine-fluticasone nasal suspension	3	QL
DYMISTA NASAL SUSPENSION	3	QL
RYALTRIS NASAL SUSPENSION	3	QL
ANTIHISTAMÍNICOS NASALES		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
olopatadine hcl nasal solution	1 or 1b*	QL
ESTEROIDES NASALES		
flunisolide nasal solution 25 mcg/act (0.025%)	3	ST; QL
fluticasone propionate nasal suspension	1 or 1a*	BE; QL
mometasone furoate nasal suspension	3	ST; BE; QL
OMNARIS NASAL SUSPENSION	3	ST; QL
PROPEL CONTOUR NASAL IMPLANT	3	
PROPEL MINI NASAL IMPLANT	3	
PROPEL MINI SDS NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST; QL
QNASL NASAL AEROSOL SOLUTION	3	ST; QL
XHANCE NASAL EXHALER SUSPENSION	3	PA; QL
AGENTES NEUROMUSCULARES		
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS		
SKYCLARYS ORAL CAPSULE	5	PA; LD; QL
MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS*		
DUVYZAT ORAL SUSPENSION	5	PA; LD; QL
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS		
DAYBUE ORAL SOLUTION	5	PA; LD; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS**		
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LD; QL
EVRYSDI ORAL TABLET	5	PA; QL
AGENTES BLOQUEADORES NEUROMUSCULARES - NEUROTOXINAS		
BOTOX INJECTION SOLUTION RECONSTITUTED	5	PA; LD
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD; SP
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; LD; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD; SP
AGENTES PARA LA DISTROFIA MUSCULAR		
AMONDYS 45 INTRAVENOUS SOLUTION	5	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION	5	PA; LD
VILTEPSO INTRAVENOUS SOLUTION	5	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION	5	PA; LD
AGENTES PARA LA ESCLEROSIS LATERAL AMIOTRÓFICA (ELA) - MISCELÁNEOS		
edaravone intravenous solution 30 mg/100ml	4	PA; LD; SP
edaravone intravenous solution 60 mg/100ml	4	PA; SP
RADICAVA ORS ORAL SUSPENSION	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA; LD; QL; SP
BENZOTIAZOLES		
riluzole oral tablet	4	PA; LD; QL; SP
TEGLUTIK ORAL SUSPENSION	5	PA; LD; QL
TIGLUTIK ORAL SUSPENSION	5	PA; LD; QL
RELAJANTES MUSCULARES DESPOLARIZANTES		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
RELAJANTES MUSCULARES NO DESPOLARIZANTES		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
AGENTES OFTÁLMICOS		
CHOLINERGIC AGONISTS**		
TYRVAYA NASAL SOLUTION	3	PA; QL
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS**		
VABYSMO INTRAVITREAL SOLUTION	4	PA; LD; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
OPHTHALMIC COMPLEMENT C3 INHIBITORS**		
SYFOVRE INTRAVITREAL SOLUTION	5	PA; LD
OPHTHALMIC COMPLEMENT C5 INHIBITORS**		
IZERVAY INTRAVITREAL SOLUTION	5	PA; LD; SP
OPHTHALMIC ECTOPARASITICIDE*		
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL
OPHTHALMICS - BLEPHAROPTOSIS AGENTS*		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS		
ACULAR LS OPHTHALMIC SOLUTION	3	QL
ACULAR OPHTHALMIC SOLUTION	3	QL
ACUVAIL OPHTHALMIC SOLUTION	3	QL
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1 or 1b*	QL
BROMSITE OPHTHALMIC SOLUTION	3	QL
diclofenac sodium ophthalmic solution	1 or 1b*	QL
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
ILEVRO OPHTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
NEVANAC OPHTHALMIC SUSPENSION	3	QL
PROLENSA OPHTHALMIC SOLUTION	3	QL
AGENTES DE TERAPIA FOTODINÁMICA OFTÁLMICA		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	5	LD; QL; SP
AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS		
ALPHAGAN P OPHTHALMIC SOLUTION	3	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ANESTÉSICOS LOCALES OFTÁLMICOS		
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*	
ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1)		
XIIDRA OPHTHALMIC SOLUTION	2	PA; QL

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

Nombre del Medicamento	Nivel	Notas
ANTAGONISTAS DEL FACTOR DE CRECIMIENTO ENDOTELIAL VASCULAR (VEGF)		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	PA; LD; SP
BYOOVIZ INTRAVITREAL SOLUTION	4	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION	4	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION	4	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION	4	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
PAVBLU INTRAVITREAL SOLUTION	5	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	5	LD; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	5	LD; SP
ANTIALÉRGICOS OFTÁLMICOS		
ALOCRIL OPHTHALMIC SOLUTION	3	ST; QL
azelastine hcl ophthalmic solution	1 or 1b*	QL
bepotastine besilate ophthalmic solution	3	ST; QL

Nombre del Medicamento	Nivel	Notas
BEPREVE OPHTHALMIC SOLUTION	3	ST; QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
olopatadine hcl ophthalmic solution 0.1 %	1 or 1b*	ST; QL
olopatadine hcl ophthalmic solution 0.2 %	3	ST; BE; QL
ZERVIATE OPHTHALMIC SOLUTION	3	ST; QL
ANTIBIÓTICOS OFTÁLMICOS		
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
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution	1 or 1b*	QL
mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 %	3	
MITOSOL OPHTHALMIC KIT	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
OCUFLOX OPHTHALMIC SOLUTION	3	QL

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

Nombre del Medicamento	Nivel	Notas
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
TOBREX OPHTHALMIC OINTMENT	3	QL
VIGAMOX OPHTHALMIC SOLUTION	3	QL
ANTIMICÓTICOS OFTÁLMICOS		
NATACYN OPHTHALMIC SUSPENSION	3	QL
ANTISÉPTICOS OFTÁLMICOS		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
ANTIVIRALES OFTÁLMICOS		
trifluridine ophthalmic solution	1 or 1b*	QL
ZIRGAN OPHTHALMIC GEL	3	QL
BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
COMBIGAN OPHTHALMIC SOLUTION	3	QL
COSOPT OPHTHALMIC SOLUTION	3	QL
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1 or 1b*	QL
BETABLOQUEADORES - OFTÁLMICOS		
betaxolol hcl ophthalmic solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
BETIMOL OPHTHALMIC SOLUTION	3	QL
BETOPTIC-S OPHTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION	3	QL
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol hemihydrate ophthalmic solution	1 or 1b*	QL
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	QL
COMBINACIÓN DE AGONISTAS ALFA ADRENÉRGICOS E INHIBIDORES DE LA ANHIDRASA CARBÓNICA		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	QL
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
polycin ophthalmic ointment	1 or 1a*	QL
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
COMBINACIONES DE ESTEROIDES OFTÁLMICOS		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL
MAXITROL OPHTHALMIC OINTMENT	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL
neomycin-polymyxin-dexameth ophthalmic suspension	1 or 1a*	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
ZYLET OPHTHALMIC SUSPENSION	2	QL
COMBINACIONES DE FOTOREFORZADORES OFTÁLMICOS		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	

Nombre del Medicamento	Nivel	Notas
COMBINACIONES DE MIDRIÁTICOS CICLOPLÉJICOS		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE	3	
DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS - COMBINACIONES		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML	3	
OMIDRIA INTRAOCULAR SOLUTION	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
DISPOSITIVOS QUIRÚRGICOS OFTÁLMICOS		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD

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

Nombre del Medicamento	Nivel	Notas
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	LD
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
ESTEROIDES OFTÁLMICOS		
ALREX OPHTHALMIC SUSPENSION	3	
clobetasol propionate ophthalmic suspension	3	QL
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
DUREZOL OPHTHALMIC EMULSION	3	QL
EYSUVIS OPHTHALMIC SUSPENSION	3	PA; QL
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	

Nombre del Medicamento	Nivel	Notas
ILUVIEN INTRAVITREAL IMPLANT	5	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION	3	QL
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM OPHTHALMIC GEL	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1 or 1b*	QL
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; LD; SP
PRED FORTE OPHTHALMIC SUSPENSION	3	QL
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL
RETISERT INTRAVITREAL IMPLANT	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	5	PA; LD
YUTIQ INTRAVITREAL IMPLANT	3	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FACTORES DE CRECIMIENTO NERVIOSO OFTÁLMICO		
OXERVATE OPHTHALMIC SOLUTION	5	PA; LD; QL
INHIBIDORES DE CINASA OFTÁLMICOS - COMBINACIONES		
ROCKLATAN OPHTHALMIC SOLUTION	3	QL
INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS		
AZOPT OPHTHALMIC SUSPENSION	3	QL
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
INHIBIDORES OFTÁLMICOS DE LA RHO-CINASA		
RHOPRESSA OPHTHALMIC SOLUTION	3	QL
INMUNOMODULADORES OFTÁLMICOS		
CEQUA OPHTHALMIC SOLUTION	3	PA; QL
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC EMULSION	2	PA; QL
VERKAZIA OPHTHALMIC EMULSION	3	PA; QL
VEVYE OPHTHALMIC SOLUTION	3	PA; QL
MIDRIÁTICOS CICLOPLÉJICOS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL

Nombre del Medicamento	Nivel	Notas
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
MYDRIACYL OPHTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %	1 or 1b*	
phenylephrine hcl ophthalmic solution 2.5 %	3	
tropicamide ophthalmic solution	1 or 1b*	
MIÓTICOS - ACTUACIÓN DIRECTA		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
QLOSI OPHTHALMIC SOLUTION	3	PA; QL
VUITY OPHTHALMIC SOLUTION	3	PA; QL
MIÓTICOS - INHIBIDORES DE LA COLINESTERASA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	QL
OFTÁLMICOS - AGENTES DE CISTINOSIS		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	4	PA; LD; QL

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

Nombre del Medicamento	Nivel	Notas
OFTÁLMICOS VARIOS - OTROS		
MIEBO OPHTHALMIC SOLUTION	3	PA; QL
PRODUCTOS OFTÁLMICOS DE DIAGNÓSTICO		
ak-fluor intravenous solution 10 %	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein intravenous solution	1 or 1b*	
fluorescein sodium intravenous solution	1 or 1b*	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION	3	
FLURA-SAFE OPHTHALMIC SOLUTION	3	
PROSTAGLANDINAS - OFTÁLMICAS		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	5	PA; LD; QL; SP
IDOSE TR INTRAOCULAR IMPLANT	5	PA; LD; QL
IYUZEH OPHTHALMIC SOLUTION	3	QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
TRAVATAN Z OPHTHALMIC SOLUTION	3	QL

Nombre del Medicamento	Nivel	Notas
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	3	QL
XALATAN OPHTHALMIC SOLUTION	3	QL
XELPROS OPHTHALMIC EMULSION	3	QL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	QL
SOLUCIONES DE IRRIGACIÓN OFTÁLMICA		
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
SULFONAMIDAS OFTÁLMICAS		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
AGENTES ÓTICOS		
AGENTES ÓTICOS VARIOS		
acetic acid otic solution	1 or 1b*	
ANTIINFECCIOSOS ÓTICOS		
CETRAXAL OTIC SOLUTION	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL
COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS		
CIPRO HC OTIC SUSPENSION	3	QL
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
CORTISPORIN-TC OTIC SUSPENSION	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL
OTOVEL OTIC SOLUTION	3	QL
COMBINACIONES DE ANALGÉSICOS ÓTICOS		
PRAMOTIC OTIC LIQUID	3	
ESTEROIDES ÓTICOS		
DERMOTIC OTIC OIL	3	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL
AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES		
AGENTES ANTIINFECCIOSOS - GARGANTA		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	3	QL
ORAVIG BUCCAL TABLET	3	
ANESTÉSICOS TÓPICOS ORALES		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
ANTISÉPTICOS - BOCA/GARGANTA		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
periogard mouth/throat solution	1 or 1a*	QL
ESTEROIDES - BOCA/GARGANTA/DENTAL		
triamcinolone acetonide mouth/throat paste	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
ESTEROIDES - BOCA/GARGANTA		
KOURZEQ MOUTH/THROAT PASTE	1 or 1b*	
oralone mouth/throat paste	1 or 1b*	
ESTIMULANTES DE SALIVA		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
PRODUCTOS DENTALES - COMBINACIONES		
denta 5000 plus sensitive dental gel	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	
PRODUCTOS DENTALES CON FLUORURO		
clinpro 5000 dental paste	1 or 1b*	QL
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	QL
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL
fluoridex enhanced whitening dental paste	1 or 1b*	QL
fluorimax 5000 dental paste	1 or 1b*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
fraiche 5000 dental dental gel	1 or 1b*	QL
just right 5000 dental paste	1 or 1b*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	QL
PREVIDENT 5000 KIDS DENTAL PASTE	3	QL
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	QL
PREVIDENT 5000 PLUS DENTAL CREAM	3	QL
PREVIDENT DENTAL GEL	3	QL
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental gel	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
sodium fluoride mouth/throat solution	1 or 1a*	
AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR		
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS**		
SOHONOS ORAL CAPSULE	5	PA; LD; QL; SP
COMBINACIONES DE RELAJANTES MUSCULARES		
NORGESIC FORTE ORAL TABLET	1 or 1b*	ST; QL
norgesic oral tablet	1 or 1b*	ST; QL

Nombre del Medicamento	Nivel	Notas
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
RELAJANTES MUSCULARES CENTRALES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
baclofen oral solution	3	PA; QL
baclofen oral suspension	3	PA; QL
baclofen oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
baclofen oral tablet 15 mg	3	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 250 mg	3	ST; QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 7.5 mg	3	ST; QL
fexmid oral tablet	3	ST; QL
FLEQSUVY ORAL SUSPENSION	3	PA; QL
LYVISPAH ORAL PACKET	3	PA; QL
metaxalone oral tablet	3	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 1000 mg	3	ST; QL
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
OZOBAX DS ORAL SOLUTION	3	PA; QL
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	
SOMA ORAL TABLET	3	ST; QL
TANLOR ORAL TABLET	3	ST; QL
tizanidine hcl oral capsule 2 mg, 4 mg	3	ST; QL
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
ZANAFLEX ORAL TABLET	3	ST; QL
RELAJANTES MUSCULARES DIRECTOS		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	3	
VISCOSUPLEMENTOS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	5	PA; LD
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	5	PA; LD
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION	5	PA; LD

Nombre del Medicamento	Nivel	Notas
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
AGENTES PARA LA GOTA		
AGENTES PARA LA GOTA		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
allopurinol oral tablet 200 mg	3	PA; QL
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral capsule	3	ST; QL
colchicine oral tablet	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
KRYSTEXXA INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
MITIGARE ORAL CAPSULE	3	ST; QL
ULORIC ORAL TABLET	3	ST; QL
COMBINACIONES DE AGENTES PARA LA GOTA		
colchicine-probenecid oral tablet	1 or 1b*	
URICOSÚRICO		
probenecid oral tablet	1 or 1b*	
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS		
ANTI-CATAPLECTIC COMBINATIONS		
XYWAV ORAL SOLUTION	5	PA; LD; QL
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS		
LYBALVI ORAL TABLET	3	ST; QL
AGENTE PARA LA FIBROMALGIA - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (IRSN)		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL

Nombre del Medicamento	Nivel	Notas
AGENTES ANTICATAPLÉTICOS		
LUMRYZ ORAL PACKET	5	PA; LD; QL; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK	5	PA; LD; QL; SP
sodium oxybate oral solution	4	PA; LD; QL
XYREM ORAL SOLUTION	5	PA; LD; QL
AGENTES DE ARN PEQUEÑO DE INTERFERENCIA (SIRNA)		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
ONPATTRO INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
AGENTES DE NEURALGIA POSTHERPÉTICA (PHN)/DOLOR NEUROPÁTICO		
pregabalin er oral tablet extended release 24 hour 165 mg	1 or 1b*	PA; DO
AGENTES DE NEURALGIA POSTHERPÉTICA (PHN)		
gabapentin (once-daily) oral tablet	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG	3	PA; DO
GRALISE ORAL TABLET 450 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG	3	PA; QL
GRALISE ORAL TABLET 750 MG, 900 MG	2	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL

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

Nombre del Medicamento	Nivel	Notas
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL
pregabalin er oral tablet extended release 24 hour 82.5 mg	1 or 1b*	PA; DO
AGENTES INHIBIDORES DE OLIGONUCLEÓTIDO ANTISENTIDO (ASO)		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL
AGENTES MS - INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA		
AUBAGIO ORAL TABLET	5	PA; LD; QL; SP
teriflunomide oral tablet	4	PA; LD; QL; SP
AGENTES PARA EL SÍNDROME DE LAS PIERNAS INQUIETAS (RLS)		
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
AGENTES PARA LA ABSTINENCIA DE ESTUPEFACIENTES		
lofexidine hcl oral tablet	1 or 1b*	QL
LUCEMYRA ORAL TABLET	3	QL
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; LD; QL; SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1 or 1b*	PA; LD; QL; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	PA; LD; QL; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	PA; LD; QL; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL; SP
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTICUERPOS MONOCLONALES		
BRIUMVI INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
LEMTRADA INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
OCREVUS INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
TYSABRI INTRAVENOUS CONCENTRATE	5	PA; LD; QL; SP
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ANTIMETABOLITOS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - BLOQUEADORES DE CANALES DE POTASIO		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA; LD; QL; SP
dalfampridine er oral tablet extended release 12 hour	4	PA; LD; QL; SP
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; LD; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; LD; QL; SP
BETASERON SUBCUTANEOUS KIT	4	PA; LD; QL; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
AGENTES PARA LA ESCLEROSIS MÚLTIPLE		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; LD; QL; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; LD; QL; SP
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; LD; QL; SP
glatopa subcutaneous solution prefilled syringe	4	PA; LD; QL; SP
AGENTES PARA SÍNTOMAS VASOMOTORES - ISRS		
paroxetine mesylate oral capsule	1 or 1b*	
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS		
AQNEURSA ORAL PACKET	5	PA; LD; QL
MIPLYFFA ORAL CAPSULE	5	PA; LD; QL
pimozide oral tablet	1 or 1b*	AL; QL

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

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	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
BENZODIACEPINAS Y ISRS		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	AL; QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	ST; DO
BENZODIAZEPINAS Y AGENTES TRICÍCLICOS		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERASA (ACHE)		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	ST; QL
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
ZUNVEYL ORAL TABLET DELAYED RELEASE	3	QL
COMBINACIONES DE AGENTES ANTIDEMENCIA		
memantine hcl-donepezil hcl oral capsule extended release 24 hour	1 or 1b*	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	3	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	2	QL
COMBINACIONES DE AGENTES DE LABILIDAD EMOCIONAL		
NUEDEXTA ORAL CAPSULE	3	PA; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FARMACOTERAPIA PARA TRASTORNOS DEL MOVIMIENTO		
AUSTEDO ORAL TABLET	4	PA; LD; QL; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; LD; QL; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; LD; QL; SP
INGREZZA ORAL CAPSULE 40 MG	4	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; LD; QL; SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	4	PA; LD; DO; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	4	PA; LD; QL; SP
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; LD; QL; SP
tetrabenazine oral tablet	1 or 1b*	PA; LD; QL; SP
XENAZINE ORAL TABLET	5	PA; LD; QL; SP
FENOTIAZINAS Y AGENTES TRICÍCLICOS		
perphenazine-amitriptyline oral tablet	1 or 1b*	AL
MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P)		
fingolimod hcl oral capsule	4	PA; LD; QL; SP
GILENYA ORAL CAPSULE	5	PA; LD; QL; SP
MAYZENT ORAL TABLET	4	PA; LD; QL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
PONVORY ORAL TABLET	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	5	PA; LD; QL; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE	5	PA; LD; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; LD; QL; SP
ZEPOSIA ORAL CAPSULE	4	PA; LD; QL; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	4	PA; LD; QL; SP
PRODUCTOS PARA DEJAR DE BEBER ALCOHOL		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	
PRODUCTOS PARA DEJAR DE FUMAR		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	$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 lozenge	1 or 1b*	$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	$0
ft nicotine mini mouth/throat lozenge	1 or 1b*	$0

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ft nicotine mouth/throat gum	1 or 1b*	$0
ft nicotine mouth/throat lozenge	1 or 1b*	$0
ft nicotine transdermal patch 24 hour	1 or 1b*	$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	$0
gnp nicotine mouth/throat gum	1 or 1b*	$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	$0
goodsense nicotine mouth/throat gum	1 or 1b*	$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	$0
habitrol transdermal patch 24 hour	1 or 1b*	$0
kls quit2 mouth/throat gum	1 or 1b*	$0
kls quit2 mouth/throat lozenge	1 or 1b*	$0
kls quit4 mouth/throat gum	1 or 1b*	$0
kls quit4 mouth/throat lozenge	1 or 1b*	$0
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	$0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	$0
NICORETTE MOUTH/THROAT GUM	2	$0
NICORETTE MOUTH/THROAT LOZENGE	2	$0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	$0
nicotine mini mouth/throat lozenge	1 or 1b*	$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	$0
nicotine polacrilex mouth/throat gum	1 or 1b*	$0

Nombre del Medicamento	Nivel	Notas
nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	$0
NICOTINE TRANSDERMAL KIT	2	$0
nicotine transdermal patch 24 hour	1 or 1b*	$0
NICOTROL INHALATION INHALER	3	$0; QL
NICOTROL NS NASAL SOLUTION	3	$0; QL
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	$0
ra nicotine mouth/throat gum	1 or 1b*	$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	$0
sm nicotine mouth/throat gum	1 or 1b*	$0
sm nicotine mouth/throat lozenge	1 or 1b*	$0
sm nicotine polacrilex mouth/throat gum 4 mg	1 or 1b*	$0
sm nicotine polacrilex mouth/throat lozenge 4 mg	1 or 1b*	$0
thrive mouth/throat gum 2 mg	1 or 1b*	$0
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*	$0; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1 or 1b*	$0; QL
varenicline tartrate(continue) oral tablet	1 or 1b*	$0; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
AGENTES RESPIRATORIOS VARIOS		
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS**		
BRONCHITOL INHALATION CAPSULE	5	PA; LD; QL; SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	5	PA; LD; QL; SP
AGENTE PARA LA FIBROSIS QUÍSTICA - COMBINACIONES		
ALYFTREK ORAL TABLET	5	PA; QL
ORKAMBI ORAL PACKET	5	PA; LD; QL; SP
ORKAMBI ORAL TABLET	5	PA; LD; QL; SP
SYMDEKO ORAL TABLET THERAPY PACK	5	PA; LD; QL; SP
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; LD; QL; SP
TRIKAFTA ORAL THERAPY PACK	5	PA; LD; QL; SP
AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA		
OFEV ORAL CAPSULE	5	PA; LD; QL; SP
AGENTES PARA LA FIBROSIS PULMONAR		
ESBRIET ORAL CAPSULE	5	PA; LD; QL; SP
ESBRIET ORAL TABLET	5	PA; LD; QL; SP
pirfenidone oral capsule	4	PA; LD; QL; SP
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LD; QL; SP
pirfenidone oral tablet 534 mg	4	PA; LD; QL
ENZIMAS HIDROLÍTICAS		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE LA ALFA-PROTEINASA (HUMANOS)		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
POTENCIADORES DE CFTR		
KALYDECO ORAL PACKET	5	PA; LD; QL; SP
KALYDECO ORAL TABLET	5	PA; LD; QL; SP
AGENTES TIROIDEOS		
ANTITHYROID AGENTS - RADIOPHARMACEUTICALS**		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
AGENTES ANTITIROIDEOS		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
HORMONAS TIROIDEAS		
ADTHYZA ORAL TABLET	3	
ARMOUR THYROID ORAL TABLET	3	
CYTOMEL ORAL TABLET	3	
ERMEZA ORAL SOLUTION	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
levothyroxine sodium intravenous solution 100 mcg/ml	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
niva thyroid oral tablet	3	
np thyroid oral tablet	3	
RENTHYROID ORAL TABLET	3	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
unithroid oral tablet	1 or 1a*	
AMEBICIDAS		
AMEBICIDAS		
SOLOSEC ORAL PACKET	3	PA; QL
AMINOGLUCÓSIDOS		
AMINOGLUCÓSIDOS		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
ARIKAYCE INHALATION SUSPENSION	5	PA; LD; QL
BETHKIS INHALATION NEBULIZATION SOLUTION	5	LD; QL; SP
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE	3	PA
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	5	LD; QL; SP
neomycin sulfate oral tablet	1 or 1a*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION	5	LD; QL; SP
TOBI PODHALER INHALATION CAPSULE	5	LD; QL; SP
tobramycin inhalation nebulization solution	4	LD; QL; SP
tobramycin sulfate injection solution	1 or 1b*	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ANALGÉSICOS - ANTIINFLAMATORIOS		
AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE)		
ANAPROX DS ORAL TABLET	3	QL
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
COXANTO ORAL CAPSULE	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral capsule	3	ST; QL
diclofenac potassium oral tablet 25 mg	3	ST; QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	3	ST
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
fenoprofen calcium oral capsule 400 mg	3	ST; QL
FENOPRON ORAL CAPSULE	3	ST; 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
INDOCIN ORAL SUSPENSION	3	ST; QL
INDOCIN RECTAL SUPPOSITORY	3	ST; QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin oral suspension	3	ST; QL
indomethacin rectal suppository 50 mg	3	ST; QL
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
ketoprofen oral capsule 25 mg, 50 mg	3	ST; QL
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
KIPROFEN ORAL CAPSULE	3	ST; QL
LODINE ORAL TABLET	3	QL
lofena oral tablet	3	ST; QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral capsule	3	ST; QL
meloxicam oral suspension	3	ST; QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	ST; QL
NAPROSYN ORAL TABLET 500 MG	3	ST; QL
naproxen dr oral tablet delayed release 500 mg	1 or 1b*	
naproxen oral suspension	3	ST; QL
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	3	ST; QL
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral capsule	3	QL
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
RELAFEN DS ORAL TABLET	3	ST; QL
SPRIX NASAL SOLUTION	3	ST; QL
sulindac oral tablet	1 or 1b*	QL
TOLECTIN 600 ORAL TABLET	3	ST
tolmetin sodium oral capsule	1 or 1b*	QL
tolmetin sodium oral tablet 600 mg	3	ST
ZIPSOR ORAL CAPSULE	3	ST; QL
AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LD; QL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; LD; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
ANTAGONISTA DEL RECEPTOR DE LA INTERLEUCINA-1 (IL-1RA)		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
ANTIMETABOLITOS ANTIRREUMÁTICOS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; LD; QL; SP
ANTIRREUMÁTICOS - INHIBIDORES DE LA CINASA JANUS (JAK)		
OLUMIANT ORAL TABLET	5	PA; LD; QL; SP
RINVOQ LQ ORAL SOLUTION	4	PA; LD; QL; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; LD; QL; SP
XELJANZ ORAL SOLUTION	4	PA; LD; QL; SP
XELJANZ ORAL TABLET	4	PA; LD; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; LD; QL; SP
ANTITNF ALFA - ANTICUERPOS MONOCLONALES		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	5	PA; LD; QL; SP
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	5	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	5	PA; LD; QL; SP
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-adaz subcutaneous solution auto-injector	5	PA; LD; QL; SP
adalimumab-adaz subcutaneous solution prefilled syringe	5	PA; LD; QL; SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	5	PA; LD; QL
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	5	PA; LD; QL
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	5	PA; LD; QL
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	5	PA; LD; QL
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	5	PA; LD; QL; SP
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	5	PA; LD; QL; SP
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	5	PA; LD; QL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	PA; LD; QL; SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; LD; QL; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; LD; QL; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; LD; QL; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; LD; QL; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; LD; QL; SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; LD; QL; SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL; SP
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; LD; QL; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA; QL; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; LD; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LD; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; LD; QL; SP
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; LD; QL; SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
BLOQUEADORES DE LA INTERLEUCINA-1 BETA		
ILARIS SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
BLOQUEADORES DE LA INTERLEUCINA-1		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP
COMBINACIONES DE AGENTES ANTIINFLAMATORIOS NO ESTEROIDES		
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	ST; QL
COMBOGESIC INTRAVENOUS SOLUTION	3	
COMBOGESIC ORAL TABLET	3	ST; QL
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	QL
DUEXIS ORAL TABLET	3	ST; QL
ibuprofen-famotidine oral tablet	3	ST; QL
naproxen-esomeprazole mg oral tablet delayed release	3	ST; QL
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	3	ST; QL
COMPUESTOS DE ORO		
RIDAURA ORAL CAPSULE	2	QL
INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2)		
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	QL
INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4)		
OTEZLA ORAL TABLET	4	PA; LD; QL; SP
OTEZLA ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE LA SÍNTESIS DE PIRIMIDINA		
ARAVA ORAL TABLET	3	QL
leflunomide oral tablet	1 or 1b*	QL
INHIBIDORES DEL RECEPTOR DE INTERLEUCINA-6		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
ACTEMRA INTRAVENOUS SOLUTION	5	PA; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
TOFIDENCE INTRAVENOUS SOLUTION	5	PA; LD; SP
TYENNE INTRAVENOUS SOLUTION	5	PA; LD; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
MODULADORES SELECTIVOS DE COESTIMULACIÓN		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; QL; SP

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

Nombre del Medicamento	Nivel	Notas
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
ANALGÉSICOS - NO NARCÓTICOS		
ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS**		
JOURNAVX ORAL TABLET	3	QL
ANALGÉSICOS - OTROS		
acetaminophen intravenous solution	1 or 1b*	
ANALGÉSICOS - SEDATIVOS		
ALLZITAL ORAL TABLET	3	QL
bac (butalbital-acetamin-caff) oral tablet	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-300 mg	3	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	3	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
FIORICET ORAL CAPSULE	3	QL
tencon oral tablet 50-325 mg	1 or 1b*	QL
SALICILATOS		
aspirin 81 oral tablet chewable	1 or 1a*	$0
aspirin 81 oral tablet delayed release	1 or 1a*	$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	$0

Nombre del Medicamento	Nivel	Notas
aspirin childrens oral tablet chewable	1 or 1a*	$0
aspirin ec adult low dose oral tablet delayed release	1 or 1a*	$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	$0
aspirin low dose oral tablet chewable	1 or 1a*	$0
aspirin low dose oral tablet delayed release	1 or 1a*	$0
aspirin oral tablet chewable	1 or 1a*	$0
aspirin oral tablet delayed release 81 mg	1 or 1a*	$0
aspirin regimen oral tablet delayed release	1 or 1a*	$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	$0
bayer low dose oral tablet chewable	1 or 1a*	$0
bayer low dose oral tablet delayed release	1 or 1a*	$0
childrens aspirin oral tablet chewable	1 or 1a*	$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	$0
cvs aspirin ec oral tablet delayed release 81 mg	1 or 1a*	$0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	$0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	$0
diflunisal oral tablet	1 or 1b*	QL
DOLOBID ORAL TABLET	3	ST; QL
ecotrin low strength oral tablet delayed release	1 or 1a*	$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	$0
eq aspirin low dose oral tablet chewable	1 or 1a*	$0
eq aspirin low dose oral tablet delayed release	1 or 1a*	$0
eql aspirin low dose oral tablet chewable	1 or 1a*	$0

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

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

Nombre del Medicamento	Nivel	Notas
st joseph low dose oral tablet delayed release	1 or 1a*	$0
ANALGÉSICOS - OPIOIDES		
AGONISTAS OPIÁCEOS PARCIALES		
BELBUCA BUCCAL FILM	3	PA; QL
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	LD; QL
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	LD; 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
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	LD; QL
SUBOXONE SUBLINGUAL FILM	3	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
AGONISTAS OPIÁCEOS		
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	3	AL; QL
codeine sulfate oral tablet 30 mg	1 or 1b*	AL; QL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	
duramorph injection solution	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL

Nombre del Medicamento	Nivel	Notas
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
levorphanol tartrate oral tablet 2 mg	3	PA; QL
levorphanol tartrate oral tablet 3 mg	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
METHADONE HCL INJECTION SOLUTION	3	PA; QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL

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

Nombre del Medicamento	Nivel	Notas
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL
mitigo injection solution	1 or 1b*	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	3	
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate intravenous solution 50 mg/ml	3	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL

Nombre del Medicamento	Nivel	Notas
NUCYNTA ORAL TABLET	3	QL
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML	3	
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
oxycodone hcl oral tablet abuse-deterrent	3	PA; QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT	3	PA; QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
TRAMADOL HCL ORAL SOLUTION	3	AL; QL
tramadol hcl oral tablet 100 mg, 50 mg	1 or 1b*	AL; QL
tramadol hcl oral tablet 25 mg	1 or 1b*	PA; QL
tramadol hcl oral tablet 75 mg	3	PA; QL

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

Nombre del Medicamento	Nivel	Notas
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
COMBINACIONES DE CODEÍNA		
acetaminophen-codeine oral solution	1 or 1a*	AL; QL
acetaminophen-codeine oral tablet	1 or 1a*	AL; QL
ascomp-codeine oral capsule	1 or 1b*	AL; QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	AL; QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	AL; QL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	AL; QL
COMBINACIONES DE DIHIDROCODEÍNA		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
COMBINACIONES DE HIDROCODONA		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
COMBINACIONES DE OPIÁCEOS		
APADAZ ORAL TABLET	3	QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
NALOCET ORAL TABLET	3	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PROLATE ORAL SOLUTION	3	QL
PROLATE ORAL TABLET	3	QL
COMBINACIONES DE TRAMADOL		
tramadol-acetaminophen oral tablet	1 or 1b*	AL; QL
ANDRÓGENOS-ANABÓLICOS		
ANDRÓGENOS		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION	3	PA; LD; SP
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA
danazol oral capsule	1 or 1b*	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1 or 1b*	PA
JATENZO ORAL CAPSULE	3	PA; QL

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

Nombre del Medicamento	Nivel	Notas
KYZATREX ORAL CAPSULE	3	PA; QL
METHITEST ORAL TABLET	3	PA
methyltestosterone oral capsule	3	PA
NATESTO NASAL GEL	3	PA; QL
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLET	3	PA; LD
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL
TLANDO ORAL CAPSULE	3	PA; QL
UNDECATREX ORAL CAPSULE	3	PA; QL
VOGELXO PUMP TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ANESTÉSICOS GENERALES		
ANESTÉSICOS BARBITÚRICOS		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	3	
methohexital sodium injection solution reconstituted	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
ANESTÉSICOS VARIOS		
AMIDATE INTRAVENOUS SOLUTION	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
KETALAR INJECTION SOLUTION	3	
ketamine hcl injection solution 50 mg/ml	1 or 1b*	
ketamine hcl injection solution prefilled syringe 25 mg/ml	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
ANESTÉSICOS VOLÁTILES		
desflurane inhalation solution	1 or 1b*	
FORANE INHALATION SOLUTION	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
ANESTÉSICOS LOCALES - PARENTERALES		
ANESTÉSICOS LOCALES - AMIDAS		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT	3	
NAROPIN INJECTION SOLUTION	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
POSIMIR INJECTION SOLUTION	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION 2 MG/ML	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION	3	
XYLOCAINE-MPF +RFID INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	3	

Nombre del Medicamento	Nivel	Notas
ANESTÉSICOS LOCALES - ÉSTERES		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
ANESTÉSICOS LOCALES Y SUSTANCIAS SIMPATICOMIMÉTICAS		
articadent dental injection solution cartridge 4 %-1:100000	3	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.5% -1:200000	3	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %	3	

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

En vigencia desde el 07012025

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

Nombre del Medicamento	Nivel	Notas
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	LD
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	QL
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
TIKOSYN ORAL CAPSULE	3	LD
ANTIARRÍTMICOS VARIOS		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
ANTICOAGULANTES		
AGENTES TIPO HEPARINA SINTÉTICOS		
ARIXTRA SUBCUTANEOUS SOLUTION	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
ANTICOAGULANTES DERIVADOS DE LA CUMARINA		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
HEPARINA Y AGENTES TIPO HEPARINA		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
HEPARINAS DE BAJO PESO MOLECULAR		
enoxaparin sodium injection solution 300 mg/3ml	1 or 1b*	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
LOVENOX INJECTION SOLUTION	3	QL

Nombre del Medicamento	Nivel	Notas
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	QL
INHIBIDORES DE LA TROMBINA - SELECTIVO DIRECTO Y REVERSIBLE		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	3	
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML	3	
dabigatran etexilate mesylate oral capsule	3	QL
PRADAXA ORAL CAPSULE	3	QL
PRADAXA ORAL PACKET	3	QL
INHIBIDORES DE LA TROMBINA - TIPO HIRUDINA		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
INHIBIDORES DIRECTOS DEL FACTOR XA		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
rivaroxaban oral tablet	1 or 1b*	QL
SAVAYSA ORAL TABLET	3	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO ORAL TABLET	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL
ANTICONCEPTIVOS		
ANTICONCEPTIVOS BIFÁSICOS ORALES		
azurette oral tablet	1 or 1b*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	$0
kariva oral tablet	1 or 1b*	$0
LO LOESTRIN FE ORAL TABLET	2	
pimtrea oral tablet	1 or 1b*	$0
simliya oral tablet	1 or 1b*	$0
viorele oral tablet	1 or 1b*	$0
volnea oral tablet	1 or 1b*	$0
ANTICONCEPTIVOS CONTINUOS ORALES		
amethyst oral tablet	1 or 1b*	$0
dolishale oral tablet	1 or 1b*	$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	$0
ANTICONCEPTIVOS DE CICLO EXTENDIDO ORALES		
ashlyna oral tablet	1 or 1b*	$0
camrese lo oral tablet	1 or 1b*	$0
camrese oral tablet	1 or 1b*	$0
daysee oral tablet	1 or 1b*	$0
iclevia oral tablet	1 or 1b*	$0
introvale oral tablet	1 or 1b*	$0
jaimiess oral tablet	1 or 1b*	$0
jolessa 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
ANTICONCEPTIVOS DE COBRE - DIU		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
ANTICONCEPTIVOS DE EMERGENCIA		
aftera oral tablet	1 or 1b*	$0
afterpill oral tablet	1 or 1b*	$0
econtra one-step oral tablet	1 or 1b*	$0
ELLA ORAL TABLET	3	$0
HER STYLE ORAL TABLET	1 or 1b*	$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	$0
my choice oral tablet	1 or 1b*	$0
my way oral tablet	1 or 1b*	$0
new day oral tablet	1 or 1b*	$0
opcicon one-step oral tablet	1 or 1b*	$0
option 2 oral tablet	1 or 1b*	$0
react oral tablet	1 or 1b*	$0
take action oral tablet	1 or 1b*	$0
ANTICONCEPTIVOS DE FASE CUATRO ORALES		
NATAZIA ORAL TABLET	3	
ANTICONCEPTIVOS DE PROGESTINA - DIU		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
ANTICONCEPTIVOS DE PROGESTINA - IMPLANTES		
NEXPLANON SUBCUTANEOUS IMPLANT	5	LD; SP
ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	$0
ANTICONCEPTIVOS DE PROGESTINA - ORALES		
camila oral tablet	1 or 1b*	$0
deblitane oral tablet	1 or 1b*	$0
EMZAHH ORAL TABLET	1 or 1b*	$0
errin oral tablet	1 or 1b*	$0
heather oral tablet	1 or 1b*	$0
incassia oral tablet	1 or 1b*	$0
jencycla oral tablet	1 or 1b*	$0
lyleq oral tablet	1 or 1b*	$0
lyza oral tablet	1 or 1b*	$0
nora-be oral tablet	1 or 1b*	$0
norethindrone oral tablet	1 or 1b*	$0
norlyroc oral tablet	1 or 1b*	$0
OPILL ORAL TABLET	2	$0
sharobel oral tablet	1 or 1b*	$0
SLYND ORAL TABLET	3	

Nombre del Medicamento	Nivel	Notas
ANTICONCEPTIVOS TRIFÁSICOS ORALES		
alyacen 7/7/7 oral tablet	1 or 1a*	$0
aranelle oral tablet	1 or 1a*	$0
dasetta 7/7/7 oral tablet	1 or 1a*	$0
enpresse-28 oral tablet	1 or 1a*	$0
leena oral tablet	1 or 1a*	$0
levonest oral tablet	1 or 1a*	$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	$0
nortrel 7/7/7 oral tablet	1 or 1a*	$0
nylia 7/7/7 oral tablet	1 or 1a*	$0
tilia fe oral tablet	1 or 1b*	$0
tri-estarylla oral tablet	1 or 1b*	$0
tri-legest fe oral tablet	1 or 1b*	$0
tri-linyah oral tablet	1 or 1b*	$0
tri-lo-estarylla oral tablet	1 or 1b*	$0
tri-lo-marzia oral tablet	1 or 1b*	$0
tri-lo-mili oral tablet	1 or 1b*	$0
tri-lo-sprintec oral tablet	1 or 1b*	$0
tri-mili oral tablet	1 or 1b*	$0
tri-sprintec oral tablet	1 or 1b*	$0
trivora (28) oral tablet	1 or 1a*	$0
tri-vylibra lo oral tablet	1 or 1b*	$0
tri-vylibra oral tablet	1 or 1b*	$0
velivet oral tablet	1 or 1a*	$0
XARAH FE ORAL TABLET	1 or 1b*	$0
COMBINACIONES DE ANTICONCEPTIVOS ORALES		
afirmelle oral tablet	1 or 1a*	$0
altavera oral tablet	1 or 1a*	$0
alyacen 1/35 oral tablet	1 or 1a*	$0
apri oral tablet	1 or 1a*	$0
aubra eq oral tablet	1 or 1a*	$0
aurovela 1.5/30 oral tablet	1 or 1a*	$0
aurovela 1/20 oral tablet	1 or 1a*	$0
aurovela 24 fe oral tablet	1 or 1a*	$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	$0

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
aurovela fe 1/20 oral tablet	1 or 1a*	$0
aviane oral tablet	1 or 1a*	$0
ayuna oral tablet	1 or 1a*	$0
BALCOLTRA ORAL TABLET	3	
balziva oral tablet	1 or 1a*	$0
BEYAZ ORAL TABLET	3	
blisovi 24 fe oral tablet	1 or 1a*	$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	$0
blisovi fe 1/20 oral tablet	1 or 1a*	$0
briellyn oral tablet	1 or 1a*	$0
charlotte 24 fe oral tablet chewable	1 or 1a*	$0
chateal eq oral tablet	1 or 1a*	$0
cryselle-28 oral tablet	1 or 1a*	$0
cyred eq oral tablet	1 or 1a*	$0
dasetta 1/35 (28) oral tablet	1 or 1a*	$0
delyla oral tablet	1 or 1a*	$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	$0
elinest oral tablet	1 or 1a*	$0
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	$0
estarylla oral tablet	1 or 1a*	$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	$0
falmina oral tablet	1 or 1a*	$0
FEIRZA 1.5/30 ORAL TABLET	1 or 1a*	$0
FEIRZA 1/20 ORAL TABLET	1 or 1a*	$0
FEMLYV ORAL TABLET DISPERSIBLE	3	
FINZALA ORAL TABLET CHEWABLE	1 or 1a*	$0
gemmily oral capsule	1 or 1b*	$0
hailey 1.5/30 oral tablet	1 or 1a*	$0
hailey 24 fe oral tablet	1 or 1a*	$0
hailey fe 1.5/30 oral tablet	1 or 1a*	$0
hailey fe 1/20 oral tablet	1 or 1a*	$0
isibloom oral tablet	1 or 1a*	$0
jasmiel oral tablet	1 or 1b*	$0

Nombre del Medicamento	Nivel	Notas
JOYEAUX ORAL TABLET	1 or 1b*	$0
juleber oral tablet	1 or 1a*	$0
junel 1.5/30 oral tablet	1 or 1a*	$0
junel 1/20 oral tablet	1 or 1a*	$0
junel fe 1.5/30 oral tablet	1 or 1a*	$0
junel fe 1/20 oral tablet	1 or 1a*	$0
junel fe 24 oral tablet	1 or 1a*	$0
kaitlib fe oral tablet chewable	1 or 1b*	$0
kalliga oral tablet	1 or 1a*	$0
kelnor 1/35 oral tablet	1 or 1a*	$0
kelnor 1/50 oral tablet	1 or 1a*	$0
kurvelo oral tablet	1 or 1a*	$0
larin 1.5/30 oral tablet	1 or 1a*	$0
larin 1/20 oral tablet	1 or 1a*	$0
larin 24 fe oral tablet	1 or 1a*	$0
larin fe 1.5/30 oral tablet	1 or 1a*	$0
larin fe 1/20 oral tablet	1 or 1a*	$0
layolis fe oral tablet chewable	1 or 1b*	$0
lessina oral tablet	1 or 1a*	$0
levonorgest-eth estradiol-iron oral tablet	1 or 1b*	$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	$0
levora 0.15/30 (28) oral tablet	1 or 1a*	$0
loestrin 1.5/30 (21) oral tablet	1 or 1a*	$0
loestrin 1/20 (21) oral tablet	1 or 1a*	$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	$0
loestrin fe 1/20 oral tablet	1 or 1a*	$0
loryna oral tablet	1 or 1b*	$0
low-ogestrel oral tablet	1 or 1a*	$0
lo-zumandimine oral tablet	1 or 1b*	$0
lutera oral tablet	1 or 1a*	$0
marlissa oral tablet	1 or 1a*	$0
merzee oral capsule	1 or 1b*	$0
MIBELAS 24 FE ORAL TABLET CHEWABLE	1 or 1a*	$0
microgestin 1.5/30 oral tablet	1 or 1a*	$0
microgestin 1/20 oral tablet	1 or 1a*	$0

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
microgestin fe 1.5/30 oral tablet	1 or 1a*	$0
microgestin fe 1/20 oral tablet	1 or 1a*	$0
mili oral tablet	1 or 1a*	$0
MINZOYA ORAL TABLET	1 or 1b*	$0
mono-linyah oral tablet	1 or 1a*	$0
necon 0.5/35 (28) oral tablet	1 or 1a*	$0
NEXTSTELLIS ORAL TABLET	3	
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
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	$0
nortrel 1/35 (21) oral tablet	1 or 1a*	$0
nortrel 1/35 (28) oral tablet	1 or 1a*	$0
nylia 1/35 oral tablet	1 or 1a*	$0
ocella oral tablet	1 or 1b*	$0
philith oral tablet	1 or 1a*	$0
portia-28 oral tablet	1 or 1a*	$0
reclipsen oral tablet	1 or 1a*	$0
SAFYRAL ORAL TABLET	3	
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
TAYTULLA ORAL CAPSULE	3	
TURQOZ ORAL TABLET	1 or 1a*	$0
TYBLUME ORAL TABLET CHEWABLE	3	

Nombre del Medicamento	Nivel	Notas
VALTYA 1/50 ORAL TABLET	1 or 1a*	$0
vestura oral tablet	1 or 1b*	$0
vienva oral tablet	1 or 1a*	$0
vyfemla oral tablet	1 or 1a*	$0
vylibra oral tablet	1 or 1a*	$0
wera oral tablet	1 or 1a*	$0
wymzya fe oral tablet chewable	1 or 1b*	$0
XELRIA FE ORAL TABLET CHEWABLE	1 or 1b*	$0
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
zovia 1/35 (28) oral tablet	1 or 1a*	$0
zumandimine oral tablet	1 or 1b*	$0
COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*	$0
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
xulane transdermal patch weekly	1 or 1b*	$0
zafemy transdermal patch weekly	1 or 1b*	$0
COMBINACIONES DE ANTICONCEPTIVOS VAGINALES		
ANNOVERA VAGINAL RING	3	
eluryng vaginal ring	1 or 1b*	$0
ENILLORING VAGINAL RING	1 or 1b*	$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	$0
HALOETTE VAGINAL RING	1 or 1b*	$0
NUVARING VAGINAL RING	3	
ANTICONVULSIVOS		
ÁCIDO VALPROICO		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	QL
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution	1 or 1b*	
ANTAGONISTAS DE RECEPTORES DE GLUTAMATO AMPA		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL
ANTICONVULSIVOS - BENZODIAZEPINAS		
clobazam oral suspension 2.5 mg/ml	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
diazepam rectal gel	1 or 1b*	QL
KLONOPIN ORAL TABLET	3	QL
NAYZILAM NASAL SOLUTION	3	PA; QL
ONFI ORAL SUSPENSION	3	QL
ONFI ORAL TABLET 10 MG, 20 MG	3	QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL

Nombre del Medicamento	Nivel	Notas
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
ANTICONVULSIVOS VARIOS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET 200 MG	3	DO
BANZEL ORAL TABLET 400 MG	3	QL
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	QL
BRIVIACT ORAL TABLET	3	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL
carbamazepine oral suspension	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	QL
DIACOMIT ORAL CAPSULE 250 MG	5	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG	5	PA; LD; QL
DIACOMIT ORAL PACKET 250 MG	5	PA; LD; DO

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

Nombre del Medicamento	Nivel	Notas
DIACOMIT ORAL PACKET 500 MG	5	PA; LD; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
EPIDIOLEX ORAL SOLUTION	5	PA; LD; SP
epitol oral tablet	1 or 1b*	QL
EPRONTIA ORAL SOLUTION	3	QL
eslicarbazepine acetate oral tablet 200 mg, 400 mg	1 or 1b*	DO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	1 or 1b*	QL
FINTEPLA ORAL SOLUTION	5	PA; LD; QL
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL
GABARONE ORAL TABLET 100 MG	3	PA; DO
GABARONE ORAL TABLET 400 MG	3	PA; QL
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	QL
KEPPRA ORAL TABLET 1000 MG	3	QL
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG	3	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL
LAMICTAL ODT ORAL KIT	3	QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG	3	QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG	3	DO

Nombre del Medicamento	Nivel	Notas
LAMICTAL ORAL TABLET	3	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	QL
LAMICTAL STARTER ORAL KIT	3	QL
LAMICTAL XR ORAL KIT	3	QL
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	3	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	3	QL
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet 1000 mg	1 or 1b*	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
levetiracetam oral tablet disintegrating soluble	3	QL
LYRICA ORAL CAPSULE	3	QL
LYRICA ORAL SOLUTION	3	QL
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	QL
MYSOLINE ORAL TABLET	3	QL
NEURONTIN ORAL CAPSULE	3	DO
NEURONTIN ORAL SOLUTION	3	QL
NEURONTIN ORAL TABLET	3	QL
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	1 or 1b*	DO
oxcarbazepine er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
roweepra oral tablet 500 mg	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	QL
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
TEGRETOL ORAL SUSPENSION	3	QL
TEGRETOL ORAL TABLET	3	QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG	3	DO
TOPAMAX ORAL TABLET 200 MG	3	QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	QL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle 15 mg, 25 mg	1 or 1b*	QL
topiramate oral capsule sprinkle 50 mg	3	ST; QL
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
topiramate oral tablet 200 mg	1 or 1b*	QL
TRILEPTAL ORAL SUSPENSION	3	QL
TRILEPTAL ORAL TABLET	3	QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG	3	ST; QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG	3	ST; DO
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	QL
VIMPAT ORAL TABLET	3	QL
ZONEGRAN ORAL CAPSULE	3	QL
ZONISADE ORAL SUSPENSION	3	QL
zonisamide oral capsule	1 or 1b*	QL
ZTALMY ORAL SUSPENSION	5	LD; QL
CARBAMATOS		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
FELBATOL ORAL TABLET	3	QL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI ORAL TABLET THERAPY PACK	3	QL
HIDANTOÍNA		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	

Nombre del Medicamento	Nivel	Notas
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	1 or 1b*	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension 125 mg/5ml	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
MODULADORES DEL ÁCIDO ?-AMINOBUTÍRICO (GABA)		
SABRIL ORAL PACKET	3	LD; QL; SP
SABRIL ORAL TABLET	3	LD; QL; SP
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; QL; SP
vigabatrin oral tablet	1 or 1b*	LD; QL; SP
vigadrone oral packet	1 or 1b*	LD; QL
VIGADRONE ORAL TABLET	1 or 1b*	LD; QL; SP
VIGAFYDE ORAL SOLUTION	5	LD; QL
VIGPODER ORAL PACKET	1 or 1b*	LD; QL
SUCCINIMIDAS		
CELONTIN ORAL CAPSULE	3	QL
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
methsuximide oral capsule	1 or 1b*	QL
ZARONTIN ORAL CAPSULE	3	QL
ZARONTIN ORAL SOLUTION	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ANTIDEPRESIVOS		
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS**		
AUVELITY ORAL TABLET EXTENDED RELEASE	3	ST; QL
AGENTES TRICÍCLICOS		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG	3	DO
ANAFRANIL ORAL CAPSULE 50 MG, 75 MG	3	QL
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
nortriptyline hcl oral solution	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
PAMELOR ORAL CAPSULE 10 MG, 25 MG	3	DO
PAMELOR ORAL CAPSULE 50 MG, 75 MG	3	QL
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule	1 or 1b*	QL
ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS)		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
ANTAGONISTAS DEL RECEPTOR NMDA		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; LD; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; LD; QL
ANTIDEPRESIVOS VARIOS		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG	3	ST; QL
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL
bupropion hcl er (xl) oral tablet extended release 24 hour	1 or 1b*	QL

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

Nombre del Medicamento	Nivel	Notas
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
CÍCLICOS MODIFICADOS		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
RALDESY ORAL SOLUTION	3	ST; QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
TRINTELLIX ORAL TABLET 10 MG, 5 MG	2	DO
TRINTELLIX ORAL TABLET 20 MG	2	QL
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	QL
INHIBIDORES DE LA MONOAMINO OXIDASA (IMAO)		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR	3	QL

Nombre del Medicamento	Nivel	Notas
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR	3	DO
MARPLAN ORAL TABLET	3	QL
NARDIL ORAL TABLET	3	QL
PARNATE ORAL TABLET	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS)		
CELEXA ORAL TABLET	3	ST
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	ST
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
LEXAPRO ORAL TABLET	3	ST
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
PAXIL ORAL TABLET	3	ST
PROZAC ORAL CAPSULE	3	ST
SERTRALINE HCL ORAL CAPSULE	3	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST
MODULADOR DEL RECEPTOR GABA - COMBINACIÓN DE SUPLEMENTOS NUTRICIONALES		
ZURZUVAE ORAL CAPSULE	5	PA; LD; QL
SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN)		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	PA; QL
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; DO
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	DO

Nombre del Medicamento	Nivel	Notas
duloxetine hcl oral capsule delayed release particles	1 or 1b*	QL
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	ST; DO
venlafaxine besylate er oral tablet extended release 24 hour	3	ST; QL
venlafaxine hcl er oral capsule extended release 24 hour	1 or 1b*	QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	3	ST; QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL
venlafaxine hcl oral tablet	1 or 1b*	QL
ANTIDIABÉTICOS		
ANTIDIABETIC-ANTI-CD3 ANTIBODIES**		
TZIELD INTRAVENOUS SOLUTION	5	PA; LD
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL

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

Nombre del Medicamento	Nivel	Notas
AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1)		
exenatide subcutaneous solution pen-injector	3	PA; QL
liraglutide subcutaneous solution pen-injector	1 or 1b*	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
RYBELSUS ORAL TABLET	2	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL
AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA - DERIVADOS DE LA ERGOTAMINA		
CYCLOSET ORAL TABLET	3	
ANÁLOGOS DE MEGLITINIDAS		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
ANTAGONISTAS DE LOS RECEPTORES DE LA PROGESTERONA		
KORLYM ORAL TABLET	5	PA; LD; QL
mifepristone oral tablet 300 mg	4	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
ANTIDIABÉTICOS - ANÁLOGOS DE AMILINA		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
BIGUANIDAS		
metformin hcl er (mod) oral tablet extended release 24 hour	3	ST; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	3	ST; QL
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
METFORMIN HCL ORAL TABLET 625 MG	3	PA; QL
metformin hcl oral tablet 750 mg	3	PA; QL
metformin hcl oral tablet 850 mg	1 or 1b*	$0; QL
RIOMET ORAL SOLUTION	3	PA; QL
COMBINACIONES DE INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 Y BIGUANIDA		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
JENTADUETO ORAL TABLET	3	ST; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
saxagliptin-metformin er oral tablet extended release 24 hour	3	ST; QL
sitaglipt base-metform hcl er oral tablet extended release 24 hour	3	ST; QL
sitagliptin base-metformin hcl oral tablet	3	ST; QL
ZITUVIMET ORAL TABLET	3	ST; QL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
COMBINACIONES DE INSULINA Y MIMÉTICOS DE LA INCRETINA		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
COMBINACIONES DE SULFONILUREAS-BIGUANIDA		
glipizide-metformin hcl oral tablet	1 or 1b*	QL
glyburide-metformin oral tablet	1 or 1b*	QL
COMBINACIONES DE SULFONILUREAS-TIAZOLIDINEDIONAS		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
INHIBIDOR DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA		
dapagliflozin pro-metformin er oral tablet extended release 24 hour	2	ST; QL
INVOKAMET ORAL TABLET	3	ST; QL

Nombre del Medicamento	Nivel	Notas
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
SEGLUROMET ORAL TABLET	3	ST; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
INHIBIDOR DE DPP-4 - COMBINACIÓN DE TIAZOLIDINEDIONAS		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL
INHIBIDOR DE SGLT2 - COMBINACIONES DE INHIBIDORES DE DPP-4		
GLYXAMBI ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
INHIBIDORES DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 (SGLT2)		
bexagliflozin oral tablet	3	ST; QL
BRENZAVVY ORAL TABLET	3	ST; QL
dapagliflozin propanediol oral tablet	2	ST; QL
FARXIGA ORAL TABLET	2	ST; QL
INVOKANA ORAL TABLET	3	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	3	ST; QL
INHIBIDORES DE LA ALFA-GLUCOSIDASA		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL

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

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4)		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
ONGLYZA ORAL TABLET 5 MG	3	ST; QL
saxagliptin hcl oral tablet	3	ST; QL
sitagliptin oral tablet	3	ST; QL
TRADJENTA ORAL TABLET	3	ST; QL
ZITUVIO ORAL TABLET	3	ST; QL
INSULINA HUMANA		
ADMELOG INJECTION SOLUTION	3	ST; QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA; QL
APIDRA INJECTION SOLUTION	3	ST; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP INJECTION SOLUTION	3	ST; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL

Nombre del Medicamento	Nivel	Notas
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
HUMALOG INJECTION SOLUTION	2	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN N SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN R INJECTION SOLUTION	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
INSULIN ASPART INJECTION SOLUTION	3	ST; QL
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL
insulin degludec flextouch subcutaneous solution pen-injector	3	ST; QL
insulin degludec subcutaneous solution	3	ST; QL
insulin glargine max solostar subcutaneous solution pen-injector	3	ST; QL
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	ST; QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL

Nombre del Medicamento	Nivel	Notas
INSULIN LISPRO INJECTION SOLUTION	2	QL
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LANTUS SUBCUTANEOUS SOLUTION	2	QL
LYUMJEV INJECTION SOLUTION	2	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLIN R INJECTION SOLUTION	3	ST; QL
NOVOLIN R RELION INJECTION SOLUTION	3	ST; QL
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLOG INJECTION SOLUTION	3	ST; QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	3	ST; QL

Nombre del Medicamento	Nivel	Notas
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
NOVOLOG RELION INJECTION SOLUTION	3	ST; QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	3	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
OTROS AGENTES PARA LA DIABETES		
BAQSIMI ONE PACK NASAL POWDER	3	QL
BAQSIMI TWO PACK NASAL POWDER	3	QL
diazoxide oral suspension	1 or 1b*	
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
SULFONILUREAS		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	QL
glimepiride oral tablet 3 mg	3	PA; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	QL
glipizide oral tablet	1 or 1a*	QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	QL
glyburide micronized oral tablet	1 or 1b*	QL
glyburide oral tablet	1 or 1b*	QL
TIAZOLIDINEDIONAS		
ACTOS ORAL TABLET	3	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
TIAZOLIDINEDIONAS-COMBINACIONES DE BIGUANIDA		
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; QL
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL

Nombre del Medicamento	Nivel	Notas
ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS		
ANTÍDOTOS		
RADIOGARDASE ORAL CAPSULE	3	
ANTÍDOTOS		
ANTAGONISTAS DE LAS BENZODIAZEPINAS		
flumazenil intravenous solution	1 or 1b*	
ANTAGONISTAS OPIÁCEOS		
KLOXXADO NASAL LIQUID	2	QL
nalmefene hcl injection solution	3	QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID	3	ST; QL
OPVEE NASAL SOLUTION	2	QL
REXTOVY NASAL LIQUID	2	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	LD; QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
ANTÍDOTOS - AGENTES QUELANTES		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	4	PA; LD; SP
deferasirox oral packet	4	PA; LD; SP
deferasirox oral tablet	4	PA; LD; SP
deferasirox oral tablet soluble	4	PA; LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
deferiprone oral tablet	4	PA; LD
EXJADE ORAL TABLET SOLUBLE	5	PA; LD; SP
FERRIPROX ORAL SOLUTION	5	PA; LD
FERRIPROX ORAL TABLET 1000 MG	5	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET	5	PA; LD
JADENU ORAL TABLET	5	PA; LD; SP
JADENU SPRINKLE ORAL PACKET	5	PA; LD; SP
ANTÍDOTOS		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	4	LD; SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	5	LD; SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
edetate calcium disodium injection solution	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
methylene blue intravenous solution 50 mg/10ml	1 or 1b*	

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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ondansetron hcl oral tablet	1 or 1b*	LD; QL
ondansetron oral tablet dispersible 16 mg	1 or 1b*	QL
ondansetron oral tablet dispersible 4 mg, 8 mg	1 or 1b*	LD; QL
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	LD
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	LD
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	LD
POSFREA INTRAVENOUS SOLUTION	3	LD
SANCUSO TRANSDERMAL PATCH	3	LD; QL
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	LD
ANTIEMÉTICOS - AGENTE ANTICOLINÉRGICO		
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 25 mg	1 or 1a*	
meclizine hcl oral tablet 50 mg	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMÉTICOS VARIOS		
dronabinol oral capsule	1 or 1b*	QL
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

Nombre del Medicamento	Nivel	Notas
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION	3	PA; LD; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
AKYNZEO ORAL CAPSULE	3	LD; QL
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
DICLEGIS ORAL TABLET DELAYED RELEASE	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
SUSTANCIA PARA ANTAGONISTAS DEL RECEPTOR NK1		
APONVIE INTRAVENOUS EMULSION	3	LD
aprepitant oral	1 or 1b*	LD; QL
aprepitant oral capsule	1 or 1b*	LD; QL
CINVANTI INTRAVENOUS EMULSION	3	QL
EMEND BIPACK ORAL CAPSULE	3	LD; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRIPACK ORAL CAPSULE	3	LD; QL
focinvez intravenous solution	3	QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	LD; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ANTIESPASMÓDICOS URINARIOS		
AGONISTAS DEL RECEPTOR ADRENÉRGICO BETA 3		
GEMTESA ORAL TABLET	3	ST; QL
mirabegron er oral tablet extended release 24 hour	1 or 1b*	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	PA; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
ANTIESPASMÓDICOS URINARIOS - AGONISTAS COLINÉRGICOS		
bethanechol chloride oral tablet	1 or 1b*	
ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS)		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL
DETROL ORAL TABLET 2 MG	3	ST; QL
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
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST; BE; QL
solifenacin succinate oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
trospium chloride oral tablet	1 or 1b*	QL
VESICARE LS ORAL SUSPENSION	3	PA; QL
VESICARE ORAL TABLET	3	ST; QL
ANTIESPASMÓDICOS URINARIOS - RELAJANTES MUSCULARES DIRECTOS		
flavoxate hcl oral tablet	1 or 1b*	
ANTIHELMÍNTICOS		
ANTIHELMÍNTICOS		
albendazole oral tablet	1 or 1b*	PA; QL
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	QL
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	QL
ANTIHIPERLIPIDÉMICOS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**		
NEXLIZET ORAL TABLET	3	PA; QL
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS**		
EVKEEZA INTRAVENOUS SOLUTION	5	PA; LD

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
ANTIHIPERLIPIDÉMICOS VARIOS		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
LOVAZA ORAL CAPSULE	3	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA-INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
VYTORIN ORAL TABLET	3	ST; QL
DERIVADOS DEL ÁCIDO FÍBRICO		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
gemfibrozil oral tablet	1 or 1b*	QL
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL
DERIVADOS DEL ÁCIDO NICOTÍNICO		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL

Nombre del Medicamento	Nivel	Notas
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
niacor oral tablet	1 or 1b*	ST; QL
INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL		
ezetimibe oral tablet	1 or 1b*	ST; QL
ZETIA ORAL TABLET	3	ST; QL
INHIBIDORES DE ADENOSINA TRIFOSFATO-CITRATO LIASA (ACL)		
NEXLETOL ORAL TABLET	3	PA; QL
INHIBIDORES DE LA HMG COA REDUCTASA		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	3	ST; QL
ATORVALIQ ORAL SUSPENSION	3	ST; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; $0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; DO
CRESTOR ORAL TABLET 40 MG	3	ST; QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	3	ST; QL
FLOLIPID ORAL SUSPENSION	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
fluvastatin sodium er oral tablet extended release 24 hour	3	ST; $0; QL
fluvastatin sodium oral capsule	1 or 1b*	DO; $0
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO
LIPITOR ORAL TABLET 80 MG	3	ST; QL
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO
LIVALO ORAL TABLET 4 MG	3	ST; QL
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; $0
lovastatin oral tablet 40 mg	1 or 1b*	$0; QL
pitavastatin calcium oral tablet 1 mg, 2 mg	3	ST; DO
pitavastatin calcium oral tablet 4 mg	3	ST; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; $0
pravastatin sodium oral tablet 80 mg	1 or 1b*	$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; $0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; $0
simvastatin oral tablet 40 mg	1 or 1b*	$0; QL
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG	3	ST; DO
ZOCOR ORAL TABLET 40 MG	3	ST; QL
ZYPITAMAG ORAL TABLET 2 MG	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG	3	ST; QL

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE LA PROTEÍNA DE TRANSFERENCIA DE TRIGLICÉRIDOS MICROSOMALES		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
INHIBIDORES DE PCSK9		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
SECUESTRADORES DEL ÁCIDO BILIAR		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID ORAL GRANULES	3	QL
COLESTID ORAL TABLET	3	QL
colestipol hcl oral granules	1 or 1b*	QL
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
prevalite oral packet	1 or 1b*	QL
prevalite oral powder	1 or 1b*	QL
QUESTRAN LIGHT ORAL POWDER	3	QL

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

Nombre del Medicamento	Nivel	Notas
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL
WELCHOL ORAL PACKET	3	QL
WELCHOL ORAL TABLET	3	QL
ANTIHIPERTENSIVOS		
ENDOTHELIN RECEPTOR ANTAGONISTS**		
TRYVIO ORAL TABLET	3	PA; QL
AGENTES PARA FEOCROMOCITOMAS		
DEMSER ORAL CAPSULE	3	PA; LD; QL; SP
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; LD; QL; SP
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II		
ATACAND ORAL TABLET 16 MG, 32 MG	3	QL
ATACAND ORAL TABLET 4 MG, 8 MG	3	DO
AVAPRO ORAL TABLET 150 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	QL
BENICAR ORAL TABLET 20 MG, 5 MG	3	DO
BENICAR ORAL TABLET 40 MG	3	QL
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG, 50 MG	3	QL
COZAAR ORAL TABLET 25 MG	3	DO

Nombre del Medicamento	Nivel	Notas
DIOVAN ORAL TABLET 160 MG, 320 MG	3	QL
DIOVAN ORAL TABLET 40 MG, 80 MG	3	DO
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	QL
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet 100 mg, 50 mg	1 or 1b*	QL
losartan potassium oral tablet 25 mg	1 or 1b*	DO
MICARDIS ORAL TABLET 40 MG	3	DO
MICARDIS ORAL TABLET 80 MG	3	QL
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
VALSARTAN ORAL SOLUTION	1 or 1b*	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II-BLOQUEADORES DE CANALES DE CALCIO-DIURÉTICOS TIAZÍDICOS		
amlodipine-valsartan-hctz oral tablet	1 or 1b*	QL
EXFORGE HCT ORAL TABLET	3	QL
olmesartan-amlodipine-hctz oral tablet	1 or 1b*	QL
TRIBENZOR ORAL TABLET	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ANTAGONISTAS DEL RECEPTOR SELECTIVO DE ALDOSTERONA (SARA)		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
clonidine er oral tablet extended release 24 hour	3	ST; QL
clonidine hcl oral tablet	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet	1 or 1b*	
methyldopa oral tablet	1 or 1b*	QL
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA		
CARDURA ORAL TABLET	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
TEZRULY ORAL SOLUTION	3	PA; QL
ANTIHIPERTENSIVOS VARIOS		
VECAMYL ORAL TABLET	3	

Nombre del Medicamento	Nivel	Notas
COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO		
amlodipine besylate-valsartan oral tablet	1 or 1b*	QL
amlodipine-olmesartan oral tablet	1 or 1b*	QL
AZOR ORAL TABLET	3	QL
EXFORGE ORAL TABLET	3	QL
telmisartan-amlodipine oral tablet	1 or 1b*	QL
COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA		
ATACAND HCT ORAL TABLET	3	QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	QL
BENICAR HCT ORAL TABLET	3	QL
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
DIOVAN HCT ORAL TABLET	3	QL
EDARBYCLOR ORAL TABLET	3	QL
HYZAAR ORAL TABLET	3	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet	1 or 1b*	QL
MICARDIS HCT ORAL TABLET	3	QL
olmesartan medoxomil-hctz oral tablet	1 or 1b*	QL
telmisartan-hctz oral tablet	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet	1 or 1b*	QL

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

Nombre del Medicamento	Nivel	Notas
COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
TENORETIC 100 ORAL TABLET	3	QL
TENORETIC 50 ORAL TABLET	3	QL
INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO		
amlodipine besy-benazepril hcl oral capsule	1 or 1b*	QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	QL
PRESTALIA ORAL TABLET	3	QL
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL
INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	QL
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	QL
captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
fosinopril sodium-hctz oral tablet	1 or 1b*	QL
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	QL
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
VASERETIC ORAL TABLET	3	QL
ZESTORETIC ORAL TABLET	3	QL
INHIBIDORES DE LA ECA		
ACCUPRIL ORAL TABLET	3	QL
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	QL
benazepril hcl oral tablet	1 or 1a*	QL
captopril oral tablet	1 or 1b*	QL
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet	1 or 1b*	QL
enalaprilat intravenous solution	1 or 1b*	
EPANED ORAL SOLUTION	3	QL
fosinopril sodium oral tablet	1 or 1b*	QL
lisinopril oral tablet	1 or 1a*	QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL
moexipril hcl oral tablet	1 or 1b*	QL
perindopril erbumine oral tablet	1 or 1b*	QL
QBRELIS ORAL SOLUTION	3	QL
quinapril hcl oral tablet	1 or 1b*	QL
ramipril oral capsule	1 or 1b*	QL
trandolapril oral tablet	1 or 1b*	QL
VASOTEC ORAL TABLET	3	QL
ZESTRIL ORAL TABLET	3	QL
INHIBIDORES DIRECTOS DE LA RENINA		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO

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

Nombre del Medicamento	Nivel	Notas
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
TEKTURNA ORAL TABLET 150 MG	3	DO
TEKTURNA ORAL TABLET 300 MG	3	QL
VASODILATADORES		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	3	
nitroprusside sodium intravenous solution	1 or 1b*	
nitroprusside sodium-nacl intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
ANTIHISTAMÍNICOS		
ANTIHISTAMÍNICOS - ALQUILAMINAS		
ryclora oral solution	3	ST
ANTIHISTAMÍNICOS - ETANOLAMINAS		
carbinoxamine maleate er oral suspension extended release	1 or 1b*	ST; QL
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
carbinoxamine maleate oral tablet 6 mg	3	ST; QL
CLEMASTINE FUMARATE ORAL SYRUP	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

Nombre del Medicamento	Nivel	Notas
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL
RYVENT ORAL TABLET	3	ST; QL
ANTIHISTAMÍNICOS - FENOTIAZINA		
PHENERGAN INJECTION SOLUTION	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral tablet	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL
promethegan rectal suppository	1 or 1b*	QL
ANTIHISTAMÍNICOS - NO SEDANTES		
cetirizine hcl oral solution	1 or 1b*	BE; QL
CLARINEX ORAL TABLET	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*	BE; QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	BE; QL
QUZYTTIR INTRAVENOUS SOLUTION	3	
ANTIHISTAMÍNICOS - PIPERIDINAS		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
ANTIMICÓTICOS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)**		
BREXAFEMME ORAL TABLET	3	PA; QL
TETRAZOLES**		
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL

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

Nombre del Medicamento	Nivel	Notas
ANTIMICÓTICO - INHIBIDORES DE LA SÍNTESIS DEL GLUCANO (EQUINOCANDINAS)		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	QL
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
micafungin sodium-nacl intravenous solution	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIMICÓTICOS		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1 or 1b*	
griseofulvin ultramicrosize oral tablet 165 mg	3	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	
IMIDAZOLES		
ketoconazole oral tablet	1 or 1b*	QL
TRIAZOLES		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	QL
DIFLUCAN ORAL TABLET 100 MG	3	QL
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFIL INTRAVENOUS SOLUTION	3	
NOXAFIL ORAL PACKET	3	PA; QL
NOXAFIL ORAL SUSPENSION	3	PA; QL
NOXAFIL ORAL TABLET DELAYED RELEASE	3	PA; QL
posaconazole intravenous solution	1 or 1b*	
posaconazole oral suspension	1 or 1b*	PA; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET 50 MG	3	PA; QL
voriconazole intravenous solution reconstituted	3	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS		
ANTINEOPLASTIC - AKT INHIBITORS**		
TRUQAP ORAL TABLET 200 MG	3	PA; LD; QL
TRUQAP ORAL TABLET THERAPY PACK	3	PA; LD; QL
ANTINEOPLASTIC - ALK INHIBITORS**		
ALECENSA ORAL CAPSULE	2	PA; LD; QL; SP
ALUNBRIG ORAL TABLET	2	PA; LD; QL
ALUNBRIG ORAL TABLET THERAPY PACK	2	PA; LD; QL
LORBRENA ORAL TABLET	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE SPRINKLE	3	PA; LD; QL; SP
ZYKADIA ORAL TABLET	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
ANTINEOPLASTIC - ANTIBODY COMBINATIONS**		
OPDUALAG INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES**		
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES**		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; LD; SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; LD; SP
TRUXIMA INTRAVENOUS SOLUTION	3	PA; LD; SP

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

Nombre del Medicamento	Nivel	Notas
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES**		
DARZALEX INTRAVENOUS SOLUTION	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES**		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX**		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

Nombre del Medicamento	Nivel	Notas
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES**		
IMJUDO INTRAVENOUS SOLUTION	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES**		
DANYELZA INTRAVENOUS SOLUTION	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION	3	LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
MARGENZA INTRAVENOUS SOLUTION	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; LD; SP

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

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

Nombre del Medicamento	Nivel	Notas
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS**		
BOSULIF ORAL CAPSULE	2	PA; LD; QL; SP
BOSULIF ORAL TABLET	2	PA; LD; QL; SP
DANZITEN ORAL TABLET	3	PA; QL
dasatinib oral tablet	1 or 1b*	PA; LD; QL; SP
GLEEVEC ORAL TABLET	3	PA; LD; QL; SP
ICLUSIG ORAL TABLET	3	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; LD; QL; SP
imkeldi oral solution	3	PA; QL
nilotinib hcl oral capsule	1 or 1b*	PA; LD; QL; SP
SCEMBLIX ORAL TABLET	3	PA; LD; QL
SPRYCEL ORAL TABLET	3	PA; LD; QL; SP
TASIGNA ORAL CAPSULE	3	PA; LD; 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

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

Nombre del Medicamento	Nivel	Notas
JAYPIRCA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS**		
ROMVIMZA ORAL CAPSULE	3	PA; QL
ANTINEOPLASTIC - EGFR INHIBITORS**		
ERBITUX INTRAVENOUS SOLUTION	3	PA; LD; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
gefitinib oral tablet	1 or 1b*	PA; LD; QL; SP
GILOTRIF ORAL TABLET	3	PA; LD; QL
IRESSA ORAL TABLET	3	PA; LD; QL; SP
LAZCLUZE ORAL TABLET	3	PA; LD; QL
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
TAGRISSO ORAL TABLET	3	PA; LD; QL; SP
TARCEVA ORAL TABLET 100 MG	3	PA; LD; QL; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; LD; SP
VIZIMPRO ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS**		
OGSIVEO ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS**		
WELIREG ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - KRAS INHIBITORS**		
KRAZATI ORAL TABLET	3	PA; LD; QL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
LUMAKRAS ORAL TABLET 240 MG	3	PA; QL; SP
ANTINEOPLASTIC - MENIN INHIBITORS**		
REVUFORJ ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - MET INHIBITORS**		
TABRECTA ORAL TABLET	3	PA; LD; QL; SP
TEPMETKO ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS**		
TAZVERIK ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES**		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK	3	PA; QL
RYBREVANT INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**		
AYVAKIT ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - RET INHIBITORS**		
GAVRETO ORAL CAPSULE	3	PA; LD; QL
RETEVMO ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - XPO1 INHIBITORS**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; LD; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; LD; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS**		
VORANIGO ORAL TABLET	3	PA; LD; QL
MYELOPROTECTIVE AGENTS**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
OLIGONUCLEOTIDE TELOMERASE INHIBITORS**		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS**		
IWILFIN ORAL TABLET	3	PA; LD; QL
OTOPROTECTIVE AGENTS**		
PEDMARK INTRAVENOUS SOLUTION	3	PA; LD

Nombre del Medicamento	Nivel	Notas
SELECTIVE ESTROGEN RECEPTOR DEGRADERS**		
ORSERDU ORAL TABLET	3	PA; LD; QL
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX**		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
AGENTES ALQUILANTES		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; LD; SP
bendamustine hcl intravenous solution	3	PA; LD; SP
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; LD; SP
busulfan intravenous solution	1 or 1b*	LD; SP
BUSULFEX INTRAVENOUS SOLUTION	3	LD; SP
carboplatin intravenous solution	1 or 1b*	LD; SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	LD; SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
MYLERAN ORAL TABLET	2	LD
oxaliplatin intravenous solution	1 or 1b*	LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
oxaliplatin intravenous solution reconstituted	1 or 1b*	LD; SP
paraplatin intravenous solution 1000 mg/100ml	1 or 1b*	LD; SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	LD; SP
tepylute intravenous solution	3	
thiotepa injection solution reconstituted	1 or 1b*	LD; SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
vivimusta intravenous solution	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
AGENTES DE LA ENZIMA CARBOXIPEPTIDASA		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	3	PA; LD; SP
leucovorin calcium injection solution	1 or 1b*	LD
leucovorin calcium injection solution reconstituted	1 or 1b*	LD
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1 or 1b*	PA; LD
levoleucovorin calcium pf intravenous solution	1 or 1b*	PA; LD

Nombre del Medicamento	Nivel	Notas
AGENTES PROTECTORES CARDÍACOS		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	LD; SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	LD; SP
AGENTES PROTECTORES DEL TRACTO URINARIO		
mesna intravenous solution	1 or 1b*	PA; LD
mesna oral tablet	1 or 1b*	PA; LD
MESNEX INTRAVENOUS SOLUTION	3	PA; LD
MESNEX ORAL TABLET	3	PA; LD
AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS		
bexarotene oral capsule	1 or 1b*	PA; LD; QL; SP
TARGRETIN ORAL CAPSULE	3	PA; LD; QL; SP
ANÁLOGOS DE LHRH		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA; LD; QL
ELIGARD SUBCUTANEOUS KIT	3	PA; LD; QL
leuprolide acetate injection kit	1 or 1b*	PA; LD
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA; LD; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; LD; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; LD; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	3	PA; LD; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; LD; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; LD; QL
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE	3	PA; LD; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; LD; QL; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; LD; QL; SP
ANTAGONISTA DEL RECEPTOR DE ESTRÓGENO		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; LD; SP
ANTAGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROFINA (GNRH)		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; LD; QL; SP
ORGOVYX ORAL TABLET	3	PA; LD; QL
ANTIANDRÓGENOS		
bicalutamide oral tablet	1 or 1b*	LD; QL
CASODEX ORAL TABLET	3	LD; QL
ERLEADA ORAL TABLET	2	PA; LD; QL; SP
EULEXIN ORAL CAPSULE	3	
NILANDRON ORAL TABLET	3	LD; QL

Nombre del Medicamento	Nivel	Notas
nilutamide oral tablet	1 or 1b*	LD; QL
NUBEQA ORAL TABLET	2	PA; LD; QL; SP
XTANDI ORAL CAPSULE	2	PA; LD; QL; SP
XTANDI ORAL TABLET	2	PA; LD; QL; SP
ANTIBIÓTICOS ANTINEOPLÁSICOS		
adriamycin intravenous solution reconstituted 50 mg	1 or 1b*	LD; SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	LD; SP
dactinomycin intravenous solution reconstituted	1 or 1b*	LD; SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	LD; SP
DOXIL INTRAVENOUS SUSPENSION	3	PA; LD; SP
doxorubicin hcl intravenous solution	3	LD; SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	LD; SP
doxorubicin hcl liposomal intravenous suspension	1 or 1b*	PA; LD; SP
ELLENCE INTRAVENOUS SOLUTION	3	PA; LD; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	LD; SP
idarubicin hcl intravenous solution	1 or 1b*	LD; SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	LD; SP
mitomycin intravesical solution prefilled syringe	3	LD
mitoxantrone hcl intravenous concentrate	1 or 1b*	LD; SP
mutamycin intravenous solution reconstituted 40 mg, 5 mg	1 or 1b*	LD; SP
valrubicin intravesical solution	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION	3	LD; SP

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

Nombre del Medicamento	Nivel	Notas
ANTICUERPO ANTINEOPLÁSICO - COMPLEJOS DE FÁRMACOS		
ELAHERE INTRAVENOUS SOLUTION	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTICUERPOS ANTIADRENAL		
LYSODREN ORAL TABLET	2	LD; QL
ANTIESTRÓGENOS		
FARESTON ORAL TABLET	3	LD
SOLTAMOX ORAL SOLUTION	2	LD; $0
tamoxifen citrate oral tablet	1 or 1b*	LD; $0
toremifene citrate oral tablet	1 or 1b*	LD
ANTIMETABOLITOS		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ARRANON INTRAVENOUS SOLUTION	3	LD; SP
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
azacitidine injection suspension reconstituted	1 or 1b*	LD; SP
capecitabine oral tablet	1 or 1b*	PA; LD; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	LD; SP
clofarabine intravenous solution	1 or 1b*	LD; SP
cytarabine (pf) injection solution	1 or 1b*	LD; SP
cytarabine injection solution	1 or 1b*	LD; SP
decitabine intravenous solution reconstituted	1 or 1b*	LD; SP

Nombre del Medicamento	Nivel	Notas
floxuridine injection solution reconstituted	1 or 1b*	LD; SP
fludarabine phosphate intravenous solution 50 mg/2ml	1 or 1b*	LD; SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	LD; SP
fluorouracil intravenous solution	1 or 1b*	LD; SP
FOLOTYN INTRAVENOUS SOLUTION	3	LD; SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	LD; SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	LD; SP
JYLAMVO ORAL SOLUTION	3	PA; LD
mercaptopurine oral suspension	1 or 1b*	PA; LD
mercaptopurine oral tablet	1 or 1b*	LD
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	LD
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1 or 1b*	LD
methotrexate sodium injection solution reconstituted	1 or 1b*	LD
methotrexate sodium oral tablet	1 or 1b*	LD
nelarabine intravenous solution	1 or 1b*	LD; SP
ONUREG ORAL TABLET	3	PA; LD; QL; SP
pemetrexed dipotassium intravenous solution reconstituted	3	PA
pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml	3	PA; LD; SP
pemetrexed disodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP

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

Nombre del Medicamento	Nivel	Notas
pemetrexed ditromethamine intravenous solution reconstituted	3	PA; LD; SP
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml	3	PA; LD; SP
pemetrexed intravenous solution 500 mg/20ml	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION	3	PA; LD; SP
PURIXAN ORAL SUSPENSION	3	PA; LD
TABLOID ORAL TABLET	2	LD
TREXALL ORAL TABLET	2	ST; LD
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	LD; SP
XATMEP ORAL SOLUTION	3	PA; LD
XELODA ORAL TABLET	3	PA; LD; SP
ANTINEOPLÁSICOS - AGENTES FOTOACTIVADOS		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
UVADEX EXTRACORPOREAL SOLUTION	3	
ANTINEOPLÁSICOS - ANTICUERPO PARA TERAPIA CON RADIOFÁRMACOS		
ZEVALIN Y-90 INTRAVENOUS KIT	3	PA; LD
ANTINEOPLÁSICOS - COMBINACIONES DE AGENTES HORMONALES Y OTROS RELACIONADOS		
AKEEGA ORAL TABLET	3	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
ANTINEOPLÁSICOS - ENGRAPADORES DE CÉLULAS T BIESPECÍFICOS		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
COLUMVI INTRAVENOUS SOLUTION	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA; LD
ANTINEOPLÁSICOS - INHIBIDORES DE BCL-2		
VENCLEXTA ORAL TABLET	3	PA; LD; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
ANTINEOPLÁSICOS - INHIBIDORES DE CINASA DEL RECEPTOR DE LA TROPOMIOSINA		
AUGTYRO ORAL CAPSULE 160 MG	3	QL; SP
AUGTYRO ORAL CAPSULE 40 MG	3	PA; LD; QL; SP
ROZLYTREK ORAL CAPSULE	3	PA; LD; QL; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ROZLYTREK ORAL PACKET	3	PA; LD; QL; SP
VITRAKVI ORAL CAPSULE	3	PA; LD; QL; SP
VITRAKVI ORAL SOLUTION	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INHIBIDORES DE CINASA MTOR		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA; LD; SP
AFINITOR ORAL TABLET	3	PA; LD; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; LD; SP
everolimus oral tablet soluble	1 or 1b*	PA; LD; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD
temsirolimus intravenous solution	1 or 1b*	PA; LD; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; LD; SP
TORPENZ ORAL TABLET	1 or 1b*	PA; LD; SP
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA BRAF		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; QL; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; LD; QL
OJEMDA ORAL TABLET 100 MG	3	PA; LD; QL
TAFINLAR ORAL CAPSULE	3	PA; LD; QL; SP
TAFINLAR ORAL TABLET SOLUBLE	3	PA; LD; QL; SP
ZELBORAF ORAL TABLET	2	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA DEL FACTOR DE CRECIMIENTO DE FIBROBLASTOS (FCF)		
BALVERSA ORAL TABLET	3	PA; LD; QL; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
PEMAZYRE ORAL TABLET	3	PA; LD; QL
ANTINEOPLÁSICOS - INHIBIDORES DE LA HISTONA DESACETILASA		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD; SP
ZOLINZA ORAL CAPSULE	2	PA; LD; QL; SP
ANTINEOPLÁSICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG		
DAURISMO ORAL TABLET	3	PA; LD; QL; SP
ERIVEDGE ORAL CAPSULE	2	PA; LD; QL; SP
ODOMZO ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INHIBIDORES DE MEK		
COTELLIC ORAL TABLET	3	PA; LD; QL; SP
GOMEKLI ORAL CAPSULE	3	QL

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

Nombre del Medicamento	Nivel	Notas
GOMEKLI ORAL TABLET SOLUBLE	3	PA; QL
KOSELUGO ORAL CAPSULE	3	PA; LD; QL
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
MEKINIST ORAL TABLET	3	PA; LD; QL; SP
MEKTOVI ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INHIBIDORES DEL PROTEASOMA		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	LD; SP
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	LD; SP
BORUZU INJECTION SOLUTION	3	SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NINLARO ORAL CAPSULE	3	PA; LD; QL; SP
VELCADE INJECTION SOLUTION RECONSTITUTED	3	LD; 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

Nombre del Medicamento	Nivel	Notas
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; LD; 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
TYKERB ORAL TABLET	3	PA; LD; QL; SP
VANFLYTA ORAL TABLET	3	PA; LD; QL
VOTRIENT ORAL TABLET	3	PA; LD; QL; SP
XOSPATA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INMUNOMODULADORES		
POMALYST ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLÁSICOS - INTERLEUCINAS		
ANKTIVA INTRAVESICAL SOLUTION	3	PA; LD
ELZONRIS INTRAVENOUS SOLUTION	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLÁSICOS VARIOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LD; SP
arsenic trioxide intravenous solution	1 or 1b*	LD; SP

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
dacarbazine intravenous solution reconstituted	1 or 1b*	LD; SP
HYDREA ORAL CAPSULE	3	LD
hydroxyurea oral capsule	1 or 1b*	LD
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	5	LD; SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	LD; SP
COMBINACIONES DE ANTINEOPLÁSICOS		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	3	PA; QL
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	LD; SP
INQOVI ORAL TABLET	3	PA; LD; QL; SP
LONSURF ORAL TABLET	3	PA; LD; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	3	PA; LD; SP

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

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

Nombre del Medicamento	Nivel	Notas
INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 1 (IDH1)		
REZLIDHIA ORAL CAPSULE	3	PA; LD; QL
TIBSOVO ORAL TABLET	3	PA; LD; QL
INHIBIDORES DE ISOCITRATO-DESHIDROGENASA 2 (IDH2)		
IDHIFA ORAL TABLET	3	PA; LD; QL; SP
INHIBIDORES DE LA AROMATASA		
anastrozole oral tablet	1 or 1b*	LD; $0
ARIMIDEX ORAL TABLET	3	LD
AROMASIN ORAL TABLET	3	LD
exemestane oral tablet	1 or 1b*	LD; $0
FEMARA ORAL TABLET	3	LD
letrozole oral tablet	1 or 1b*	LD; $0
INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS		
INREBIC ORAL CAPSULE	3	PA; LD; QL; SP
JAKAFI ORAL TABLET	2	PA; LD; QL; SP
OJJAARA ORAL TABLET	3	PA; LD; QL
VONJO ORAL CAPSULE	3	PA; LD; QL
INHIBIDORES DE LA FOSFOINOSITIDA-3-QUINASAS (PI3K)		
COPIKTRA ORAL CAPSULE	3	PA; LD; QL; SP
ITOVEBI ORAL TABLET	3	PA; QL; SP
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP

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

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

En vigencia desde el 07012025

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

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

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

Nombre del Medicamento	Nivel	Notas
vinblastine sulfate intravenous solution	1 or 1b*	LD; SP
vincristine sulfate intravenous solution	1 or 1b*	LD; SP
vinorelbine tartrate intravenous solution	1 or 1b*	LD; SP
MOSTAZAS DE NITRÓGENO		
cyclophosphamide injection solution reconstituted	1 or 1b*	LD; SP
cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	LD
cyclophosphamide intravenous solution 500 mg/ml	3	LD
cyclophosphamide oral capsule	1 or 1b*	LD; SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	LD
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	3	LD
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP

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

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

Nombre del Medicamento	Nivel	Notas
ANTIPALÚDICOS		
ANTIPALÚDICOS		
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
PLAQUENIL ORAL TABLET	3	QL
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
SOVUNA ORAL TABLET	3	ST; QL
COMBINACIONES DE ANTIPALÚDICOS		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	
ANTIPARKINSONIANOS Y AGENTES TERAPÉUTICOS RELACIONADOS		
ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS		
NEUPRO TRANSDERMAL PATCH 24 HOUR 8 MG/24HR	3	QL

Nombre del Medicamento	Nivel	Notas
ropinirole hcl oral tablet 1 mg	1 or 1b*	
ANTIPARKINSONIANOS		
ANTAGONISTA DEL RECEPTOR DE ADENOSINA		
NOURIANZ ORAL TABLET	5	PA; LD; QL; SP
ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LD; QL; SP
apomorphine hcl subcutaneous solution cartridge	4	PA; LD; QL; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR	3	QL
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 2 mg, 3 mg, 4 mg, 5 mg	1 or 1b*	
ANTICOLINÉRGICOS ANTIPARKINSONIANOS		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
COMBINACIONES DE LEVODOPA		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1 or 1b*	
CREXONT ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA ENTERAL SUSPENSION	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	3	PA; QL; SP
DOPAMINÉRGICOS ANTIPARKINSONIANOS		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO

Nombre del Medicamento	Nivel	Notas
INBRIJA INHALATION CAPSULE	5	PA; LD; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
INHIBIDORES ANTIPARKINSONIANOS DE LA CATECOL-O-METILTRANSFERASA (COMT) CENTRALES/PERIFÉRICOS		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
INHIBIDORES COMT PERIFÉRICOS		
entacapone oral tablet	1 or 1b*	QL
ONGENTYS ORAL CAPSULE	3	PA; QL
INHIBIDORES DE LA DESCARBOXILASA		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	
ANTISÉPTICOS Y DESINFECTANTES		
ANTISÉPTICOS DE CLORO		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
ANTISÉPTICOS DE YODO		
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
ANTISÉPTICOS Y DESINFECTANTES		
formaldehyde external solution 10 %	1 or 1b*	
ANTIVIRALES		
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA ORAL TABLET	3	PA; QL
SUNLENCA ORAL TABLET THERAPY PACK	3	PA; LD; QL
SUNLENCA SUBCUTANEOUS SOLUTION	3	PA; LD; QL
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; LD; QL
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	QL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	QL
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL
MISC. ANTIVIRALS		
LAGEVRIO ORAL CAPSULE	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
TPOXX INTRAVENOUS SOLUTION	3	
TPOXX ORAL CAPSULE	3	

Nombre del Medicamento	Nivel	Notas
AGENTES DEL CITOMEGALOVIRUS (CMV)		
cidofovir intravenous solution	1 or 1b*	LD
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	LD
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	LD
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	5	LD; SP
ganciclovir sodium intravenous solution reconstituted	4	LD; SP
LIVTENCITY ORAL TABLET	5	PA; LD; QL
PREVYMIS INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
PREVYMIS ORAL PACKET	5	PA; QL
PREVYMIS ORAL TABLET	5	PA; LD; QL; SP
VALCYTE ORAL SOLUTION RECONSTITUTED	3	LD
VALCYTE ORAL TABLET	3	LD
valganciclovir hcl oral solution reconstituted	1 or 1b*	LD
valganciclovir hcl oral tablet	1 or 1b*	LD
AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET	3	PA; QL
valacyclovir hcl oral tablet	1 or 1b*	QL
VALTREX ORAL TABLET	3	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA		
famciclovir oral tablet	1 or 1b*	QL
AGENTES PARA EL RSV - ANÁLOGOS DE LOS NUCLEÓSIDOS		
ribavirin inhalation solution reconstituted	1 or 1b*	
AGENTES PARA LA HEPATITIS B		
adefovir dipivoxil oral tablet	4	PA; LD; QL; SP
BARACLUDE ORAL SOLUTION	5	PA; LD; QL
BARACLUDE ORAL TABLET	5	PA; LD; QL
entecavir oral tablet	4	PA; LD; QL
lamivudine oral tablet 100 mg	1 or 1b*	PA; LD; QL
VEMLIDY ORAL TABLET	5	PA; LD; QL; SP
AGENTES PARA LA HEPATITIS C - COMBINACIONES		
EPCLUSA ORAL PACKET	4	PA; LD; QL; SP
EPCLUSA ORAL TABLET	4	PA; LD; QL; SP
HARVONI ORAL PACKET	4	PA; LD; QL; SP
HARVONI ORAL TABLET	4	PA; LD; QL; SP
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	5	PA; LD; QL; SP
MAVYRET ORAL PACKET	5	PA; LD; QL; SP
MAVYRET ORAL TABLET	5	PA; LD; QL; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET	5	PA; LD; QL; SP
VOSEVI ORAL TABLET	4	PA; LD; QL; SP
ZEPATIER ORAL TABLET	5	PA; LD; QL; SP

Nombre del Medicamento	Nivel	Notas
AGENTES PARA LA HEPATITIS C		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LD; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
ribavirin oral capsule	4	LD; QL; SP
ribavirin oral tablet 200 mg	4	LD; QL; SP
SOVALDI ORAL PACKET	5	PA; LD; QL; SP
SOVALDI ORAL TABLET	5	PA; LD; QL; SP
AGENTES PARA LA INFLUENZA		
rimantadine hcl oral tablet	1 or 1b*	
ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA)		
maraviroc oral tablet	1 or 1b*	LD; QL
SELZENTRY ORAL SOLUTION	3	LD; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	LD; QL
ANTIRRETROVIRALES - INHIBIDOR POSUNIÓN DIRIGIDO A CD4		
TROGARZO INTRAVENOUS SOLUTION	3	PA; LD; QL
ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LD; QL
ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	LD; $0; QL
ISENTRESS HD ORAL TABLET	3	LD; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ISENTRESS ORAL PACKET	3	LD; QL
ISENTRESS ORAL TABLET	3	LD; QL
ISENTRESS ORAL TABLET CHEWABLE	3	LD; QL
TIVICAY ORAL TABLET 50 MG	3	LD; QL
TIVICAY PD ORAL TABLET SOLUBLE	3	LD; QL
ANTIRRETROVIRALES - INHIBIDORES DE LA PROTEASA		
APTIVUS ORAL CAPSULE	2	PA; LD; QL
atazanavir sulfate oral capsule	1 or 1b*	LD; QL
darunavir oral tablet	1 or 1b*	LD; QL
fosamprenavir calcium oral tablet	1 or 1b*	LD; QL
NORVIR ORAL PACKET	3	LD; QL
NORVIR ORAL TABLET	3	LD; QL
PREZISTA ORAL SUSPENSION	2	LD; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	LD; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	LD; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	LD; QL
REYATAZ ORAL PACKET	2	LD; QL
ritonavir oral tablet	1 or 1b*	LD; QL
VIRACEPT ORAL TABLET	2	LD; QL
ANTIRRETROVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS		
EDURANT ORAL TABLET	2	PA; LD; QL
EDURANT PED ORAL TABLET SOLUBLE	3	PA; QL
efavirenz oral tablet	1 or 1b*	LD; QL
etravirine oral tablet	1 or 1b*	PA; LD; QL

Nombre del Medicamento	Nivel	Notas
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PA; LD; QL
INTELENCE ORAL TABLET 25 MG	2	PA; LD; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1 or 1b*	LD; QL
nevirapine oral suspension	1 or 1b*	LD; QL
nevirapine oral tablet	1 or 1b*	LD; QL
PIFELTRO ORAL TABLET	3	LD; QL
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	LD; $0; QL
VIREAD ORAL POWDER	2	LD; QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	LD; QL
VIREAD ORAL TABLET 300 MG	3	LD; QL
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS		
emtricitabine oral capsule	1 or 1b*	LD; $0; QL
EMTRIVA ORAL CAPSULE	3	LD; QL
EMTRIVA ORAL SOLUTION	2	LD; QL
EPIVIR ORAL SOLUTION	3	LD; QL
EPIVIR ORAL TABLET	3	PA; LD; QL
lamivudine oral solution	1 or 1b*	LD; QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	PA; LD; QL
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS		
abacavir sulfate oral solution	1 or 1b*	LD; QL
abacavir sulfate oral tablet	1 or 1b*	LD; QL
ZIAGEN ORAL SOLUTION	3	LD; QL

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

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

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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
BETABLOQUEADORES		
BETABLOQUEADORES CARDIOSELECTIVOS		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
LOPRESSOR ORAL TABLET	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	

Nombre del Medicamento	Nivel	Notas
nebivolol hcl oral tablet	1 or 1b*	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED	3	
TENORMIN ORAL TABLET	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
BETABLOQUEADORES NO SELECTIVOS		
BETAPACE AF ORAL TABLET	3	QL
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	QL
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1 or 1b*	QL
pindolol oral tablet	1 or 1b*	QL
propranolol hcl er oral capsule extended release 24 hour	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL
propranolol hcl oral tablet	1 or 1b*	QL
sotalol hcl (af) oral tablet	1 or 1b*	QL
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet	1 or 1b*	QL
SOTYLIZE ORAL SOLUTION	3	
timolol maleate oral tablet	1 or 1b*	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA		
carvedilol oral tablet	1 or 1b*	QL
carvedilol phosphate er oral capsule extended release 24 hour	1 or 1b*	QL
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
COREG ORAL TABLET	3	QL
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml	3	
labetalol hcl oral tablet	1 or 1b*	QL
BLOQUEADORES DE CANALES DE CALCIO		
BLOQUEADORES DE CANALES DE CALCIO		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG	3	QL
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	QL
CARDIZEM ORAL TABLET 120 MG	3	QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO

Nombre del Medicamento	Nivel	Notas
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1 or 1b*	QL
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	3	
CONJUPRI ORAL TABLET 2.5 MG	3	ST; DO
CONJUPRI ORAL TABLET 5 MG	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl intravenous solution	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL
KATERZIA ORAL SUSPENSION	3	PA; QL
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL
matzim la oral tablet extended release 24 hour	1 or 1b*	QL
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
nicardipine hcl intravenous solution	3	
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

Nombre del Medicamento	Nivel	Notas
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL
nimodipine oral capsule	1 or 1b*	QL
nimodipine oral solution	1 or 1b*	QL
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL
NORLIQVA ORAL SOLUTION	3	PA; QL
NORVASC ORAL TABLET 10 MG	3	QL
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION 6 MG/ML	3	QL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	3	QL
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	QL
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	QL

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

Nombre del Medicamento	Nivel	Notas
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
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG	3	QL
CARDIOTÓNICOS		
INOTROPES		
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	1 or 1b*	
DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML	3	
DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
GLUCÓSIDOS CARDÍACOS		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	DO
LANOXIN ORAL TABLET 250 MCG	3	QL
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
CEFALOSPORINAS		
CEPHALOSPORINS - SIDEROPHORES*		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEFALOSPORINAS - 1.ª GENERACIÓN		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	

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

Nombre del Medicamento	Nivel	Notas
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEFALOSPORINAS - 2.ª GENERACIÓN		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted 250 mg/5ml	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*	
CEFALOSPORINAS - 3.ª GENERACIÓN		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	3	
tazicef injection solution reconstituted 1 gm	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
CEFALOSPORINAS - 4.ª GENERACIÓN		
cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
CEFALOSPORINAS - 5.ª GENERACIÓN		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED	3	
COMBINACIONES DE CEFALOSPORINAS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CLASES TERAPÉUTICAS VARIAS		
COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES*		
NIKTIMVO INTRAVENOUS SOLUTION	3	PA

Nombre del Medicamento	Nivel	Notas
FARNESYLTRANSFERASE INHIBITORS**		
ZOKINVY ORAL CAPSULE 50 MG	5	PA; LD; QL
IMMUNOMODULATORS - COMBINATIONS**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS**		
IMAAVY INTRAVENOUS SOLUTION	5	PA; SP
RYSTIGGO SUBCUTANEOUS SOLUTION	5	PA; LD; QL; SP
VYVGART INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB**		
VIJOICE ORAL PACKET	5	PA; LD; QL; SP
VIJOICE ORAL TABLET THERAPY PACK	5	PA; LD; QL; SP
ROCK INHIBITORS**		
REZUROCK ORAL TABLET	3	PA; LD; QL
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS**		
SAPHNELO INTRAVENOUS SOLUTION	5	PA; LD; QL; SP
UREMIC PRURITUS AGENTS**		
KORSUVA INTRAVENOUS SOLUTION	3	PA
AGENTE DEL SÍNDROME DELTA DE LA FOSFOINOSITIDA 3 QUINASA ACTIVADA		
JOENJA ORAL TABLET	5	PA; LD; QL

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

Nombre del Medicamento	Nivel	Notas
AGENTES LIBERADORES DE POTASIO		
LOKELMA ORAL PACKET	3	QL
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps (sodium polystyrene sulf) rectal suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	QL
AGENTES PARA LA ESCLEROSIS		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
AGENTES QUELANTES		
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; LD; QL; SP
CUVRIOR ORAL TABLET	5	PA; LD; QL
DEPEN TITRATABS ORAL TABLET	3	PA; LD; QL; SP
penicillamine oral capsule	3	PA; LD; QL; SP
penicillamine oral tablet	1 or 1b*	PA; LD; QL; SP
SYPRINE ORAL CAPSULE	3	PA; LD; QL; SP
trientine hcl oral capsule 250 mg	1 or 1b*	PA; LD; QL; SP
trientine hcl oral capsule 500 mg	4	PA; LD; QL; SP
ANÁLOGOS DE LA CICLOSPORINA		
cyclosporine modified oral capsule	1 or 1b*	LD

Nombre del Medicamento	Nivel	Notas
cyclosporine modified oral solution	1 or 1b*	LD
cyclosporine oral capsule	1 or 1b*	LD
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	LD
gengraf oral solution	1 or 1b*	LD
LUPKYNIS ORAL CAPSULE	5	PA; LD; QL
NEORAL ORAL CAPSULE	3	LD
NEORAL ORAL SOLUTION	3	LD
SANDIMMUNE INTRAVENOUS SOLUTION	3	LD; SP
SANDIMMUNE ORAL CAPSULE	3	LD
ANÁLOGOS DE LA PURINA		
azasan oral tablet	1 or 1b*	LD
azathioprine oral tablet	1 or 1b*	LD
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	LD
IMURAN ORAL TABLET	3	LD
ANTAGONISTAS DE LA INTERLEUCINA-6 (IL-6)		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ANTICUERPOS MONOCLONALES		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
UPLIZNA INTRAVENOUS SOLUTION	5	PA; LD; QL

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

Nombre del Medicamento	Nivel	Notas
ANTILEPROSOS		
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; LD; QL; SP
BLOQUEADORES SELECTIVOS DE COESTIMULACIÓN DE CÉLULAS T		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ENZIMAS		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	5	PA; LD; SP
INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
CELLCEPT ORAL CAPSULE	3	ST; LD
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	ST; LD
CELLCEPT ORAL TABLET	3	ST; LD
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	LD; SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	LD; SP
mycophenolate mofetil oral capsule	1 or 1b*	LD
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	LD
mycophenolate mofetil oral tablet	1 or 1b*	LD
mycophenolate sodium oral tablet delayed release	1 or 1b*	LD

Nombre del Medicamento	Nivel	Notas
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1 or 1b*	LD
MYFORTIC ORAL TABLET DELAYED RELEASE	3	LD
MYHIBBIN ORAL SUSPENSION	3	ST; LD
INHIBIDORES ESPECÍFICOS DEL ESTIMULADOR DE LINFOCITOS B (BLYS)		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; QL; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL; SP
INMUNODEPRESORES DE LA INMUNOGLOBULINA		
ATGAM INTRAVENOUS SOLUTION	3	LD; SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
INMUNODEPRESORES MACRÓLIDOS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	LD
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	LD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	LD
PROGRAF INTRAVENOUS SOLUTION	2	LD; SP
PROGRAF ORAL CAPSULE	3	LD
PROGRAF ORAL PACKET	3	LD

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

Nombre del Medicamento	Nivel	Notas
sirolimus oral solution	1 or 1b*	LD
sirolimus oral tablet	1 or 1b*	LD
tacrolimus oral capsule	1 or 1b*	LD
ZORTRESS ORAL TABLET	3	LD
INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS		
lenalidomide oral capsule	1 or 1b*	PA; LD; QL; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG	2	PA; LD; QL; SP
SOLUCIONES DE IRRIGACIÓN		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
SOLUCIONES DE TRATAMIENTO DE REEMPLAZO RENAL CONTINUO (CRRT)		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	
CLASES VARIADAS		
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY ORAL CAPSULE 75 MG	5	PA; LD; QL
INMUNODEPRESORES MACRÓLIDOS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	LD
INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS		
REVLIMID ORAL CAPSULE 25 MG	2	PA; LD; QL; SP
SOLUCIONES DE TRATAMIENTO DE REEMPLAZO RENAL CONTINUO (CRRT)		
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
CORTICOESTEROIDES		
COMBINACIONES DE ESTEROIDES		
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
GLUCOCORTICOIDES		
AGAMREE ORAL SUSPENSION	5	PA; LD; QL
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
CORTEF ORAL TABLET	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
cortisone acetate oral tablet	3	PA; QL
deflazacort oral suspension	4	PA; LD
deflazacort oral tablet	4	PA; LD
DEPO-MEDROL INJECTION SUSPENSION	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe	1 or 1b*	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phos +rfid injection solution prefilled syringe	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
EMFLAZA ORAL SUSPENSION	5	PA; LD
EMFLAZA ORAL TABLET	5	PA; LD
EOHILIA ORAL SUSPENSION	3	PA; QL
HEMADY ORAL TABLET	3	PA; QL
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
hydrocortisone sod suc (pf) injection solution reconstituted	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION	3	
KENALOG-40 INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
KHINDIVI ORAL SOLUTION	3	PA
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	QL
PEDIAPRED ORAL SOLUTION	3	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible	1 or 1a*	QL
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
prednisone oral tablet therapy pack	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	3	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack 1.5 mg (27)	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; LD; QL
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	5	PA; LD; QL
MINERALCORTICOIDES		
fludrocortisone acetate oral tablet	1 or 1b*	
DISPOSITIVOS MÉDICOS		
AGUJAS Y JERINGAS		
1ST TIER UNIFINE PENTIPS	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL
ADVOCATE INSULIN PEN NEEDLE	3	ST; QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
aq insulin syringe	3	ST; QL
aqinject pen needle	3	ST; QL

Nombre del Medicamento	Nivel	Notas
ASSURE ID DUO PRO PEN NEEDLES	3	QL
ASSURE ID PRO PEN NEEDLES	3	QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	QL
aum insulin safety pen needle	3	ST; QL
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL
aum pen needle	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
AURORA PEN NEEDLES	3	ST; QL
BD AUTOSHIELD DUO	2	QL
BD INS SYR ULTRAFINE 1/2UNIT	2	QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	2	QL
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
BD PEN NEEDLE MICRO ULTRAFINE	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYR ULTRAFINE	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	3	QL
CARETOUCH PEN NEEDLES	3	ST; QL
CEQUR SIMPLICITY 2U DEVICE	3	PA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	3	ST; QL

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

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

Nombre del Medicamento	Nivel	Notas
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	3	QL
DROPSAFE SAFETY SYRINGE/NEEDLE	3	ST; QL
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL
easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml	3	ST; QL
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL
easy comfort pen needles 29g x 4mm , 29g x 5mm	3	ST; QL
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL
EASY COMFORT PEN NEEDLES 31G X 8 MM	3	QL
EASY GLIDE PEN NEEDLES	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL
EASY TOUCH INSULIN BARRELS	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL

Nombre del Medicamento	Nivel	Notas
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
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
EMBECTA AUTOSHIELD DUO	2	QL
EMBECTA INS SYR U/F 1/2 UNIT	2	QL
EMBECTA INSULIN SYR ULTRAFINE	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-100	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA PEN NEEDLE NANO	2	QL
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL
EMBECTA PEN NEEDLE ULTRAFINE	2	QL
EMBRACE PEN NEEDLES	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL
GLOBAL INSULIN SYRINGES	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	3	QL
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GNP INSULIN SYRINGES	3	ST; QL
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL
gnp pen needles	3	ST; QL
GNP ULTICARE PEN NEEDLES	3	ST; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	QL
HEALTHWISE MICRON PEN NEEDLES	3	QL

Nombre del Medicamento	Nivel	Notas
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INCONTROL ULTICARE PEN NEEDLES	3	ST; QL
INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	3	ST; QL
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
MEDIC INSULIN SYRINGE	3	ST; QL
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM	3	ST; QL
MEIJER PEN NEEDLES	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; QL
MM PEN NEEDLES	3	ST; QL
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 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" 1 ML, U-100 1 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL

Nombre del Medicamento	Nivel	Notas
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
pen needle/5-bevel tip	3	ST; QL
PEN NEEDLES	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
PENTIPS GENERIC PEN NEEDLES	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
PURE COMFORT PEN NEEDLE 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	3	ST; QL
pure comfort safety pen needle	3	QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
PX MINI PEN NEEDLES	3	ST; QL
QC PEN NEEDLES	3	ST; QL
QC UNIFINE PENTIPS	3	ST; QL
QUICK TOUCH INSULIN PEN NEEDLE	3	ST; QL
RA INSULIN SYRINGE	3	ST; QL
RA PEN NEEDLES	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
raya sure pen needle	3	ST; QL
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
safety pen needles	3	ST; QL
SB INSULIN SYRINGE	3	ST; QL
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
SURE COMFORT INSULIN SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
sure comfort pen needles 31g x 6 mm	3	ST; QL
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM	3	
TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
TECHLITE PLUS PEN NEEDLES	3	ST; QL

Nombre del Medicamento	Nivel	Notas
TODAYS HEALTH PEN NEEDLES	3	ST; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml	3	ST; QL
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL
TRUE COMFORT PEN NEEDLES	3	ST; QL
TRUE COMFORT PRO INSULIN SYR	3	ST; QL
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL
true comfort safety pen needle	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	3	QL
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYR 1/2 UNIT	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ULTILET PEN NEEDLE	3	ST; QL
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ULTRACARE INSULIN SYRINGE	3	QL
ULTRACARE PEN NEEDLES	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE OTC PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	3	QL
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
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

Nombre del Medicamento	Nivel	Notas
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	3	QL
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL
VERIFINE PLUS PEN NEEDLE	3	ST; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
ZEVRX INSULIN SYRINGE	3	ST; QL
ZEVRX PEN NEEDLES	3	ST; QL
CAPUCHONES CERVICALES		
FEMCAP VAGINAL DEVICE	2	$0
DENTÍFRICOS		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
DIAFRAGMAS		
CAYA VAGINAL DIAPHRAGM	2	$0
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	$0

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

Nombre del Medicamento	Nivel	Notas
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	2	$0
DUREX EXTRA SENSITIVE THIN DEVICE	2	$0
DUREX REALFEEL DEVICE	2	$0
DUREX TROPICAL	2	$0
FANTASY LUBRICATED	2	$0
FANTASY LUBRICATED/SPERMICIDE	2	$0
KAMELEON LUBRICATED	2	$0
kimono	2	$0
KIMONO COLORS DEVICE	2	$0
KIMONO MAXX-LARGE FLARE	2	$0
kimono micro thin	2	$0
kimono micro thin plus	2	$0
kimono plus	2	$0
kimono ps	2	$0
kimono ps plus	2	$0
kimono sensation	2	$0

Nombre del Medicamento	Nivel	Notas
kimono sensation plus	2	$0
KIMONO SPECIAL DEVICE	2	$0
maxx	2	$0
maxx plus	2	$0
REALITY LATEX CONDOMS	2	$0
REALITY LATEX/ULTRA TEXTURED DEVICE	2	$0
REALITY LATEX/ULTRA THIN DEVICE	2	$0
TROJAN ENZ	2	$0
TROJAN MAGNUM	2	$0
TROJAN ULTRA RIBBED LUBRICATED DEVICE	2	$0
TROJAN ULTRA THIN	2	$0
TROJAN ULTRA THIN/SPERMICIDAL	2	$0
TROJAN-ENZ LUBRICATED	2	$0
TROJAN-ENZ/SPERMICIDAL	2	$0
true cover device	2	$0
TRUSTEX COLOR CONDOMS + LUBE	2	$0
TRUSTEX LUB/RIBBED/STUDDED	2	$0
TRUSTEX LUB/SPERMICIDE EX ST	2	$0
TRUSTEX LUB/SPERMICIDE XL	2	$0
TRUSTEX LUBRICATED	2	$0
TRUSTEX LUBRICATED EX LARGE	2	$0
TRUSTEX LUBRICATED EXTRA ST	2	$0
TRUSTEX LUBRICATED/SPERMICIDE	2	$0
TRUSTEX NATURAL CONDOMS + LUBE	2	$0
TRUSTEX NON-LUBRICATED	2	$0
TRUSTEX RIA LUB/SPERMICIDE	2	$0

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
TRUSTEX RIA LUBRICATED	2	$0
TRUSTEX RIA NON-LUBRICATED	2	$0
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	$0
PRODUCTOS DE DESENSIBILIZACIÓN DENTAL		
REMESENSE DENTAL	3	
SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA		
ACCU-CHEK FASTCLIX LANCET KIT	2	QL
ACCU-CHEK FASTCLIX LANCETS	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
ACTI-LANCE 28G	2	QL
ACTI-LANCE LITE LANCETS 28G	2	QL
ACTI-LANCE SPECIAL LANCETS 17G	2	QL
ACTI-LANCE UNIVERSAL 23G	2	QL
adjustable lancing device	2	
ADVANCED MOBILE LANCET	2	QL
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 21G	2	QL
ADVOCATE SAFETY LANCETS 23G	2	QL

Nombre del Medicamento	Nivel	Notas
ADVOCATE SAFETY LANCETS 26G	2	QL
ADVOCATE SAFETY LANCETS 28G	2	QL
AGAMATRIX ULTRA-THIN LANCETS	2	QL
AIMSCO TWIST LANCETS 32G	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
ASSURE COMFORT LANCETS 28G	2	QL
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	QL
ASSURE LANCE SAFETY LANCET 28G	2	QL
AURORA LANCET SUPER THIN 30G	2	QL
AURORA LANCET THIN 23G	2	QL
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	QL
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	QL
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK KIT	2	QL
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	QL
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	QL
CARDIOCOM LANCING DEVICE	2	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G	2	QL
CAREONE LANCET THIN 23G	2	QL
CARESENS LANCETS	2	QL
CARESENS LANCETS 30G	2	QL
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CHOSEN LANCETS 30G	2	QL
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE COMFORT EZ	2	QL
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
COMFORT ASSURED LANCETS 28G	2	QL
COMFORT ASSURED LANCETS 33G	2	QL
COMFORT TOUCH LANCETS 31G	2	QL

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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
easy mini eject lancing device	2	
easy mini lancing device	2	
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL
EASY TOUCH LANCETS 32G/TWIST	2	QL
EASY TOUCH LANCETS 33G/TWIST	2	QL
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	QL
EASY TOUCH SAFETY LANCETS 23G	2	QL
EASY TOUCH SAFETY LANCETS 26G	2	QL
EASY TOUCH SAFETY LANCETS 28G	2	QL
EMBRACE LANCETS ULTRA THIN 30G	2	QL
embrace lancing device/ejector	2	
EMBRACE PRESSURE ACTIVATED 21G	2	QL
EMBRACE PRESSURE ACTIVATED 28G	2	QL
ENLITE GLUCOSE SENSOR	3	PA
EVERSENSE 365 SENSOR/HOLDER	3	QL
EVERSENSE 365 SMART TRANSMIT	3	PA; QL

Nombre del Medicamento	Nivel	Notas
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL
EZ-LETS LANCETS 21G	2	QL
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINGERSTIX LANCETS	2	QL
FORA LANCETS	2	QL
FORA LANCING DEVICE	2	
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; QL
FREESTYLE LIBRE 3 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 3 SENSOR	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
GENTEEL CONTACT TIPS (BLUE)	2	QL
GENTEEL CONTACT TIPS (CLEAR)	2	QL
GENTEEL CONTACT TIPS (GREEN)	2	QL
GENTEEL CONTACT TIPS (ORANGE)	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
GENTEEL CONTACT TIPS (RAINBOW)	2	QL
GENTEEL CONTACT TIPS (VIOLET)	2	QL
GENTEEL CONTACT TIPS (YELLOW)	2	QL
GENTEEL LANCING KIT (BLUE) KIT	2	QL
GENTEEL NOZZLES	2	QL
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GLOBAL INJECT EASE LANCETS 28G	2	QL
GLOBAL INJECT EASE LANCETS 30G	2	QL
global lancing device	2	
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	QL
GNP STERILE LANCETS 30G	2	QL
GNP STERILE LANCETS 33G	2	QL
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA

Nombre del Medicamento	Nivel	Notas
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN SENSOR (3)	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL
H-E-B INCONTROL LANCETS 30G	2	QL
H-E-B INCONTROL LANCETS 33G	2	QL
HYPOLANCE AST LANCING KIT	2	QL
HY-VEE LANCETS	2	QL
HY-VEE THIN LANCETS	2	QL
IHEALTH LANCING DEVICE	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	QL
KINNEY LANCETS	2	QL
KINNEY THIN LANCETS	2	QL
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	QL
KROGER LANCETS	2	QL
KROGER LANCETS SUPER THIN	2	QL
KROGER LANCETS THIN	2	QL
lancet device	2	
lancet device with ejector	2	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
LANCETS	2	QL
LANCETS 28G THIN	2	QL
LANCETS 30G	2	QL
LANCETS 33G	2	QL
LANCETS MICRO THIN 33G	2	QL
LANCETS SUPER THIN	2	QL
LANCETS SUPER THIN 28G	2	QL
LANCETS THIN	2	QL
LANCETS ULTRA THIN	2	QL
LANCETS ULTRA THIN 30G	2	QL
lancing device	2	
LANZO	2	
leader advanced lancing device	2	
LIBERTY MEDICAL LANCETS	2	QL
LITE TOUCH LANCETS	2	QL
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	QL
LIVE BETTER LANCET SUPER THIN	2	QL
MEDICHOICE SAFETY LANCET	2	QL
MEDICHOICE SAFETY LANCET EXTRA	2	QL
MEDICHOICE SAFETY LANCET NORM	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL

Nombre del Medicamento	Nivel	Notas
MEIJER LANCETS UNIVERSAL 33G	2	QL
MICROLET LANCETS	2	QL
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	QL
mobile lancets 30g	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	QL
MYGLUCOHEALTH LANCETS 30G	2	QL
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL
NOVA SUREFLEX LANCETS	2	QL
NOVA SUREFLEX LANCING DEVICE	2	
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	2	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	QL
PERFECT POINT SAFETY LANCETS	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PHARMACIST CHOICE LANCETS	2	QL
PIP LANCETS 28G	2	QL
PIP LANCETS 30G	2	QL
PRO COMFORT LANCETS 30G	2	QL
PRO COMFORT LANCETS 31G	2	QL
pro comfort safety lancets 30g	2	QL
PRODIGY LANCETS 28G	2	QL
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
PURE COMFORT LANCETS 30G	2	QL
px advanced lancing device	2	
PX LANCETS MICROTHIN 33G	2	QL
PX LANCETS ULTRA THIN 28G	2	QL
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL
QC LANCETS ULTRA THIN	2	QL
QC UNILET LANCETS 28G	2	QL
QC UNILET LANCETS MICRO THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
REALITY LANCETS	2	QL
REALITY TRIGGER LANCETS	2	QL
RELION LANCET DEVICES 30G	2	QL
RELION LANCETS	2	QL
RELION LANCETS MICRO-THIN 33G	2	QL
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL

Nombre del Medicamento	Nivel	Notas
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	QL
RIGHTEST ALTERNATE SITE ADAPT	2	QL
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	QL
SAFETY LANCET 30G/PRESSURE ACT	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 23G	2	QL
SAFETY LANCETS 28G	2	QL
saps health plus lancets	2	QL
SAPS HEALTH TWIST TOP LANCETS	2	QL
SAPS TWIST TOP LANCETS	2	QL
SAPSCARE TWIST TOP LANCETS	2	QL
SB LANCETS THIN	2	QL
select-lite device/lancets kit	2	QL
select-lite lancing device	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SIMPLERA SENSOR	3	PA; QL
SIMPLERA SYNC SENSOR	3	PA; QL
SIMPLERA SYSTEM	3	PA; QL
SINGLE-LET	2	QL
SMART DIABETES VANTAGE LANCING	2	
SMARTEST LANCETS 28G	2	QL
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE TL	2	QL
SUPER THIN LANCETS	2	QL
SURE COMFORT LANCETS 18G	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
SURE COMFORT LANCETS 21G	2	QL
SURE COMFORT LANCETS 23G	2	QL
SURE COMFORT LANCETS 28G	2	QL
SURE COMFORT LANCETS 30G	2	QL
sure comfort lancing pen	2	
SURELITE LANCETS	2	QL
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 26G	2	QL
todays health lancing device	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL
TODAYS HEALTH THIN LANCETS 30G	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
true comfort safety lancets	2	QL
TRUE COMFORT TWIST TOP LANCETS	2	QL
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS SAFETY LANCETS 28G	2	QL
twist top lancets 30g	2	QL
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	QL
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL

Nombre del Medicamento	Nivel	Notas
ULTRA THIN LANCETS 31G	2	QL
ULTRA-CARE LANCETS 30G	2	QL
ULTRA-THIN II AUTO LANCET	2	QL
ULTRA-THIN II LANCETS	2	QL
UNILET COMFORTOUCH LANCET	2	QL
UNILET EXCELITE	2	QL
UNILET EXCELITE II	2	QL
UNILET G.P. LANCET	2	QL
UNILET G.P. SUPERLITE LANCET	2	QL
UNILET GP 28 ULTRA THIN	2	QL
UNILET LANCET	2	QL
UNILET MICRO-THIN 33G	2	QL
UNILET SUPERLITE LANCET	2	QL
UNILET SUPER-THIN 30G	2	QL
UNILET ULTRA-THIN 28G	2	QL
UNISTIK 1	2	QL
UNISTIK 2	2	QL
UNISTIK 2 COMFORT	2	QL
UNISTIK 2 EXTRA	2	QL
UNISTIK 2 NEONATAL	2	QL
UNISTIK 2 NORMAL	2	QL
UNISTIK 3	2	QL
UNISTIK 3 COMFORT	2	QL
UNISTIK 3 EXTRA	2	QL
UNISTIK 3 GENTLE	2	QL
UNISTIK 3 NEONATAL	2	QL
UNISTIK 3 NORMAL	2	QL
UNISTIK CZT COMFORT	2	QL
UNISTIK CZT NORMAL	2	QL
UNISTIK NORMAL	2	QL
UNISTIK PRO SAFETY LANCET	2	QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
UNISTIK SAFETY LANCETS 28G	2	QL
UNISTIK SAFETY LANCETS 30G	2	QL
UNISTIK TOUCH SAFETY LANC 21G	2	QL
UNISTIK TOUCH SAFETY LANC 23G	2	QL
UNISTIK TOUCH SAFETY LANC 28G	2	QL
UNISTIK TOUCH SAFETY LANC 30G	2	QL
VERIFINE SAFE LANCET MINI 21G	2	QL
VERIFINE SAFE LANCET MINI 23G	2	QL
VERIFINE SAFE LANCET MINI 28G	2	QL
VERIFINE SAFE LANCET MINI 30G	2	QL
VERIFINE UNIVERSAL LANCETS 28G	2	QL
VERIFINE UNIVERSAL LANCETS 30G	2	QL
VERIFINE UNIVERSAL LANCETS 33G	2	QL
VIVAGUARD LANCETS	2	QL
VIVAGUARD LANCETS 30G	2	QL
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	QL
ZEVRX TWIST TOP LANCETS 30G	2	QL
SUMINISTROS PARA LA ADMINISTRACIÓN DE INSULINA		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	PA; QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA; QL
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	PA; QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA; QL
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL

Nombre del Medicamento	Nivel	Notas
OMNIPOD DASH PDM (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PODS (GEN 4)	2	PA; QL
TWIIST REFILL KIT KIT	2	PA; QL
TWIIST REFILL KIT/INFUSION SET KIT	2	PA; QL
TWIIST STARTER KIT KIT	2	PA; QL
V-GO 20 KIT 20 UNIT/24HR	3	PA
V-GO 30 KIT 30 UNIT/24HR	3	PA
V-GO 40 KIT 40 UNIT/24HR	3	PA
DISPOSITIVOS Y SUMINISTROS MÉDICOS		
AGUJAS Y JERINGAS		
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	3	ST; QL
DROPLET MICRON	3	QL
DROPLET PEN NEEDLES 32G X 4 MM	3	ST; QL
INSULIN SYRINGE 31G X 5/16" 1 ML	3	ST; QL
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL
PURE COMFORT PEN NEEDLE 32G X 4 MM	3	ST; QL
SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA		
SB LANCETS ULTRA THIN	2	QL
UNISTIK 2 SUPER	2	QL
DIURÉTICOS		
COMBINACIONES DE DIURÉTICOS		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
DIURÉTICOS AHORRADORES DE POTASIO		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
DIURÉTICOS DEL ASA		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	
EDECRIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	5	PA; LD; QL
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SOAANZ ORAL TABLET	3	ST
torsemide oral tablet	1 or 1b*	
DIURÉTICOS OSMÓTICOS		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 20 %	1 or 1b*	
DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DIURIL ORAL SUSPENSION	3	
HEMICLOR ORAL TABLET	3	PA
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INZIRQO ORAL SUSPENSION RECONSTITUTED	3	PA
metolazone oral tablet	1 or 1b*	
THALITONE ORAL TABLET	3	
INHIBIDORES DE LA ANHIDRASA CARBÓNICA		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	4	PA; LD; QL
KEVEYIS ORAL TABLET	5	PA; LD; QL
methazolamide oral tablet	1 or 1b*	
ORMALVI ORAL TABLET	4	PA; LD; QL
ESTRÓGENOS		
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE ORAL TABLET	3	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL
ESTRÓGENO - COMBINACIÓN DE MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS		
DUAVEE ORAL TABLET	3	PA; QL

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

Nombre del Medicamento	Nivel	Notas
ESTRÓGENO Y PROGESTINA		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
ESTRÓGENOS		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	3	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
ESTRACE ORAL TABLET	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	QL
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	QL
EXTRACTOS ALERGÉNICOS/PRODUCTOS BIOLÓGICOS MISCELÁNEOS		
EXTRACTOS ALERGÉNICOS MIXTOS		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
EXTRACTOS ALERGÉNICOS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
PALFORZIA (1 MG DAILY DOSE) ORAL	5	PA; QL
PALFORZIA (12 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (120 MG DAILY DOSE) ORAL	5	PA; LD; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PALFORZIA (160 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	5	PA; LD; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	5	PA; LD; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA (80 MG DAILY DOSE) ORAL	5	PA; LD; QL
PALFORZIA INITIAL DOSE 1-3YRS ORAL	5	PA; QL
PALFORZIA INITIAL DOSE 4-17YRS ORAL	5	PA; LD; QL
PALFORZIA INITIAL ESCALATION ORAL	5	PA; LD; QL
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*	

Nombre del Medicamento	Nivel	Notas
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	
HIPNÓTICOS/SEDANTES/AGENTES PARA TRASTORNOS DEL SUEÑO		
HIPNÓTICOS DE LA BENZODIAZEPINA		
flurazepam hcl oral capsule 15 mg	1 or 1b*	QL
HIPNÓTICOS		
AGONISTAS DEL RECEPTOR DE MELATONINA SELECTIVO		
HETLIOZ LQ ORAL SUSPENSION	5	PA; LD; QL
HETLIOZ ORAL CAPSULE	5	PA; LD; QL
ramelteon oral tablet	1 or 1b*	QL
ROZEREM ORAL TABLET	3	ST; QL
tasimelteon oral capsule	4	PA; LD; QL
ANTAGONISTAS DEL RECEPTOR DE LA OREXINA		
BELSOMRA ORAL TABLET	3	ST; QL
DAYVIGO ORAL TABLET	3	ST; QL
QUVIVIQ ORAL TABLET	3	ST; QL
HIPNÓTICOS - AGENTES TRICÍCLICOS		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

Nombre del Medicamento	Nivel	Notas
SILENOR ORAL TABLET	3	ST; QL
HIPNÓTICOS BARBITÚRICOS		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	3	
HIPNÓTICOS DE LA BENZODIAZEPINA		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	5	LD
estazolam oral tablet	1 or 1b*	QL
flurazepam hcl oral capsule 30 mg	1 or 1b*	QL
HALCION ORAL TABLET	3	ST; QL
midazolam hcl (pf) +rfid injection solution	1 or 1b*	
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL
midazolam-sodium chloride (pf) intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	1 or 1b*	
quazepam oral tablet	1 or 1b*	QL
RESTORIL ORAL CAPSULE	3	ST; QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL

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

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

Nombre del Medicamento	Nivel	Notas
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	
LAXANTES		
COMBINACIONES DE LAXANTES		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	3	QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1 or 1a*	$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	$0; QL
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	1 or 1a*	$0; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	QL
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1 or 1b*	$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	$0; QL
PEG-PREP ORAL KIT	3	QL
PLENVU ORAL SOLUTION RECONSTITUTED	3	QL
SUFLAVE ORAL SOLUTION RECONSTITUTED	3	QL
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	QL

Nombre del Medicamento	Nivel	Notas
SUTAB ORAL TABLET	2	QL
LAXANTES ESTIMULANTES		
alophen oral tablet delayed release	1 or 1a*	$0
bisacodyl ec oral tablet delayed release	1 or 1a*	$0
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
FLEET STIMULANT ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
ft laxative oral tablet delayed release	1 or 1a*	$0
gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	$0
kp bisacodyl oral tablet delayed release	1 or 1a*	$0
qc gentle laxative oral tablet delayed release	1 or 1a*	$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	$0
qc laxative oral tablet delayed release	1 or 1a*	$0
ra laxative oral tablet delayed release	1 or 1a*	$0
ra womens laxative oral tablet delayed release	1 or 1a*	$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	$0

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
sb gentle lax-women oral tablet delayed release	1 or 1a*	$0
womans laxative oral tablet delayed release	1 or 1a*	$0
womens laxative oral tablet delayed release	1 or 1a*	$0
LAXANTES LUBRICANTES		
mineral oil heavy oral oil	1 or 1b*	
LAXANTES SALINOS		
citrate of magnesia oral solution	1 or 1a*	$0
citroma oral solution	1 or 1a*	$0
cvs magnesium citrate oral solution	1 or 1a*	$0
cvs milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	$0
dulcolax milk of magnesia oral suspension	1 or 1b*	$0
dulcolax oral suspension	1 or 1b*	$0
eq magnesium citrate oral solution	1 or 1a*	$0
eql magnesium citrate oral solution	1 or 1a*	$0
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	$0
ft magnesium citrate oral solution	1 or 1a*	$0
ft milk of magnesia oral suspension	1 or 1b*	$0
gentle laxative oral suspension	1 or 1b*	$0
gnp magnesium citrate oral solution	1 or 1a*	$0
gnp milk of magnesia oral suspension	1 or 1b*	$0
goodsense magnesium citrate oral solution	1 or 1a*	$0
goodsense milk of magnesia oral suspension	1 or 1b*	$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	$0
milk of magnesia oral suspension	1 or 1b*	$0
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	$0

Nombre del Medicamento	Nivel	Notas
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
LAXANTES VARIOS		
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
gavilax oral powder	1 or 1b*	$0
glycolax oral powder	1 or 1b*	$0
gnp clearlax oral packet	1 or 1b*	$0
gnp clearlax oral powder	1 or 1b*	$0
goodsense clearlax oral powder	1 or 1b*	$0
healthylax oral packet	1 or 1b*	$0
kls laxaclear oral powder	1 or 1b*	$0
KRISTALOSE ORAL PACKET	1 or 1b*	ST; QL
LACTULOSE ORAL PACKET 10 GM	1 or 1b*	ST; QL
lactulose oral packet 20 gm	1 or 1b*	ST; QL
lactulose oral solution	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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ra laxative oral powder	1 or 1b*	$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	$0
smooth lax oral packet	1 or 1b*	$0
smooth lax oral powder	1 or 1b*	$0
true laxative oral powder	1 or 1b*	$0
MACRÓLIDOS		
AZITROMICINA		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
CLARITROMICINA		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
ERITROMICINAS		
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ery-tab oral tablet delayed release	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICINA		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	QL
MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA		
ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS		
bromphen-pseudoeph-dm oral syrup	1 or 1b*	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS		
MAXI-TUSS CD ORAL LIQUID	2	AL; QL
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	AL; QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA
RYDEX ORAL LIQUID	2	AL; QL

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

Nombre del Medicamento	Nivel	Notas
ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS		
promethazine-dm oral syrup	1 or 1a*	QL
ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	AL; QL
promethazine-codeine oral solution	1 or 1a*	AL; QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL; QL
ANTITUSIVOS - EXPECTORANTES - DESCONGESTIVOS		
CODITUSSIN DAC ORAL LIQUID	3	AL
ANTITUSIVOS - EXPECTORANTES		
CODITUSSIN AC ORAL LIQUID	3	AL
g tussin ac oral solution	1 or 1a*	AL; QL
guaifenesin-codeine oral solution	1 or 1a*	AL; QL
MAR-COF CG EXPECTORANT ORAL LIQUID	2	AL
maxi-tuss ac oral solution	1 or 1a*	AL; QL
NINJACOF-XG ORAL LIQUID	3	AL
ANTITUSIVOS - NO NARCÓTICOS		
benzonatate oral capsule	1 or 1b*	
ANTITUSIVOS - OPIOIDES		
HYCODAN ORAL SOLUTION	3	AL; QL
HYCODAN ORAL TABLET	3	PA; QL
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	AL; QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA; QL
hydromet oral solution	1 or 1a*	AL; QL

Nombre del Medicamento	Nivel	Notas
DESCONGESTIVO Y ANTIHISTAMÍNICO		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	QL
INHALANTES RESPIRATORIOS VARIOS		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1 or 1b*	
PULMOSAL INHALATION NEBULIZATION SOLUTION	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
MUCOLÍTICOS		
acetylcysteine inhalation solution	1 or 1b*	
MEDICAMENTOS PARA ÚLCERAS/ANTIESPASMÓDICOS/ANTICOLINÉRGICOS		
AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO		
PYLERA ORAL CAPSULE	3	ST; QL
ANTIESPASMÓDICOS		
BENTYL INTRAMUSCULAR SOLUTION	3	
MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS		
misoprostol oral tablet 100 mcg	1 or 1a*	

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

Nombre del Medicamento	Nivel	Notas
MEDICAMENTOS PARA ÚLCERAS		
PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)		
VOQUEZNA ORAL TABLET	3	PA; QL
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS		
VOQUEZNA DUAL PAK ORAL THERAPY PACK	3	PA; QL
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	3	PA; QL
AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON COMBINACIONES DE BISMUTO		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL
bismuth/metronidaz/tetracycl in oral capsule	1 or 1b*	ST; QL
HELIDAC THERAPY ORAL	3	ST; QL
AGENTES ANTIINFECCIOSOS PARA ÚLCERAS CON INHIBIDORES DE LA BOMBA DE PROTONES		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL
OMECLAMOX-PAK ORAL	3	ST; QL
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
ALCALOIDES DE LA BELLADONA		
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
ANTAGONISTAS H2		
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	
famotidine oral tablet 40 mg	1 or 1b*	
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	
PEPCID ORAL TABLET	3	
ANTICOLINÉRGICOS NASALES CUATERNARIOS		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
glycopyrrolate pf +rfid injection solution prefilled syringe	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML	3	
methscopolamine bromide oral tablet	1 or 1b*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ANTIESPASMÓDICOS		
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution 10 mg/5ml	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
ANTIULCEROSOS VARIOS		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
COMBINACIONES DE ANTICOLINÉRGICOS		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE	3	
COMBINACIONES DE INHIBIDOR DE LA BOMBA DE PROTONES Y ANTIÁCIDOS		
KONVOMEP ORAL SUSPENSION RECONSTITUTED	3	ST; QL
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	3	ST; QL
omeprazole-sodium bicarbonate oral packet	3	ST; QL
INHIBIDORES DE LA BOMBA DE PROTONES		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	ST
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	ST
dexlansoprazole oral capsule delayed release	3	ST
esomeprazole magnesium oral capsule delayed release	1 or 1b*	
esomeprazole magnesium oral packet	1 or 1b*	

Nombre del Medicamento	Nivel	Notas
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
lansoprazole oral capsule delayed release 15 mg	1 or 1b*	BE
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	
lansoprazole oral tablet delayed release dispersible	3	ST
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST
NEXIUM ORAL PACKET	3	ST
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral packet	3	ST
pantoprazole sodium oral tablet delayed release	1 or 1b*	
pantoprazole sodium-nacl intravenous solution	3	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST
PRILOSEC ORAL PACKET	3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	3	ST
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST
rabeprazole sodium oral tablet delayed release	3	ST

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

Nombre del Medicamento	Nivel	Notas
MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet 200 mcg	1 or 1a*	
MINERALES Y ELECTROLITOS		
BICARBONATOS		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	
CALCIO		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
COMBINACIONES DE CALCIO		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
COMBINACIONES DE FLUORURO		
FLORIVA ORAL LIQUID	3	ST
COMBINACIONES DE OLIGOELEMENTOS		
MULTRYS INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
ELECTROLITOS PARENTERALES		
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1 or 1b*	
kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
KCL (0.298%) IN NACL INTRAVENOUS SOLUTION	1 or 1b*	
lactated ringers intravenous solution	1 or 1b*	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ELECTROLITOS Y DEXTROSA		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-nacl intravenous solution 5-0.9 %	3	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
FLUORURO		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*	$0
sodium fluoride oral tablet	1 or 1a*	$0
sodium fluoride oral tablet chewable	1 or 1a*	$0
FOSFATO		
GLYCOPHOS INTRAVENOUS SOLUTION	3	
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
potassium phosphates-nacl intravenous solution 30 mmol/500ml	3	
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
MAGNESIO		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%	3	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	3	
MANGANESO		
manganese chloride intravenous solution	1 or 1b*	
OLIGOELEMENTOS		
chromic chloride intravenous solution	3	
cupric chloride intravenous solution	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML	1 or 1b*	
POTASIO		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
POKONZA ORAL PACKET	3	ST
POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	

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

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

Nombre del Medicamento	Nivel	Notas
zinc sulfate intravenous solution	1 or 1b*	
MULTIVITAMINAS		
B-COMPLEX W/ C-D-E & FOLIC ACID		
cobalefol oral capsule	3	
MULTIVITAMINAS		
anti-oxidant oral tablet	1 or 1b*	$0
daily multiple vitamins oral tablet	1 or 1b*	$0
daily value multivitamin oral tablet	1 or 1b*	$0
daily vitamins oral tablet	1 or 1b*	$0
daily vite oral tablet	1 or 1b*	$0
daily vites oral tablet	1 or 1b*	$0
daily-vite multivitamin oral tablet	1 or 1b*	$0
daily-vite oral tablet	1 or 1b*	$0
ESTROFACTORS ORAL TABLET	2	$0
gnp essential one daily oral tablet	1 or 1b*	$0
healthy hair/skin/nails oral tablet	1 or 1b*	$0
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
mincora oral tablet	3	
multi vitamin oral tablet	2	$0
MULTI VITAMIN W/D-3 ORAL TABLET	2	$0
multiple vitamin-folic acid oral tablet	1 or 1b*	$0
multiple vitamins essential oral tablet	1 or 1b*	$0
multiple vitamins oral tablet	1 or 1b*	$0
multivitamin adult oral tablet	2	$0
multivitamin iron-free oral tablet	1 or 1b*	$0
MULTIVITAMIN ORAL TABLET	2	$0
multi-vitamin oral tablet	1 or 1b*	$0
NEOMULTIVITE ORAL TABLET	2	$0
novite oral capsule	1 or 1b*	

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

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

En vigencia desde el 07012025

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

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

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

En vigencia desde el 07012025

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

Nombre del Medicamento	Nivel	Notas
super dec b-100 oral tablet	1 or 1b*	$0
super quints b-50 oral tablet	1 or 1b*	$0
vitamin b complex oral tablet	1 or 1b*	$0
vitamin b complex w/b-12 oral tablet	1 or 1b*	$0
vitamin-b complex oral tablet	1 or 1b*	$0
yl balanced b-100 oral tablet	1 or 1b*	$0
VITAMINAS MÚLTIPLES CON HIERRO		
daily vite multivitamin/iron oral tablet	1 or 1b*	$0
destress-iron oral tablet	2	$0
multiple vitamins/iron oral tablet	1 or 1b*	$0
multivitamin plus iron adult oral tablet	1 or 1b*	$0
multi-vitamin/iron oral tablet	1 or 1b*	$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	$0
one daily multivitamin/iron oral tablet	1 or 1b*	$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	$0
one-daily/iron oral tablet	1 or 1b*	$0
qc daily multivitamins/iron oral tablet	1 or 1b*	$0
stress b complex/iron oral tablet	1 or 1b*	$0
stress formula/iron oral tablet	1 or 1b*	$0
tab-a-vite/iron oral tablet	1 or 1b*	$0
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	2	$0
VITAMINAS MÚLTIPLES CON MINERALES Y CALCIO-ÁCIDO FÓLICO		
FOLGARD OS ORAL TABLET	3	
VITAMINAS MÚLTIPLES CON MINERALES Y FLUORURO-HIERRO-ÁCIDO FÓLICO		
QUFLORA FE ORAL TABLET CHEWABLE	3	ST

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

En vigencia desde el 07012025

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

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

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

En vigencia desde el 07012025

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

Nombre del Medicamento	Nivel	Notas
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
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
pnv 27-ca/fe/fa oral tablet	2	ST; QL
pnv prenatal plus multivit+dha oral	2	QL
PNV TABS 20-1 ORAL TABLET	3	ST; QL
pnv-dha oral capsule	1 or 1b*	QL
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL
PNV-OMEGA ORAL CAPSULE	3	ST; QL
pnv-select oral tablet	1 or 1b*	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	
prena1 oral tablet chewable	3	
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PRENATAL (W/IRON & FA) ORAL TABLET	2	ST; $0; QL
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL
PRENATAL COMPLETE ORAL TABLET	2	ST; $0; QL
PRENATAL 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 27-0.8 mg	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

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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
TRISTART DHA ORAL CAPSULE	3	ST; QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB ORAL TABLET	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
vitalara oral tablet	3	ST; QL
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	ST; QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
wesnatal dha complete oral	2	QL
WESTAB PLUS ORAL TABLET	2	QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
ZALVIT ORAL TABLET	3	ST; QL
ZIPHEX ORAL TABLET	3	ST; QL
NUTRIENTES		
AMINOÁCIDOS SIMPLES		
ELCYS INTRAVENOUS SOLUTION	3	
CARBOHIDRATOS		
dextrose intravenous solution 10 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	

Nombre del Medicamento	Nivel	Notas
dextrose intravenous solution 5 %	3	
glucose (dextrose) intravenous solution 50 %	3	
LÍPIDOS		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	5	PA; LD; QL; SP
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
MEZCLAS DE AMINOÁCIDOS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
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	
REFRESH AA 15 PKU ORAL LIQUID	2	
REFRESH AA 15 TYR ORAL LIQUID	2	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	

Nombre del Medicamento	Nivel	Notas
PROTEÍNA-CARBOHIDRATO-LÍPIDO CON COMBINACIONES DE ELECTROLITOS		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OXITÓCICOS		
ABORTIFACIENTES/MADURACIÓN CERVICAL - PROSTAGLANDINAS		
carboprost tromethamine intramuscular solution	1 or 1b*	
carboprost tromethamine intramuscular solution prefilled syringe	3	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
OXITÓCICOS		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION	3	
PENICILINAS		
AMINOPENICILINAS		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1 or 1a*	
amoxicillin oral suspension reconstituted 400 mg/5ml	3	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
COMBINACIONES DE PENICILINA		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	

Nombre del Medicamento	Nivel	Notas
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION	3	
PENICILINAS NATURALES		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
PENICILINAS RESISTENTES A LA PENICILINASA		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted 10 gm	1 or 1b*	

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

Nombre del Medicamento	Nivel	Notas
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
PRODUCTOS DE DIAGNÓSTICO		
ANÁLISIS DE DIAGNÓSTICO		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	2	QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ADVANCE INTUITION TEST IN VITRO STRIP	3	ST; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	3	ST; QL
ADVOCATE REDI-CODE IN VITRO STRIP	3	ST; QL
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	3	ST; QL
ADVOCATE TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX AMP TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	3	ST; QL
ASSURE 3 TEST IN VITRO STRIP	3	ST; QL
ASSURE 4 TEST IN VITRO STRIP	3	ST; QL
ASSURE II CHECK IN VITRO STRIP	3	ST; QL
ASSURE II IN VITRO STRIP	3	ST; QL

Nombre del Medicamento	Nivel	Notas
ASSURE PLATINUM IN VITRO STRIP	3	ST; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	3	ST; QL
ASSURE PRO TEST IN VITRO STRIP	3	ST; QL
BIOTEL CARE TEST STRIPS IN VITRO STRIP	3	ST; QL
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
blood glucose test strips 333 in vitro strip	3	ST; QL
BLULINK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CARESENS N GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CARETOUCH TEST IN VITRO STRIP	3	ST; QL
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	3	ST; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	3	ST; QL
CLEVER CHEK TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	3	ST; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	3	ST; QL
CONTOUR NEXT TEST IN VITRO STRIP	3	ST; QL
CONTOUR PLUS TEST IN VITRO STRIP	3	ST; QL
CONTOUR TEST IN VITRO STRIP	3	ST; QL
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL
cvs true metrix glucose test in vitro strip	3	ST; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DUO-CARE TEST IN VITRO STRIP	3	ST; QL
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY STEP TEST IN VITRO STRIP	3	ST; QL
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	3	ST; QL
EASY TOUCH TEST IN VITRO STRIP	3	ST; QL
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYGLUCO IN VITRO STRIP	3	ST; QL
EASYMAX 15 TEST IN VITRO STRIP	3	ST; QL
EASYMAX TEST IN VITRO STRIP	3	ST; QL

Nombre del Medicamento	Nivel	Notas
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYPRO PLUS IN VITRO STRIP	3	ST; QL
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL
ELEMENT TEST IN VITRO STRIP	3	ST; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EVOLUTION AUTOCODE IN VITRO STRIP	3	ST; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	3	ST; QL
FORA 6 CONNECT IN VITRO STRIP	3	ST; QL
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	3	ST; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GD20 TEST IN VITRO STRIP	3	ST; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL

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

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

Nombre del Medicamento	Nivel	Notas
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	3	ST; QL
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP	3	ST; QL
GNP TRUETRACK TEST STRIPS IN VITRO STRIP	3	ST; QL
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	3	ST; QL
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
IGLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	3	ST; QL
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
INFINITY VOICE IN VITRO STRIP	3	ST; QL
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETEST TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	3	ST; QL
MICRODOT TEST IN VITRO STRIP	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
MM BLULINK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	3	ST; QL
MYGLUCOHEALTH TEST IN VITRO STRIP	3	ST; QL
NEUTEK 2TEK TEST IN VITRO STRIP	3	ST; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	3	ST; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
ONE DROP TEST IN VITRO STRIP	3	ST; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	3	ST; QL
ONETOUCH ULTRA IN VITRO STRIP	3	ST; QL
ONETOUCH ULTRA TEST IN VITRO STRIP	3	ST; QL
ONETOUCH VERIO IN VITRO STRIP	3	ST; QL
OPTIUMEZ TEST IN VITRO STRIP	3	ST; QL
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	3	ST; QL
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	3	QL
POCKETCHEM EZ TEST IN VITRO STRIP	3	ST; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	3	QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL

Nombre del Medicamento	Nivel	Notas
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	3	ST; QL
PTS PANELS EGLU TEST IN VITRO STRIP	3	ST; QL
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
QUICKTEK TEST IN VITRO STRIP	3	ST; QL
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	3	ST; QL
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL
RELION PREMIER TEST IN VITRO STRIP	3	ST; QL
RELION PRIME TEST IN VITRO STRIP	3	ST; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	3	ST; QL
RELION ULTIMA TEST IN VITRO STRIP	3	ST; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL

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

Nombre del Medicamento	Nivel	Notas
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SOLUS V2 TEST IN VITRO STRIP	3	ST; QL
SUPREME TEST IN VITRO STRIP	3	ST; QL
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
TRUETEST TEST IN VITRO STRIP	3	ST; QL
TRUETRACK TEST IN VITRO STRIP	3	ST; QL
UNISTRIP1 GENERIC IN VITRO STRIP	3	ST; QL
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	3	ST; QL
PRODUCTOS DIGESTIVOS		
ENZIMAS DIGESTIVAS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	5	PA; LD; QL
VIOKACE ORAL TABLET	3	QL

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

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

Nombre del Medicamento	Nivel	Notas
FROVA ORAL TABLET	3	ST; QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL
RELPAX ORAL TABLET	3	ST; QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL
TOSYMRA NASAL SOLUTION	3	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
zolmitriptan nasal solution	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL

Nombre del Medicamento	Nivel	Notas
zolmitriptan oral tablet dispersible	1 or 1b*	QL
ZOMIG NASAL SOLUTION	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP)		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	5	PA; LD; QL
COMBINACIONES DE ERGOTAMINA		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
PRODUCTOS PARA TRATAR LAS MIGRAÑAS - AINE		
CAMBIA ORAL PACKET	3	ST; QL
diclofenac potassium(migraine) oral packet	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PRODUCTOS PARA TRATAR LAS MIGRAÑAS		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate nasal solution	3	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
TRUDHESA NASAL AEROSOL SOLUTION	3	ST; QL
PRODUCTOS VAGINALES		
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXXI VAGINAL GEL	3	
ANTIINFECCIOSOS VAGINALES		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
VANDAZOLE VAGINAL GEL	1 or 1b*	
XACIATO VAGINAL GEL	3	PA; QL
ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL		
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

Nombre del Medicamento	Nivel	Notas
ESPERMICIDAS		
ENCARE VAGINAL SUPPOSITORY	2	$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	$0
TODAY SPONGE VAGINAL	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	$0
ESTRÓGENOS VAGINALES		
ESTRACE VAGINAL CREAM	3	QL
estradiol vaginal cream	1 or 1b*	QL
estradiol vaginal tablet	1 or 1b*	QL
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL
FEMRING VAGINAL RING	3	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT	3	QL
PREMARIN VAGINAL CREAM	2	QL
VAGIFEM VAGINAL TABLET 10 MCG	3	QL
yuvafem vaginal tablet	1 or 1b*	QL
PRODUCTOS VAGINALES VARIOS		
INTRAROSA VAGINAL INSERT	3	ST; QL
PROGESTINAS VAGINALES		
CRINONE VAGINAL GEL 4 %	5	LD; SP
CRINONE VAGINAL GEL 8 %	5	PA; LD; QL; SP
ENDOMETRIN VAGINAL INSERT	3	PA

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
PROGESTINAS		
PROGESTINAS		
GALLIFREY ORAL TABLET	1 or 1b*	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule	1 or 1b*	QL
PROMETRIUM ORAL CAPSULE	3	QL
PROVERA ORAL TABLET	3	QL
SULFONAMIDAS		
SULFONAMIDAS		
sulfadiazine oral tablet	1 or 1b*	
TDAH/ANTINARCOLEPSIA/ANTIOBÉSICOS/ANOREXÍGENOS		
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX ORAL TABLET 17.8 MG	4	PA; LD; QL; SP
WAKIX ORAL TABLET 4.45 MG	4	PA; LD; DO; SP

Nombre del Medicamento	Nivel	Notas
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION	5	PA; LD; BE; QL
STIMULANT COMBINATIONS		
AZSTARYS ORAL CAPSULE	3	ST; QL
AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA		
atomoxetine hcl oral capsule	1 or 1b*	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG	3	PA
AGENTE PARA EL TRASTORNO POR DÉFICIT DE ATENCIÓN CON HIPERACTIVIDAD (TDAH) - AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	3	ST
ANALÉPTICOS		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
ANFETAMINAS		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	ST; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 5 MG	3	ST; DO
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 15 MG, 20 MG	3	ST; QL
EVEKEO ORAL TABLET 10 MG	3	PA; QL
EVEKEO ORAL TABLET 5 MG	3	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1 or 1b*	PA; QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO

Nombre del Medicamento	Nivel	Notas
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methamphetamine hcl oral tablet	3	ST; QL
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	3	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	3	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	3	PA; QL
XELSTRYM TRANSDERMAL PATCH	3	ST; QL
zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
ANOREXÍGENOS NO ANFETAMÍNICOS		
ADIPEX-P ORAL TABLET	3	PA; BE; QL
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; BE; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; BE; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; BE; QL
LOMAIRA ORAL TABLET	3	PA; BE; QL
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; BE; QL
phentermine hcl oral capsule	1 or 1b*	PA; BE; QL
phentermine hcl oral tablet	1 or 1b*	PA; BE; QL

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

Nombre del Medicamento	Nivel	Notas
ANTIOBÉSICOS - AGONISTAS DEL RECEPTOR DE GLP-1		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; BE; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL
COMBINACIONES DE AGENTES ANTIOBÉSICOS		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; BE; QL
COMBINACIONES DE ANOREXÍGENOS		
phentermine-topiramate er oral capsule extended release 24 hour	3	PA; BE; QL
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL
ESTIMULANTES VARIOS		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG	3	ST; QL
armodafinil oral tablet	1 or 1b*	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	3	ST; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR	3	ST; DO

Nombre del Medicamento	Nivel	Notas
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR	3	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG	3	ST; QL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG	3	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG	3	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	ST; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE	3	PA; DO
METHYLIN ORAL SOLUTION	3	ST; QL
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO

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

En vigencia desde el 07012025

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

Nombre del Medicamento	Nivel	Notas
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
NUVIGIL ORAL TABLET	3	PA; QL
PROVIGIL ORAL TABLET 100 MG	3	PA; DO
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	3	ST; DO
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	ST; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG	3	ST; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG	3	ST; QL
RITALIN ORAL TABLET 10 MG, 5 MG	3	ST; DO
RITALIN ORAL TABLET 20 MG	3	ST; QL
INHIBIDORES DE LA LIPASA		
orlistat oral capsule	1 or 1b*	PA; BE; QL
XENICAL ORAL CAPSULE	3	PA; BE; QL
MEZCLAS DE ANFETAMINAS		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	ST; DO

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
ADDERALL ORAL TABLET 20 MG, 30 MG	3	ST; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	3	ST; DO
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	3	ST; QL
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	1 or 1b*	PA; QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
TETRACICLINAS		
GLYCYLCYCLINES		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
AMINOMETICICLINAS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL

Nombre del Medicamento	Nivel	Notas
FLUOROCICLINAS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
TETRACICLINAS		
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	ST
doxy 100 intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule	1 or 1b*	QL
doxycycline hyclate oral tablet 100 mg, 20 mg	1 or 1b*	QL
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	3	ST; QL
doxycycline hyclate oral tablet delayed release	3	ST; QL
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST; QL
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL
doxycycline monohydrate oral tablet	1 or 1b*	QL
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
minocycline hcl er oral tablet extended release 24 hour	3	ST; QL
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
mondoxyne nl oral capsule 100 mg	1 or 1b*	QL
SEYSARA ORAL TABLET	3	ST; QL
targadox oral tablet	3	ST; QL
tetracycline hcl oral capsule	1 or 1b*	QL
tetracycline hcl oral tablet	3	ST; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
TOXOIDES		
COMBINACIONES DE TOXOIDES		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	$0
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

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

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

En vigencia desde el 07012025

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

Nombre del Medicamento	Nivel	Notas
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; AL; $0; QL
AUDENZ INTRAMUSCULAR EMULSION	2	$0
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE	2	$0
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	$0
ERVEBO INTRAMUSCULAR SUSPENSION	3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION	2	$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUMIST NASAL LIQUID	2	$0; QL

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION	2	$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	$0
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	$0
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	$0
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	$0
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0

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

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

En vigencia desde el 07012025

Nombre del Medicamento	Nivel	Notas
VARIVAX INJECTION SUSPENSION RECONSTITUTED	3	$0
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VASOPRESORES		
AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA		
ADRENALIN INJECTION SOLUTION	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
EPINEPHRINESNAP INJECTION KIT	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
NEFFY NASAL SOLUTION	3	ST; QL
HIPOTENSIÓN ORTOSTÁTICA NEUROGÉNICA (NOH) - AGENTES		
droxidopa oral capsule	1 or 1b*	PA; LD; QL; SP
NORTHERA ORAL CAPSULE	3	PA; LD; QL; SP
VASOPRESORES		
ADRENALIN INTRAVENOUS SOLUTION	3	
ADRENALIN-NACL INTRAVENOUS SOLUTION	3	
AKOVAZ INTRAVENOUS SOLUTION	3	

Nombre del Medicamento	Nivel	Notas
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
BIORPHEN INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
epinephrine bitartrate-nacl intravenous solution	3	
epinephrine injection solution 10 mg/10ml	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
IMMPHENTIV INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML	3	
VAZCULEP INTRAVENOUS SOLUTION	3	

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

Nombre del Medicamento	Nivel	Notas
VITAMINAS		
VITAMINA A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	
VITAMINA B		
thiamine hcl injection solution	1 or 1b*	
VITAMINA C		
ASCOR INTRAVENOUS SOLUTION	3	
VITAMINA D		
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*	
VITAMINA K		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

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

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

Encontrarás la lista de medicamentos y los detalles más actualizados sobre tus beneficios.

Si tienes alguna pregunta, estamos aquí para ayudarte.
Llámanos al número de Servicios de Farmacia para Miembros que aparece en tu tarjeta de identificación.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Rev. 8/19